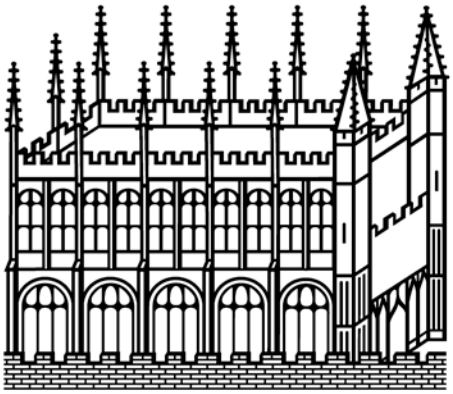

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CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

By Lambert H. Ormsby, F.R.C.S.,

Surgeon to the National Orthopædic Hospital, and to the Meath Hospital and Co. Dublin Infirmary.

It is my intention from time to time to give a short account of some of the most interesting cases of deformity that present themselves for relief at the National Orthopædic Hospital. The following selected cases are, therefore, reported on the ground either of possessing some features of special clinical interest, or because they are departures from the more usual types of surgical affections, as well as for the sake of giving a slight idea of the work done by this institution. For convenience, it will be necessary to group the deformities under seven distinct heads, viz. :—1. Rickets. 2. Malformations of feet and hands. 3. Spinal curvature. 4. Contractions of tendinous, muscular, fibrous, and cutaneous tissues. 5. Deformity arising from derangement of joints. 6. Muscular paralysis, with wasting and debility. 7. Other deformities not included in the preceding categories, such as harelip, cleft palate, &c.

In this paper I will confine my remarks to the subject of rickets, illustrating it with cases.

Rickets is a disease which is perhaps the most frequent affection met with at orthopædic hospitals, producing at times the most distressing deformities. It is particularly a disease of early life, the period most common being between the seventh month to two years, and is characterised by a peculiarly soft state of the bones, with a loss of their usual stable firmness, the consequence of a deficiency of the lime salts, particularly the phosphates. The bones then become distorted in every direction—in some cases by the action of muscles; in others, particularly in the extremities, by the superincumbent weight of the body, and the bones then partake of deformity in an exaggerated degree in a direction of their natural curves. Rickets, or rachitis, as it was called by Glisson, who believed the disease to originate in the spinal column, is most prevalent in young children residing in those crowded tenements in the ill-ventilated and unsavoury districts of large cities—hence the great advantage of sanitary reform and permanent benefit that may be bestowed on our poorer brethren. Young mothers of the poorer class have much to say to the production of the disease in their offspring, whether through ignorance, negligence, or, as is most often, the force of circumstances. They indulge in intoxicating liquor, partake of insufficient, and frequently improper, food, and habitually breathe in foul and polluted air. The disease may thus be communicated from the mother to the fœtus in utero; and there are cases on record, and skeletons of rickety fœti preserved in various museums, which prove that the disease may be communicated at a very early period of fœtal existence, and it can be easily understood that the same causes would have the same effect in producing the disease shortly after birth, particularly if the child was fed with the milk of the mother, who disregarded every hygienic rule and principle. If the infant is fed by the "bottle" it may also become rickety, being denied what is naturally suited for its delicate organisation and future development, and given what is at its best state but a very poor substitute; and I find by my notes that the majority of rickety cases were "bottle-fed." The effects of the disease may be partial or general, the former affecting the bones of the extremities, the latter affecting every bone structure in the body.

Rickets, as I mentioned before, may be present as a disease at a very early period, but its partial effects may not be perceived until about the walking period, from the eighth up to the sixteenth month. The child may creep about on the hands and knees, and much of the weight of the upper half of the body will be necessarily borne by the bones of the arm. In a very short time the ulnar and radius will soon show signs of distortion; and some believe, when the disease is present, it can be first per-

ceived in those bones. If, however, the child walk very soon and creep, very slight effects will be first seen in the tibia and fibula in a greater or less degree, producing a distortion which, if left without treatment, may become permanent, or else produce some other deformity equally unfortunate in the same individual. The disease may be general, by which term is meant to imply that it is not necessarily an affection confined to the osseous system, but that it may affect every tissue in the body more or less. Little, Sir William Jenner and Brodhurst all concur in the same opinion, viz., that it is a disease of malnutrition, one tissue in the body may be affected just as much as another. Deformity being about one of the most apparent signs, the osseous system has been thus erroneously considered to be alone affected. However, as regards the general effect on the bones, the spine becomes shorter, being ill-developed and greatly distorted in various directions. The anterior part of the chest becomes deformed in consequence of the spinal distortion behind and the depression of the ribs laterally, and the projection forwards of the sternum, which is termed *pigeon-breasted.* The bones of the pelvis become contracted and fall in, and the pubis and the sacrum become closely approximated, so that the cavity and out-let of the pelvis is greatly diminished in size. The clavicles are bowed and prominent forward, the ossa humeri are twisted and bowed outwards, the radius and ulna follow in the same direction outwards, the finger joints become clubbed and large, the thigh bones become curved forwards and outwards, the knees are approximated, and the tibia becomes bowed, generally forwards, or perhaps outwards, throwing the feet in a somewhat splayed condition. You also find, towards the articular ends of the long bones, a slight swelling, very apparent in the lower end of the ulna and radius. This swelling, I may mention, as I have seen a very early indication of the disease accompanying this very distorted condition of the bones. The body is thin and puny, the muscles flabby, and ill-developed; skin, pale and loose; abdomen, pendulous and large, with bowels either suffering from constipation or diarrhœa.

Treatment of rickets may be divided into local and constitutional, the local treatment consisting in the application of various mechanical splints and supports, so as to prevent the increase of the distortion and give the limb a correct and normal direction for development. At the National Orthopædic Hospital, the Committee allow the surgeon on duty, in the bounds of a regulated discretion, to give gratuitously certain mechanical supports to those who are precluded by poverty from getting such instruments as would be useful for the cure of certain kinds of deformity. In this matter the Committee deserve to be highly commended, for advice may be easily got, but instruments have to be made by careful and skilled workmen, and in many instances are quite beyond the means of the poor and deformed cripple. As regards the application of instruments and mechanical supports in orthopædic surgery, it is painful to see the great ignorance that is often displayed by those who are not in the habit of frequently treating such cases. Weak and debilitated children frequently present themselves at the dispensary connected with the hospital with heavy and clumsy irons attached to their attenuated limbs—erroneous in principle, and in most cases far too heavy and complicated to be of the slightest permanent use. Mechanical supports are not intended to take the place of the muscles; they ought merely to give slight support, so as to favour their development and action. For example, some months ago I was consulted by a young gentleman, aged sixteen, for debility and muscular wasting in the right lower extremity. He had been under the care of an able surgeon, engaged in large general practice, previously to his coming to me, who gave him a letter to an instrument maker in this city, who was told to make a support *suitable for his case.* The instrument was made, weighing 8 lbs. in weight, and the effect was merely to make the young gentleman more helpless and debilitated. I certainly applied a support, but it did not weigh more than 3½ lbs., and this weight well distributed over a great extent of surface; and since its application this young gentleman has greatly improved in health and strength of limb. Instrument makers, no matter how ingenious and mechanical, must have help and personal supervision from the surgeon in charge; and if the surgeon will not take the trouble to go with his patient instead of writing, and have him properly and carefully measured, he cannot but expect disappointment if he never sees his patient again.

In rickets affecting the bones of the lower extremities, light metallic supports are of the greatest use, together with baths of rock salt. Every morning, after each bath, the limbs are to be rubbed with a rough towel, and then cod-liver oil rubbed into the rickety limb night and morning for about ten minutes at a time. As this cod-liver oil is a rather unpleasant application, red flannel drawers are to be put on the child, so as to prevent its other clothes and bed being soiled. In some cases, when the curve is very slight, it is as well to prevent the child from walking too much until the bones become firm and stable. In children of two and three years old, I have been able, by forcible manipulation, to bend the bones of the lower extremities perfectly straight, and then apply light splints in the straight position for some weeks. After the age of three years the bones will seldom bend without fracturing and producing the sallyswitch variety of fracture, This, to the practical surgeon, when it occurs in the effort to straighten the limb, need not give him the slightest concern, for rickety bones unite very quickly. I have adopted this plan in five cases with the happiest results. Mr. Howard Marsh, of St. Bartholomew's Hospital, practises the same treatment. (*a*) In cases where such treatment is suitable, a cure is effected in a very few weeks.

The constitutional treatment consists in the exhibition of cod liver oil and tonics internally, with good and generous diet; lime-water, and preparations of iron, eg. tinct. of the perchloride, or, what is more suitable, the syrups of the phosphate and iodide of iron. A preparation which I think very highly of, and use very frequently, is the *Syrupus ferri phosphatis comp.* (*Parrish.*) This preparation is called chemical food, and is most suitable for children, as it is a red palatable syrup and easily taken, it contains in every fluid drachm 1 gr. phosphate of iron, 2½ grs. phosphate of lime, besides soda and potash. The dose being 1 to 2 drachms once or twice daily, it does not constipate the bowels, which many other preparations containing iron invariably do. Change of air to the country or to the sea-side is of the greatest service in many cases, and the strictest attention paid to correct at once any predisposing causes. When it is apparent in this way, much distortion may be happily prevented in a very early stage.

The following cases are reported as good examples of the disease:—

Case I.—Sarah C——, aged 2½ years, was brought to the National Orthopædic Hospital, on the 28th August, 1876, suffering from general rickets. In aspect she was a puny, stunted, and ill-developed child, with a large pendulous abdomen, with every bone in her body distorted, well-marked swelling, characteristic of the general implication of the disease, apparent at articular ends of long bones; clavicles, humeri, ulnar, radius, and femur all much bowed. Treatment adopted, dietetic and constitutional. Child had never walked, and was bottle-fed.

Case II.—Mary B——, aged four, was brought to the hospital, on September 29th, suffering from partial rickets, with double-bowed lower extremities from the knee to the ankle, tibia bowed forwards and outwards; the child in other respects healthy. Treatment adopted local, a tight metallic support on each limb, baths of Tidman's sea-salt; limbs to be rubbed with cod-liver oil.

(*a*) St. Bartholomew's Hospital Reports, 1870, Article XV., "Notes on the Surgery of Childhood," by Howard Marsh.

Internally, Parrish's cnemical syrup; dose, a drachm twice a day.

Case III.—Michael D——, aged 4½ years, was brought to me on October 3rd, 1876, suffering from bandy legs. The deformity was very great—in fact, it was the worst case of bowed legs I have ever seen. The femur was as much bowed as the tibia, and the boy had much difficulty in walking at all. I tried in this case to bend the tibia, but the bones at this age I could not bend without fracturing the deformity. Being of such a distressing nature, I determined to forcibly straighten the limbs. On October 14th, previously having the boy etherised, I forcibly straightened the left tibia below the knee, and put the limb up in a straight splint. No bad symptom followed; and on November 6th, in the presence of my colleague, Mr. Porter, and a large number of students, I straightened the right tibia in the same way as before. The boy is now walking about, and in a future report I will give a photograph before and after treatment, showing the great improvement in the case.

Case IV.—Joseph S——, aged seven, was brought to me on November 13th, with lower limbs bowed directly backwards—a very unusual form. The spine of the tibia, instead of being convex forward, was concave, and very convex backwards. Treatment adopted, baths of Tidman's sea-salt, with inunctions of cod-liver oil; Parrish's chemical syrup internally.

Case V.—Emma H——, aged three, was brought to me, suffering from double-bowed lower extremities. Tibia very much bowed forwards, slight tendency to knock-knees, muscles very poor, poorly developed, deformity increasing for the last few months—one limb rather more affected than the other. Treatment adopted: I applied a light, straight metallic stem, attached to the heel of the boot, passing to below the knee up the centre of the calf, which was concave backwards. Attached to this stem was a wide leather support, laced up over the spine of the tibia, in front, from the knee to the ankle. This was light and simple, and had the effect of endeavouring to obliterate the convexity forwards and the concavity backwards of the tibia by approximating the curved leg to the straight posterior metallic stem. In this form of curvature I have adopted this plan of treatment with very great success. Improvement must not, however, be looked for too soon, as it sometimes takes months before the improvement is well marked.

Clinical Records.

OBSTETRIC MEMORANDA.

Reported by John W. Martin, M.D.,
The Grange, Dronfield, near Sheffield,
Late Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw.

Case II.—*Sixty-five grains of Hydrate of Chloral given in Divided Doses—Labour Rapid, Easy, and, comparatively speaking, Painless—Post-partum Uterine Contraction good—No Post-partum Hæmorrhage—Convalescence good.*

The subject of these notes was in her second pregnancy at full term. Her first delivery was effected under the influence of chloroform, partially administered, but not sufficiently so, to prevent the labour from being very painful.

Regular hard pains set in at 9 p.m., but previous to this she had suffered rather severely from premonitory pains for twenty-four or thirty hours. On examination, when seen at 9 p.m., I found the "os" dilated to the size of a shilling, its edges being thin, hard, and resisting. The head was presenting, the waters were unbroken, and the pelvic cavity was well formed and roomy, the passages being cool and moist. The severity of the pains was increasing, the intervals of intermission were becoming shorter, and the labour promised to be a very painful one. The rectum being loaded with fæces I cleared it out with a simple enema. At 9.30 there was no change in the condition of the "os" uteri.

I then gave the first dose of chloral, consisting of twenty-five grains, following it up with a second of twenty grains in the course of half an hour. After the second dose she rested quietly during the intervals of pain, enjoying good, refreshing sleeps, the respirations being long drawn, quiet, and peaceful to a degree; the pains were greatly diminished in intensity, but were unchanged in their regularity and force. This latter could be well measured by placing the hand over the uterus and there feeling the strong contraction that accompanied each onset of pain. At 11 p.m. I gave another and final dose of twenty grains to keep up the effects of the drug.

The effects upon the "os" uteri were remarkable and instructive. From being thin, hard, resisting, and undilatable, the edges became thick and rounded, easily dilatable, and bathed in an abundance of mucous, which was freely poured out from all parts of the maternal passages. Dilatation went on rapidly. The descent of the head through the pelvic cavity was steadily progressive, each pain telling. The child was safely delivered at 2.30 a.m., after five hours and a-half of regular labour. The pains of expulsion through the external parts were these most felt. The waters remained unbroken almost to the last. The pulse remained throughout steadily at 84 per minute. I gave no support to the perineum, but retarded the expulsion of the head just at the last, as long as I was able, until the parts were fully and gradually distended; there was no laceration. The placenta followed in the course of fifteen minutes, being expelled by the contraction of the uterus, aided slightly by manual pressure.

Post-partum uterine contraction was all that could be desired, and there was no post-partum hæmorrhage.

The patient was delighted with the effects of the chloral; she said that her sufferings were not nearly as great as before when given chloroform, and that, in fact, she had had a very bearable time of it. Her convalescence was most favourable.

Literature.

THE PRACTICE OF SURGERY. (a)

Mr. Bryant has divided his work into two very portable volumes. We have had the curiosity to compare the capacity of the work with that of a volume of Ziemssen's Cyclopædia, and find that three of the latter would scarcely contain more matter than the two volumes of the work under consideration. When we add that the author's style is by no means wordy, it will be understood that the book contains a great deal of matter; this is the case—moreover surgery is an extensive subject.

A useful introductory chapter contains directions for thoroughly investigating a surgical case, and a scheme for drawing up a report, whether written or mental—a great help ro the clinical clerk and to the busy practitioner.

In the next chapter, on repair, a diagram from a drawing by Mr. Howse illustrates a concise but clear description of a healing sound. The pathological woodcuts are excellent in all parts of the book, especially those accompanying the article on the microscopical anatomy of tumours, which woodcuts, the preface tells us, are due to Mr. Ursley.

The section on inflammation is made up chiefly of extracts from the writings of Simon, Paget, Burdon, Sanderson, &c., mostly given in their own words. A good feature in this work is that the source of an an extract or

(a) "The Practice of Surgery." In two Volumes. By Thomas Bryant, F.R.C.S., Surgeon to, and Lecturer on Surgery, at Guy's Hospital. Second Edition, with 599 Illustrations. London: J. and A. Churchill. 1876.

reference is given in the text, and not referred to at the bottom of the page.

In the chapter on abscess the author extracts from Mr. Hilton's lectures on rest the Guy's Hospital method of opening deep abscesses. "I cut with a lancet through skin and cellular tissue." "I push a grooved hook, or grooved director, upwards into the swelling in the axilla;" for instance, "a little opaque serum or pus will show itself." Now "take a blunt instrument, as a pair of dressing forceps, and run the closed blades along the groove into the swelling. Now, opening the handles, you tear open the abscess, and keeping open the blades during the withdrawal of the instrument you leave a lacerated canal for the easy exit of matter."

Mr. Bryant is not an enthusiastic admirer of the Lister treatment, although he calls it "worthy of adoption" in chronic abscess. A laudable tone of caution pervades the whole book.

With regard to mortification, Mr. Bryant takes, in some respects, views of amputation differing from those of surgeons who are considered authorities, his rules being as follows:—"In a case of local injury, as a bad compound fracture, the first onset of an inflammatory action that assumes a gangrenous form should be met by amputation." "Where the action is due to *general* and not to local causes amputation will not arrest it." With a line of demarcation, amputation may be performed with a better prospect of success." And in defence of these opinions he says that those who hold views opposed to his (especially about waiting for the line of demarcation), do not seem to recognise sufficiently a difference between gangrene due directly to the injury, and involving the injured part, and the rapidly spreading gangrene that begins at the seat of injury and travels upward, "the former being due to the accident," and "the latter to some inherent weakness in the general power."

In the treatment of erysipelas of the face and head numerous small punctures are recommended. In the cellulo cutaneous form of the disease a number of limited incisions are preferred to the very long *one* sanctioned by Lawrence and other surgeons; water-dressing is to be employed rather than poulticing in the after-treatment.

The same chapter takes a comprehensive view of abscess, ulcers, bed-sores, hospital gangrene, septicœmia hectic, and pyæmia.

This last affection is attributed to embolism, arrested purulent matter becoming the centre of the morbid changes found after death. In a tabular statement of 203 autopsies of cases dying from pyæmia, 91·6 per cent revealed affection of the lungs, 38·4 per cent having those organs *alone* involved. The liver was affected in about 25 per cent. of the cases.

Syphilis is only partially treated in this volume, chancre, &c., appearing among the local diseases. For the administration of mercury, Mr. Bryant employs mercurial suppositories (their composition is not given) twice a day. In addition to that the calomel bath is recommended for some cases.

The chapter on tumours is a thoroughly good one; the description of the microscopical anatomy, by Dr. Moxon, and the woodcuts are about as good as they could be, and the author has given a full account of the views held by the best authorities on the nature and growth of tumours in general. Benign tumours generally have a quiet existence allotted them in this chapter—to the cancerous Mr. Bryant is an unsparing foe.

In treating *carbuncle* the crucial incision is deprecated, caustic potash being employed instead. The same chapter contains much that is useful about such domestic maladies as corns, chilblains, &c.; "nihil humani," the author appears to say, and most medical men will agree with us when we insist upon the importance of knowledge of this kind to surgeon as well as patient.

Injuries of the cranium and its contents receive very full attention, this chapter being one of the best in the volume. Trephining has been performed in fifty-one cases in seven years at Guy's Hospital, but at St. Bartholomew's had not been done at all for six years in 1867. The limits of its employment are thus defined:—1st. To relieve compression of the brain from depressed bone or extravasation of blood. 2nd. To prevent or relieve irritation of the brain or its membrane arising from—(1) depressed bone, (2) inflamed bone, (3) pus between the dura mater and the bone.

The subjects of scalp wounds and diseases, of spinal injuries and diseases, are followed by a chapter on diseases of the eye and its appendages, in preparing which the author was assisted by Mr. Charles Higgins, of Guy's Hospital. The operative portions, and the directions for examining the eye and visual field are given fully. Some parts of the chapter are much condensed.

Dr. Laidlaw Purves, Surgeon Aurist at Guy's Hospital, has contributed to the chapter on ear diseases, which are better described than in works on surgery generally.

In speaking of arterial hæmorrhage, Mr. Bryant decidedly gives preference to torsion, even for the femoral. He speaks favourably of the catgut ligature, which has lately been out of fashion.

In the treatment of aneurisms galvano-puncture has scarcely received its share of notice. Nor is the galvano-caustic treatment of nœons so fully discussed as we should have expected from one who has had such success in this operation. Injection with perchloride of iron solution is still mentioned as a method of treatment of sub-cutaneous nœons, though the writer himself has had a case in which the patient died in a few minutes, and a similar instance occurred in the suburbs of London not many years ago. The veins and arteries in the diagrams of applying ligatures are coloured. Particularly deserving notice is the description of the operation for cleft-palate as modified by Mr. Bryant:—"I first introduce my sutures through the soft palate, taking care to do so a quarter of an inch from the free border of the fissure; and secondly, pare the edges, employing for this purpose a pair of scissors whose blades are bent at right angles to their shanks. By this practice the introduction of the sutures is an easy proceeding. To relieve tension of the parts I now divide the soft palate laterally, the side cuts subsequently gaping so as to appear as arches. In this way the muscles of the palate are paralysed, and the soft palate appears as one large uvula. I have now performed the operation just described on six occasions, and in all with immediate success."

In fissures of the hard palate he advises the separation of bone as practised by Sir. W. Fergusson and Mr. Mason.

The next subject is diseases of the jaws and teeth (Mr. Mason having written the very good section relating to dental surgery), affections of the pharynx and œsophagus, injuries of the abdomen, intestinal obstruction (very ably handled), then hernia. Mr. Bryant says that taxis under an anæsthetic should never be employed for femoral hernia for more than two minutes; in inguinal or umbilical five minutes may be allowed; in inguinal hernia, chloroform and the taxis are usually successful. (We ourselves have never operated on an inguinal hernia; all the cases requiring herniotomy have been femoral).

When a surgeon is called to a strangulated hernia, is he never to give time for the application of ice, or for his injection of morphia, or his large doses of opium, to act? Apparently not, for the taxis failing, Mr. Bryant says, operate at once, first in his system of saying, allows time (no exact period—"some hours") to elapse before proceeding to the operation; but he is a strong believer in the efficacy of the taxis.

In the chapter on surgery of the anus and rectum, nothing calls for special notice. For hæmorrhoids the clamp and galvanic cautery are preferred. The nose, larynx, trachea, thorax, kidneys, and bladder, are surgically treated in the following chapters.

Stone in the bladder forms the subject of a long article of nearly fifty pages. An excellent mode of washing out the bladder is described, and is the subject of a woodcut. An india-rubber tube is at one end slipped over the free end of a large catheter (passed into the bladder), and the

other end of the tube is fitted with a small funnel. Three or four ounces of water, dilute acid or other fluid, are then poured into the funnel, whose height above the level of the bladder will nicely regulate the force of the fluid pressure; and to empty the bladder again it is only necessary to depress the tube and funnel below the patient's body, when the apparatus acts like a syphon.

In *crushing calculi* Mr. Bryant adopts the English method—viz., to keep the convex part of the lithotrite against the posterior surface of the bladder, and then opening the blades, to let the stone fall between the blades.

Lithotomy at Guy's Hospital has had a very successful career. "During the last seventeen years 100 patients have been cut consecutively without a single death." This "must in a measure, if not altogether, be put down to the greater safety of Key's operation. The peculiarity of this method seems to be in great degree connected with the use of a *straight* staff with a very deep groove. The surgeon holds the staff himself while making the bladder incision.

For the removal of calculis from the female bladder the author recommends rapid dilatation of the urethra, but condemns any slow dilatation, and any incision into the neck of the bladder.

Gradual dilatation is the method of treating *stricture* of the male *urethra*. An elastic conical catheter, with a bulbous end, being tied in, is exchanged daily for one of a larger size, full dilatation is to be expected in about ten days. Rapid dilatation and internal urethrotomy are both to be exceptional operations, more adapted for ring penile strictures than for permæal. This important chapter is followed by one on affections of the *genital organs*, commencing with the penis (phymosis, hypospadias, cancer, &c.) In the treatment of gonorrhœa the writer insists on frequency of injection, tannin being the best astringent for the purpose.

Chancre, affections of the tunica vaginalis and cord, bubo, &c., are next considered, and then inflammation of the testicle, first insisting on the distinctness of the body of the testis and the epididymus. Mr. Bryant speaks of the hydrocele which often complicates epididymitis, and leads the surgeon to regard the testis itself as swollen as due to the anatomical connection cellular tissue of the T. vaginalis and that of the epididimis. The T. albrigenca arrests the progress of the inflammation to the testis itself (quoted by Curling from Gendrin).

In the treatment of this disease the author uses the ordinary remedies—viz., opium, saline purgatives, rest, and pressure for removal of inflammatory products. "Vidal's plan of puncturing the T. vaginalis, or even the testis itself, has been freely practised by some English surgeons. I have never seen a case calling for so severe a measure." "I should hesitate to puncture the testicle unless suppuration were present." Why puncture the *sestis* at all for *epididymitis?*

A full account of the morbid anatomy of cystic disease of the testicle is given. Many cysts "varying in size from that of a mustard seed to that of a moderate-sized nut, filled with their serous blood-stained, or glairy fluid imbedded in a fibrous stroma." "The true secreting portion of the testicle will also be found pushed up into one corner of the tumour."

A table of important points in the diagnosis of chronic diseases of the testicles will prove useful to students. In the treatment of varicocele Mr. Bryant employs subcutaneous ligature with fine whip-cord.

The articles on mammary and ovarian tumours will repay the reader for careful study. The attention of young ovariotomists is called to a quotation from Cruveilher, that "even success does not always justify rash enterprises." The writer concludes that long ovarian pedicles are best clamped, and that short and broad pedicles should be treated with the cautery, or tied in several parts, and dropped into the abdomen.

We have never seen the subject of fractures and dislocations better treated. The illustrations are numerous, and, on the whole, good. In diagnosis of hip injuries Mr. Bryant points out the value of the ilio-femoral triangle, which he has described. It is a right-angled triangle, the apex being the anterior superior spinous process of the ilium. A vertical line led full from this point, a horizontal line running backwards from the trochanter (the patient is supposed to be lying down) to meet this vertical line, and a line from the anterior spinous process to the top of the trochanter major, form the three sides. The *test line* is the horizontal one, and if shortened it indicates fracture of the neck of the thigh bone, impacted or otherwise. In treating fracture of the clavicle, the scapulæis to be fixed by a pad, and by broad strips of plaster half encircling the chest, at the same time supporting the arm in a sling, the hand being placed near the other shoulder.

Fracture of the thigh in a child is to be treated with a light splint on the broken leg, which is then (with the sound one) to be hung up at right angles to the body: the weight of the body keeps up extension, and the child is easily kept clean.

Diseases of the joints, with general treatment, and the subject of excision, are considered in the next chapter. Then follow diseases of bone, gunshot injuries (the wounds of small shot seem to have been forgotten), anæsthetics and amputations, in the concluding chapters.

We congratulate the author on having accomplished such a work as the production of these excellent volumes, whose value is enhanced by the fact that they are written in the midst of his career. This is made evident by the freshness and reality of the descriptions of operations, &c. It would be well if all wood engravings in scientific books had, when at all practicable, their descriptions attached to the pictures themselves, as is done in many cases here.

Obituary.

DR. JOHN GAIRDNER.

EDINBURGH has recently lost one of its most venerable citizens in the person of the late Dr. John Gairdner, father of the well-known Professor Gairdner, of Glasgow. Dr. John Gairdner, who had reached the great age of eighty-six, was educated at Edinburgh, where he took his medical degree in 1811. After pursuing his studies for a winter in London, under Mr., afterwards Sir Charles Bell, he commenced practice in Edinburgh, in partnership with Dr. Farquharson. In 1813, he became a Fellow of the Royal College of Surgeons, and afterwards fulfilled the various offices of Examiner, Councillor, Treasurer, and, finally, President of that institution. During his whole life he was very liberal in his views, and for nearly half a century he took a prominent part in every movement that had for its object the advancement of medical education and reform; and he was a strong advocate for the recognition by the University authorities of extra-academical teaching. Mr. Gairdner was also invariably found the staunch friend of free thought, free speech, and free action, though always within the limits of strict reverence for law and authority.

Dr. Gairdner's contributions to medical literature were numerous, but rather of a fugitive character. A few years ago he wrote in the *Edinburgh Medical Journal* a history of the ravages of small-pox among the royal families of Europe, in the century preceding the introduction of vaccination. This paper was one of great merit, and might well be in the hands of many who talk so lightly of this disease, and of the benefits conferred upon humanity by Jenner's great discovery. He also wrote a "Calendar" for calculating dates backwards and forwards indefinitely, and an historical sketch of the College of Surgeons.

THE Local Government Board has declined to accept of the resignation of nine Keighley guardians opposed to vaccination.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1877.

THE ANNUS MEDICUS, 1876.

ACCORDING to our usual custom, at the end of the year, we propose to lay before our readers a brief epitome of the more important events that have characterised the progress of medicine during the last twelve months. We cannot say that anything very remarkable has occurred as regards either the services of medicine and surgery, or the profession itself. Art is long, and if we chronicle the events which have marked our progress for the last twelve months only, they must necessarily be insignificantly small, both in number and in importance. This reflection, however, must not make us hesitate to take a cheerful retrospect of the past. It should merely prevent us from entering into common-place details, and induce us to hit off a faithful sketch rather than an elaborate picture of the medical events that have transpired since the beginning of the year.

And perhaps the great medical corporations and societies may first claim our attention, although they do not in many respects stand first in point of importance. The Medical Council, which has all along done so little to advance either the cause of medical education or the interests of the profession at large, met unusually early in the year. They did little, however, to redeem their old character for lengthy discussions and lack of good practical work. Most of their time was occupied in discussing such questions as the registration of women holding foreign degrees, and the notorious Vivisection Bill. Dr. Haldane and Dr. Andrew Wood drew the attention of the Council to the deficiency of the tests of the preliminary education of candidates, but the consideration of this and other subjects relative to medical education and examination had to be postponed to the next meeting. In connection with this body, we may notice the resignation of their Registrar, Dr. Francis Hawkins, and the recent election, in his place, of Mr. Miller, B.A., and Vice-Principal of Huddersfield College, but who is not a medical man. We believe that this selection by the Council's Executive Committee of a layman, when there were so many members of the profession eligible for the post, has given very general dissatisfaction, and we ourselves very recently took the opportunity of animadverting upon the impropriety of such a course.

We cannot say that the affairs of the College of Physicians have during the past twelve months been signalised by any notable event. They have, however, taken an active part in furthering the Conjoint Scheme; and they settled a question that was continually cropping up—namely, the right of fellows and members to a courtesy title of "Dr.." It is now ruled that no fellow, member, or licentiate is entitled to append to his name the title of M.D. unless he has obtained a degree in medicine from a university. We may also note that the Croonian Lectures, by Dr. Howship Dickinson, on "The Pathology and Relations of Albuminuria" were above the average in merit, as were also the Gulstonian Lectures, by Dr. Shepherd, on "The Natural History of Consumption." This year was also signalised in the annals of the College by the elevation of an Edinburgh graduate to the Presidency, by the delivery by Sir Wm. Jenner of the Harveian Oration, which Dr. Parkes had prepared just before his death; and by the College being called upon to settle the difference which arose between Sir William Gull and Dr. George Johnson in connection with the late Bravo case. There is, perhaps, no corporation which has lately exerted itself more in behalf of medical reform and medical education than the Royal College of Surgeons. The College has not only heartily co-operated with the other examining bodies in the formation of a Conjoint Board, when such co-operation might entail nothing less than a great falling off of their *prestige* and a great reduction in their funds, but they have likewise made some important alterations in the mode of conducting their examinations. They have now a separate Board of Examiners in Anatomy and Physiology. They have very much modified the qualifications they require of, and the examinations they impose upon, candidates for the fellowship. One of the most remarkable events, however, not only in the transactions of the College, but in the annals of medicine itself, was the granting to women the right of presenting themselves for examination for the College certificate to practise midwifery. Considering the great prejudice raised against the admission of women into the medical profession, we are not surprised that such a concession led to a spirited protest on the part of the Obstetrical Society, and to the resignations of Drs. Barnes, Priestley, and Farre, who had constituted their Board of Examiners in Midwifery. This step, however, was one that was in a great measure forced upon the College authorities, inasmuch as they were more bound by the provisions of their charter than moved by their own inclinations, and they found that they had no power to withhold their qualification in midwifery from any "person," male or female, who had complied with the necessary regulations. With regard to the Apothecaries Hall there is little to be said, but that little is, as it always has been, to their credit. Although they have not this year made any marked

alterations in their examinations, they continue, as heretofore, to exact from the candidates for their license a fair and practical knowledge of the many subjects on which they are examined, and while claiming for themselves that amount of consideration which their past services in the cause of medical education have entitled them to, they have from the first shown a great desire to join in the Conjoint Scheme movement.

In passing from the corporations to the *Medical Societies*, our remarks must be brief. The most valuable papers read at the Royal Medical and Chirurgical Society were that of Sir James Paget on "Osteitis Deformans," that of Dr. Galabin on the "Water-hammer Pulse," and three papers on "Morbid Histology," by Mr. Batlin, Dr. Gower, and Dr. Thin, respectively. The society has also appointed a committee of inquiry into the question of identity or non-identity of croup and diphtheria, a question which was, we believe, first raised at the Society by a paper that was read on the subject by Dr. Semple. Some instructive and interesting cases have been submitted for discussion by the Clinical Society, among which we may mention fatal epileptiform convulsions following the performance of the operation for empyema, an example of Meniere's disease, hæmophilia, purpura rheumatica, and intestinal obstruction, with the operation of gastro-enterotomy. Nor must we omit to mention the prolonged debate on leucocythæmia and its treatment by phosphorus, on which we recently and fully commented. But of all the discussions at these societies, the most memorable is that which took place at the Pathological Society on "syphilis." Many eminent men joined in a debate which lasted for several evenings, but the novelty of some of the views that were suggested, and the difference of opinion which the discussion elicited, showed how much we have still to learn about the pathology and clinical relationship of this disease. The subject has again received attention at the hands of Mr. James Lane, in the lecture which he recently delivered before the Harveian Society. Lastly, we must not forget one or two important papers that were read at the Medical and Obstetrical Societies. In connection with the latter, a paper on the performance of Cæsarian section in a case of extra-uterine fœtation deserve especial mention, while at the Royal Medical Society the Lettsomiam lectures, by Dr. C. T, Williams, on the "Influence of Climate in the Treatment of Pulmonary Consumption," drew the attention of the profession to the advantages to be derived from a residence at some of our watering-places on the south coast, and to the exaggerated estimate that was often taken of certain foreign and more fashionable resorts.

In passing from our medical corporations and societies to the actual progress that has been made in the various departments of medicine and the collateral sciences, we have reason to be satisfied with the work that has been done. With respect to anatomy and physiology, much new light has been thrown by various observers upon the constitution of the blood and the causes of its coagulation, upon the physiology of the white corpuscles, and especially the mode in which, under certain conditions, they escape from the walls of the blood vessels, upon certain points in connection with the blood pressure, upon some of the more obscure questions with regard to the processes of digestion and assimilation, and upon that very difficult subject the functions of the brain. Of all the physiological researches that have been recently made, there are none so interesting as those which Prof. Ferrier has lately published on the brain and its functions, and an account of which we hope soon to lay before our readers. It will suffice now to say that in this work Prof. Ferrier endeavours to show that different portions of the cortex of the cerebrum are differently excited by the same stimulus, that certain movements invariably follow the application of a stimulus to particular regions of the cortex, and that, in fact, instead of the grey matters of the cerebral convolutions acting, as was formerly supposed, as a whole, it was endowed with certain and isolated motor and sensory centres. In practical medicine we have to note the large amount of attention which the profession has given to the therapeutic virtues of salicin and salicylic acid, and the remarkable success which has apparently attended its use in the treatment of acute rheumatism. This agent has been shown to have great power in reducing the temperature in several febrile diseases; and while its reputation rests chiefly upon the rapidity with which it has arrested many cases of rheumatic fever, it has also been found useful in phthisis, pneumonia, and ague.

In Surgery, the history of the last twelve months has been more remarkable, for uncommon and successful operations, or the successful adoption of new methods of treatment, than for any original practice or discovery. But the successful performance of abdominal section in a case of extra-uterine fœtation, with the preservation of both mother and child; the bold and successful extirpation of the spleen in two cases; the successful ligature of both external iliac arteries for double inguinal aneurisms; the very satisfactory employment in many cases of Esmarch's bandage in the treatment of poplitical aneurism; and the good results of using carbolised catgut in the ligature of arteries in the treatment of aneurism. These, and several other events which we cannot now call to mind, are enough to show that Surgery has kept pace with the progress of other departments of the healing art.

The scope of this article will not allow us to enter here into the subject of Obstetric Medicine, but we may briefly allude to the good work that has been done, and the many interesting papers that have been read at the Obstetrical Society, and to the late successful operation of Cæsarean section, by Dr. Edmunds, in which both the mother and child were saved.

Lastly, in Pathology, we have to chronicle the researches of Dr. Brown-Séquard into the pathology of the nervous system; those of Dr. Burdon Sanderson on the nature and phenomenon of fever; the admirable and original lectures of Dr. Hughlings Jackson on the Scientific and Empirical Investigations of Epilepsies; and those of Charcot on the Pathological Anatomy of the Brain.

In Forensic Medicine there is, as regards the advancement of, or important contributions to that science, little which calls for special comment, but the extraordinary Bravo case, which excited so much public interest, was enough to show the great and practical importance of this science as a branch of medical education, as well as the great care, skill, and circumspection with which all pro-

fessional attendance upon cases of suspected poisoning should be conducted. As respects the part taken by all the medical men in attendance on that case, we must admit that it was most creditable to the science of forensic medicine, and if notwithstanding the prolonged and laboured inquiry into the case. the verdict of the jury was so very unsatisfactory, and the cause of Mr. Bravo's death still remains a mystery, it is not so much the fault of the medical witnesses, or owing to the shortcoming of toxicology, as to the gaps in, or the remarkably conflicting nature of the general evidence.

Considering the great attention now being given to Hygiene, we can scarcely pass over this important department of medicine without a brief allusion to its progress during the last twelve months. This, however, has not been conspicuously great, and has been marked by the active services and scientific contributions of the profession, rather than by any important enactments on the part of the Government. When the present Ministry came into power, they promised to give a large share of their attention to the public health. These promises, however, have not been fulfilled, and the only sanitary Act we have to note is the Rivers Pollution Bill, which, from the way in which it is drawn up, and the very questionable working of it, is generally considered to be a very unsatisfactory one. On the other hand, much good has been done by the profession and the public in the cause of public health. Quite recently we had occasion to call the attention of our readers to a series of lectures on Hygiene, inaugurated by the Trades' Guild of Learning and the National Health Society, as well as to the Sanitary Institute of Great Britain. We have also directed attention to the elaborate reports on cholera by Mr. Nathan Radcliffe, in connection with the equally valuable American Reports on the diffusion of that disease in the United States in 1873. The breaking out of the plague in Mesopotamia, and of small-pox in the metropolis, are also events of the year, which must not altogether be lost sight of.

Within the last few months we have had to notice the assembling of what may be termed two important medical congresses—viz., the great American International Congress and the annual meeting of our own British Medical Association. The former was attended by several eminent representatives of British medicine and surgery; and the outline we have lately given of the chief addresses and papers that were read on the occasion, must, although a faint one, have given the reader a good impression of the general organisation of the Congress, and of the great scientific value of the various papers contributed by its members.

The forty-fourth annual meeting of the British Medical Association was held in Sheffield, and was certainly a successful one, both as regards the character of the addresses and papers read, and the hearty reception which was given to the members by their professional brethren at Sheffield. The address of the President, Dr. De Bartolomé, on the health and social condition of that town, was remarkably interesting and instructive, particularly his observations on the change of type which had, in his opinion, taken place in the diseases of the district in which he lived. The great improvement in the health of the inhabitants he attributed to those great hygienic reforms in drainage, ventilation, water-supply, and buildings for the poor which have recently marked the social progress of many other large towns in England. Dr. Sieveking's address in medicine, although a little open to criticism, was yet a very able and thoughtful one, and we drew particular attention to it at the time of its delivery in an article on the "Polypharmacy" of the past. We may also mention the excellent address in public medicine delivered by Dr. A. Carpenter, of Croydon, who has recently taken such an active part in what may be called a no trifling event of the year—the formation of a Society for the Legal Restraint of Habitual Drunkards. A large part of that address was taken up with his observations and strong argument in favour of the utilisation of sewage, in which he brought forward some remarkable statistical statements with respect to the irrigation on the Croydon Sewage Farm at Beddington.

There are still one or two subjects which we have either omitted or but barely mentioned, such as the great Vivisection question, the Conjoint Scheme, and the new Army Medical Warrant. We do not wish to tresspass upon the attention of the reader by recapitulating the dry and unpleasant history of the Cruelty to Animal's Act. The whole agitation on the subject of vivisection has made too strong an impression upon us, and too effectually excited the disgust of the whole profession, to make any circumstance in connection with that Act easily forgotten. The many editorial articles which we wrote on that painful subject will show that we were among the first to expose the absurdity, the fanaticism, and the party-spirit of that agitation, and to express our surprise that the Government should so far stoop to listen to the unreasonable clamour of an insignificant section of the community as to force upon gentlemen whose humanity has never been questioned, one of the most obnoxious and humiliating Bills that could be passed in reference to a learned profession and a body of scientific men. Fortunately, the profession lost no time in asserting its dignity and protesting against the aspersion brought upon it; and through the influence and exertions of the Medical Council and the British Medical Association, and the temperate but weighty representations of many of the most eminent members of the profession, the Bill was eventually so much modified as to materially rob it of its sting and to enable us to tolerate it until a time arrives when a reaction in the misplaced humanitarianism of the present age shall lead to its total repeal. If the last subject was one on which we avoided entering into details the chequered and complicated history of the Conjoint Scheme is another topic, all the circumstances of which can only command the attention of a few.

It will be recollected that in last March "An Amended Scheme for a Conjoint Examining Board for England" was adopted and the particulars of which will be found in the back numbers of this journal. When this amended scheme was submitted to the consideration of the medical authorities it was found that more or less serious objections were raised by the University of Cambridge, by the College of Physicians, and particularly by the University of London. One of the demands made by the latter University was: "That the Committee of Reference

should consist of representatives to be appointed *in equal numbers* by each of the medical corporations and universities of England." Now, considering the power to be invested in this committee, and considering that only a very small percentage of the general practitioners of England were graduates of a university, it follows that were the above requisitions acceded to, the universities would have a much larger share in the constitution of the Committee of Reference than they could reasonably lay claim to. Indeed, the University of London went further than this, and actually demanded for the universities a majority of representatives in the Committee. This circumstance was very naturally expected to shipwreck the whole scheme, considering that such an alteration would be placing a university (that of Durham), which scarcely granted two or three degrees in the year, on the same footing with those two corporations from which more than 90 per cent. of the profession received their license to practise. Nevertheless, the College of Surgeons, which had already made so many sacrifices and concessions in furtherance of the conjoint scheme, gave way on this point also, and at a meeting of their Council, which met only a month ago, accepted the alterations proposed by the University of London. So at last most of the obstacles that have stood in the way of this much talked-of Conjoint Board have been removed, and it is to be hoped that before the new year is out some scheme, if only of a tentative nature, will be actually put in operation, and an end put to a conflict which has been little short of a scandal to the profession. In the meantime we may observe that, with commendable promptitude, the University of Dubiin and the College of Surgeons and Physicians of Ireland have put forth a conjoint scheme of their own. The full details of this scheme were very recently published in these columns, and we shall now only observe that that want of unanimity among the medical corporations which has been, in England, such a conspicuous feature in the history of this projected reform, has likewise characterised its progress in Ireland, and that the Irish scheme does not include either the Apothecaries' Hall or the Queen's University in Ireland.

With regard to the Government or legislative measures that have been adopted in the interests of the profession or of public medicine, there is little that calls for special comment. We have already alluded to Mr. Russell Gurney's Bill for removing restrictions on the granting of qualifications for registration on the ground of sex, and which was passed on the conditions that the new powers it would grant should be of optional, and not of an obligatory, nature; and that the qualifications it would confer should not involve the right of taking a part in the government, or of exercising any authority in the universities and corporations mentioned in the Medical Act.

The New Army Medical Warrant is another event of the last year. At the time of its publication we took occasion to expose its many weak points, and the serious objections that have been raised against it; and we need scarcely say that it has by no means (as was intended) given satisfaction to the profession—that part of the scheme which related to the short service system being particularly obnoxious to those who propose to enter the service.

We cannot conclude this brief and imperfect outline of the chief events of the past year without referring to a subject in which we were personally—and the whole profession indirectly—concerned. It has always been a principle of medical journalism to do all in its power to support the dignity (and more especially, the respectability) of the profession, and to discountenance and protest in the strongest terms against any act or conduct of its members which may tend to forfeit the respect in which we are usually held by the public, and which we shall always endeavour to deserve. So generally recognised is this rule, that neither professional rivalry, nor the rivalry and jealousy incidental to medical journalism, has stood in the way of acting up to it whenever an opportunity presented itself. That there is no rule without an exception, is as true in medical politics as in every thing else, and consequently we must not be surprised that from the beginning to the end of all the circumstances which culminated in the trial of *Betts* v. *The Medical Press and Circular*, we found ourselves without the least support from the leading representatives of medical opinion, and from those very Medical Associations, one of whose boasts is that they jealously guard the good name and reputation of the profession, and heartily sympathise with all those who endeavour to carry out the principles which they profess. The circumstances of the late trial must be so fresh in the memory of our readers, that it would be unbecoming in us to make, in this place, more than a brief reference to them. Without any personal malice or prejudice, and entirely with the view of protesting against low and disreputable methods of practising a noble and learned profession, we made a few passing comments upon an occurrence which was considered by the plaintiff in the case to be an unmerited reflection upon his character. We were asked to retract and apologise for the remarks which we had made; but in the interests of the public good and of the profession itself, we considered it was our duty not to do so, and not to flinch, whatever might be the consequences, from defending even in a court of law, the course which we thought proper to pursue. But, although the law was against us, and although the loss of time, the trouble, anxiety, and the expenses incurred, were circumstances to which we could not be callous, and although our case was treated with indifference in those very quarters from which we had most reason to expect sympathy and support, we have many reasons to be satisfied with our conduct throughout the whole case, and more especially with the expression of public opinion that has been made in our favour. Even the judge's ruling, although bound by the technical wording of the law, was couched in such terms as to show that his sympathy went with us. The damages were much less than they might have been; while the late meetings of the Profession in London and Dublin, and the handsome sum of money which has already been raised to defray our expenses, are more than sufficient to call forth our gratitude and thanks, and to encourage us to follow in this new year on which we have now entered, and for many coming years, that path of duty which will never lead us far wrong, and from which we shall never swerve.

Notes on Current Topics.

The Anti-Vivisectionists and the Medical Profession.

We last week printed a letter addressed by the Editor of this journal to the Secretary of the Irish Society for Abolition of Vivisection, in which proof was demanded of a published statement made by the Society to the effect that "several leading physicians" in Dublin had "expressed themselves strongly against vivisection;" also a resolution of the Committee declining to afford the desired evidence. In reply to our editorial remarks we have received the following letter:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The Committee of the Irish Society for the Abolition of Vivisection have read with much astonishment the article in your Journal of the 20th inst., and forbear from commenting on the tone adopted towards a lady who, whatever she did, acted only under the instructions of the Committee. The public will judge how far any journalist is justified in adopting such a course as you have thought fit to do. As, however, the latter part of the article is a misinterpretation of the resolution of the Committee of the 13th inst., and charges the Committee with having falsified published statements, they have requested me, as their Chairman on the 27th inst., to reply to your article.

1stly. As several medical gentlemen had, in their replies to the letter sent them by the Honorary Secretary of this Society, intimated, as the result of publishing their names, the probability of persecution, the Committee would not put them in that position by disclosing their names as you requested. The Committee had no fear whatever, as you say, of legal responsibility.

2ndly. The Committee finds it difficult to restrain themselves in replying to a charge of falsehood. I am, however, instructed to say that the statements made by the Committee are founded on fact, whilst those in the first half of your first paragraph in the Journal of above date are thoroughly opposed to it.

I am, Sir, your obedient servant,

Alex. Crowder Crookshank.

29 Westmoreland Street, Dublin,
28th December, 1876.

It would appear from this letter that the Committee desired to convey by their resolution that they were restrained from revealing the names of the "leading physicians" who expressed approval of the Society's principles, apprehending that these gentlemen might be subjected to *persecution* by their medical brethren. We desire to preserve the strict limits of courtesy towards the Committee, yet we feel it necessary to express our scepticism as to the statement that any "leading" physician apprehended "persecution" from his medical brethren for making known his objection to vivisection, or desiring secrecy on any such ground. It would be impolite in face of the statement of the chairman that the boasted adhesion of leading physicians was "founded on fact," to express a belief that no physician at all approves of the principles of the Society. Opinions may, however, differ as to what is a "leading" physician, and what is a "strong" expression of opinion, and until the Committee gives the public a chance of forming their own opinions on these points, we very distinctly express our disbelief in their published statements.

The Editor has therefore replied by the following letter:—

Medical Press and Circular.
Dec. 27, 1876.

The Editor begs to acknowledge receipt of letter of the Chairman of the Irish Society for the Abolition of Vivisection, under date 28th ult.

Replying thereto, the Editor maintains the opinion that a journalist is perfectly justified, and that it is his duty to call for proof of a statement made by a public body whenever he has reason to suppose that that statement is not strictly accurate. In pursuance of that duty the Editor again requests to be furnished with the information asked for in his letter of the 4th inst., and begs to repeat that if the Society—having assigned no valid cause for such refusal—shall decline to substantiate the assertion that "several of the leading physicians" have expressed themselves "strongly opposed to vivisection," or shall fail to show that—as inferred by their report—the medical profession approves of the principles of the Society, the Editor will maintain the belief that neither statement—however true in a modified sense—can be proved to the full extent.

The Editor begs to observe that the approval of the Society's principles by "leading physicians" who lack the courage to declare their convictions, and desire that their names should be kept secret, would be of no value whatever as a demonstration in favour of the total abolition of vivisection. The question may, therefore, be dealt with as if such "leading physicians" did not exist, and the Editor, therefore, waives the request for their names, but again challenges the production of the statistics respecting the replies to the Society's circular.

If the Chairman should favour the Editor with the information it will be as well to point out any statement in the first part of the editorial article of the 20th, which "thoroughly opposed to" fact.

Apropos of the Chairman's letter, we are amused to observe that the assembly of the Irish Society for the Total Abolition of Vivisection, at which the condemnation of the Medical Press and Circular was decreed, consisted of two clergymen and the Secretary of the Cruelty to Animals Society, besides the Chairman and Secretary of the Anti-vivisection Society. In assessing the importance of future placard manifestos of the Dublin Anti-vivisectionists it will be as well for the public to recollect the numerical and intellectual strength of the *junto* from whom the proclamations emanate.

Progress of the Small-pox Epidemic.

At the fortnightly meeting of the managers of the Metropolitan Asylums on Saturday last, Dr. Brewer presiding, reports were presented from the various hospitals of a rather alarming nature, and there was a strong feeling that prompt action must be taken to provide further accommodation for patients. The report from Stockwell Hospital showed that whilst accommodation had been provided for 150 patients, there were 152 in the establishment. At Homerton the provision in the small-pox hospital was for 140, and there were 143, and there were also 233 in the Fever Hospital appropriated to small-pox, the accommodation being for 236. At the Hampstead Hospital the accommodation was but for 300, and there were 285. So that of the 826 beds the managers had provided for small-pox patients, 813 were filled, and further demands were apprehended. A resolution was carried by the Board to the effect that although every effort is being made by the managers to prepare the hospitals at Deptford and

Fulham as quickly as possible, in view of the existing pressure for accommodation for small-pox cases, the clerk be directed to request the Local Government Board to inform the managers what replies have been received from the several boards of guardians as to the accommodation they have prepared, or are prepared to make, for pauper cases.

The Capacities of the Human Stomach.

EMINENT medical men and physiologists have, before now, occupied themselves, remarks our contemporary *The Observer*, with an elaborate calculation of what may be called the capacity of the human stomach, and have estimated its containing power at something like two quarts. It would seem, however, from some interesting revelations made at the Bow Street Police-court on Friday last, that the capacity of the human stomach is very much what it can be made to hold. According to some evidence given before the magistrate, it seems that four gentlemen (?) between them got through four bottles of wine before lunch; ate lunch and dinner with a not particularly moderate quantity of liquor of various kinds at each of these meals, and then returned from dinner at midnight, and sat up from twelve to three, drinking champagne and brandy and soda, *ad libitum*. On the 24th November last, however, this same quartet fairly eclipsed its previous performances, for the four between them disposed of forty large glasses of pale brandy, thirty-seven small glasses of the same generous fluid, nine bottles of champagne, and twenty-six bottles of soda-water. All this, it must be remembered, was in the way of "nips" between meals, and did not include that reasonable allowance of liquor which is the natural accompaniment of breakfast, luncheon, dinner, and supper. These libations seemed to have been varied by sandwiches, composed sometimes of anchovy, sometimes of caviare, sometimes of devilled eggs, and sometimes of hot pickles. They won't have the privilege of repeating these highly intellectual performances for the next few weeks!

Fraudulent Death Certificates.

IN the Thames Police-court, Mr. Coward, L.F.P.S., Glasgow, and L.S.A., was last week charged by the East London Medical Defence Association, under the Registration of Births and Deaths Act, with furnishing a false certificate to one of the sub-registrars of deaths for the purpose of procuring the registration of the cause of death of a child named Lucy Moore. Mr. Pridham prosecuted, and Mr. Lewis defended. Mr. Pridham said that the system of giving false certificates of the cause of deaths was so dangerous to the interests of the public, and prevailed so extensively in London, that, with a view of checking so reprehensible a practice, the Association for whom he appeared had, after much consideration and reluctance, determined to prosecute in some of the cases already brought under their notice, and that neither prejudice nor personal feeling were imported into the complaint he was then making. It appeared that Mr. Coward kept a "dispensary," where an unqualified assistant, named Jackson, resided. On the 26th ultimo the child was taken to the said "dispensary," where it was seen and prescribed for by Jackson; four days afterwards it suddenly became worse, and a message was at once sent to request Mr. Coward's attendance, but, instead of visiting the child, he sent it some medicine, shortly after taking the first dose of which it died. Subsequently, although Mr. Coward had never seen the child, he gave a certificate stating that he had attended it on the day that it had been seen by Jackson, and that the cause of death was "bronchitis." This constituted the offence complained of. Mr. Lewis stated, in defence of his client, that one of the rules of Mr. Coward's "Dispensary" was that messages for home attendance should be forwarded before eleven a.m., but that in the present case the message was delivered in the evening; that Mr. Coward was under the impression that he had seen the child, and had given the certificate inadvertently. The magistrate thought it possible that Mr. Coward might have believed he had seen the child, and dismissed the summons.

Alleged Hospital Neglect.

How frequently our readers must have remarked the flippancy with which coroners' juries bring paltry charges against hospital authorities. A few days ago, Mr. Donaldson concluded an inquiry at the Champion Tavern, Weymouth Terrace, Hackney Road, respecting the death of James Poole, aged 59 years, whose death was alleged to have been accelerated by neglect at St. Bartholomew's Hospital. The deceased, who lived at 4 Nichol's Square Hackney Road, was a labourer, in the employ of Mr. George Pritchard, Paul Street, Finsbury. On the 6th ult. he left home in good health, at five o'clock in the morning, to go to work, and was brought home in a cab the same evening injured. He said while working at Messrs. Tyler's, in Newgate Street, in placing a boiler, the plank broke and he was hurled into the coal-cellar. He was taken to the hospital and told to go home. Dr. Fowler, who attended deceased at his residence, proved that death took place on the 16th from a fracture of the skull. Mr. Herbert Weiss, house-surgeon at St. Bartholomew's Hospital, and Mr. Clarke, dresser at the same institution, said all was done for deceased that was possible. He was asked to remain, but refused. Mr. Weiss was of opinion that deceased was suffering from some internal injuries to the head, then impossible to detect. Seedon Goleby, a bricklayer, who accompanied deceased to the hospital, said that neither the dresser nor surgeon asked him to remain. The jury returned a verdict that deceased died from injuries received by the breaking of a plank, but how caused there was no evidence to show; and they likewise remarked that the hospital people should attend better to their patients.

This reflection of the jury upon the conduct of the medical officers of the above hospital was perfectly uncalled for. The great probability is that this man did refuse to remain in the hospital, inasmuch as there are few members of the working classes who will stop in a hospital, if they think they can get on as well at home. But even if the medical officer did tell him to go home, it does not follow that he was neglected. The symptoms were not shown to be of such a severe nature as to warrant his detention in the hospital, and therefore we think that the medical officers are quite exonerated from any blame in the matter.

Death Certificates by Unregistered Practitioners.

In a recent report by Dr. T. Orme Dudfield, Medical Officer of Health for Kensington, it is stated that no fewer than six deaths were certified by unregistered practitioners—viz., one by a practitioner who was lately successfully prosecuted under the provisions of the Medical Act of 1858, and five by "another practitioner, who evidently enjoys a large practice, and against whom no proceedings thus far have been taken for the infringement of the Act."

A Benefactor to Charities.

It is given to but few men to amass nearly half a million of money, to still fewer the large-heartedness of the late Mr. George Moore (of the City of London, and Whitehall, Cumberland), to dispense his wealth liberally during life, and to leave a legacy roll at death of £120,000 to charities. Of this magnificent sum, medical charities come in for a fair share. The Royal Free Hospital receives £3,000. University College Hospital, Middlesex Hospital, St. George's Hospital, Charing Cross Hospital, St. Mary's Hospital, Paddington, the London Hospital, Royal Hospital for Incurables, British Home for Incurables, Asylum for Idiots, Redhill, each receive £2,000. The City of London Hospital for Diseases of the Chest, Victoria Park, and the Brompton Consumption Hospital, £1,500 each. The Cancer Hospital, Cumberland Convalescent Institution, Royal Sea Bathing Infirmary, Margate, the Newport Consumption Hospital, and the Whitehaven Infirmary, £1,000. The Carlisle Fever Hospital, and the Cumberland Infirmary, £500 each. The City of London Truss Society, £200, besides £20,000 to found an Orphanage, and about £70,000 to other charitable institutions.

The Outbreak of Fever in H.M.S. "Valiant" at Foynes.

In reference to the epidemic of fever in the *Valiant*, to which we referred last week, a long correspondence was read at the last meeting of the Limerick Guardians, among which was the following telegram from the Local Government Board to Mr. Connolly, law adviser of the Corporation, in reply to his query, "If her Majesty's ships are exempt from the operation of section 2, making a ship accessible for the purposes of the Nuisance Removal Acts, as if it were a house?" The Local Government replied that Foynes, where the *Valiant* is stationed, is within the port nuisance authority. The Local Government Board are not aware that the Urban Sanitary authority has power to prevent the reception of fever cases sent from her Majesty's ship *Valiant* for admission into the St. John's Fever Hospital.

It was understood that no more of the patients would be sent from the ship to Limerick, and the matter dropped. We understand that the epidemic is at an end, and the cases all convalescent.

Last week the temperature registered two degrees higher than in the middle of June and the end of August. It is said that such extreme mildness in mid-winter has never before been chronicled.

The Irish Zoological Society.

We observe that this Institution is again in a condition of begging, which for a scientific body which receives an annual parliamentary grant, and sometime since received £6,000 for new buildings, is a somewhat undignified position. That it is so placed is not wonderful. Persistent mismanagement and extravagance of administration, extending over a long series of years, brought the Society, not for the first time, to a state of semi-bankruptcy. Having no money at their bankers, and most scanty attractions in their gardens—the inducement to the public to visit them being almost *nil*, and the value given for the admission fee being continuously less and less—the Council came to the sensible determination of doubling the price of the ticket. By this expedient, the access of the working classes to the Gardens was effectually cut off—the number of visitors was reduced by about cent. per cent., and the income was not at all materially increased. On the contrary, the existence of the Society has been almost forgotten in Dublin, and its income is mainly derived from the few visitors, who—coming to Dublin to "see the lions"—discover in the Guide-books the presence of a Zoological Garden, and not being aware how little value for their shilling the Society offers them, confidingly visit the Collection (!) of Animals.

We ask the attention of the Council to their past experience, with a view to future amendment. They have tried slip-slop management—enormous outlay on a few very expensive and delicate animals—and, to meet the deficit, clamorous begging and increase of admission fees. These expedients, the Council will admit, have failed. Suppose they try the opposite plan. Let them manage the Gardens on careful commercial principles, and farm their estate as any one of them would do if it were his own. Let them reduce expenses of maintenance and establishment. Fill the empty cages with cheap but interesting animals, the death of which will not ruin the Society; reduce the admission fee to its former amount, and—to be brief—popularise the Gardens on the Continental principle. If they can bring themselves to this change of policy, we will promise them the luxury of being obliged no longer either to beg or starve.

St. Stephen's Green, Dublin.

It seems probable that the munificent offer of Sir Arthur Guinness to throw open St. Stephen's Green to the public at his own expense may yet be carried into effect. It will be recollected that the Dublin Corporation resisted this as they resist every other proposition for the benefit of the citizens into which they are not allowed to put a finger, and, inasmuch as the Commissioners in whom the Square is vested, peremptorily refused to allow the Municipal Council to touch it, the proposal of Sir Arthur Guinness had been withdrawn. It is gratifying to be able to record that—under the persuasion of a Bill in Chancery, and through the good offices of the Lord Mayor, Sir G. B. Owens—an understanding has been come to, Sir Arthur Guinness has renewed his offer. The Commissioners have agreed to yield their title. The Corporation have consented to surrender a small head rent payable to them, and it only remains for the Gb-

vernment to provide for its maintenance as a public park after it has been reconstructed by Sir A. Guinness.

As the Board of Works had already agreed to bear half the annual cost, it is to be hoped that the small extra yearly grant will not stand in the way of this much-needed improvement.

Using a Carpenter's Auger to Perforate.

THE *Melbourne Medical Record* publishes the case of a woman, who was about to be confined. The local practitioner was called in, and found that he was unable to deliver the child alive. After breaking one of his instruments in operating, he got an inch auger, which he introduced, in order to open the head of the child. The skull, however, was too hard to yield, and Dr. Griffith, finding that he could do nothing, told the family to get another doctor. Another was accordingly sent for the same night, and he brought the child forth alive within half-an-hour of his arrival; but the infant was so badly injured about the head that it died. The poor woman was so much lacerated that she died some hours before the child. An inquest was held on the remains of the deceased woman; when, from the evidence adduced, the coroner committed the first practitioner to take his trial for manslaughter at the next Court of General Sessions, Ballarat.

English Doctors in France.

A CORRESPONDENT writes from Paris to the *Pall Mall Gazette*:—"A measure is now in process here which very much interests the travelling English public, and especially those who—from motives of health, or other reasons—propose to themselves from time to time to sojourn in France. It is no less than a law which will in its effect prove, and is really by its professional promoters intended to prove, prohibitive of the practice of medicine in France by British or other foreign physicians, however eminent or capable. Existing rights of practitioners already in possession of practice at health resorts and in Paris will be respected; but after a certain date no British physician will be allowed to take up his residence in France as such, not even if he desire and intend to limit his practice to his own sick countrymen and countrywomen. The 'privileges' of practice are henceforth to be the exclusive possession of graduates of French universities: and if Jenner or Paget desire to come here to see an English patient whom they have sent to recruit at Cannes or Pau, they must first pass five examinations, several of them of an elementary character, and must 'justify' their preliminary education.

"An early result must be—to diminish very much the popularity of French health resorts for foreign invalids, and to limit everywhere in France the number of foreign residents. It is not too much to say that many of the French towns are under the deepest obligations to British physicians for the vogue which they have given to them; and that neither Paris, Cannes, Hyères, nor Tours can afford to neglect that consideration, any more than Mentone or Nice. It is, however, eminently characteristic of the singularly narrow and almost blind egotism of the University officials here, and illustrates remarkably the spirit which has dictated the law by which English invalids in France are in future prohibited from dying or from recovering except under the care of French graduates of medicines."

The American Leech Trade.

THE *Druggists' Circular* gives the following interesting details of the trade in leeches, derived from an interview with one of the most experienced dealers:—

"The American leech (he said) I believe to be utterly valueless. I have received fine-looking specimens from Mississippi and Pennsylvania, but I found them wholly worthless. They are far inferior to even some European varieties of the hirudo decora, which cannot easily be induced to bite unless blood be drawn to excite them. I consider six Swedish leeches equal to at least one hundred of any American variety. Those exported to America are generally full of blood, and at Rhode Island there are immense purging ponds in which the newly arrived leeches are placed, and left to digest their last meal. Until it has been perfectly digested they are useless. These ponds belong to Mr. Witte, who does nearly all the importing for American leech doctors, and he charges an extra price for the ponded leech, because the leeches must remain at least a year in the purging pond. It takes a year for them to get rid of one good meal. The leech can live on almost nothing; its vitality is absolutely prodigious. But it is a curious thing that they are constitutionally delicate creatures. If deprived for a considerable time of clay or turf to burrow in, they are liable to disease. They are carried off by epidemics peculiar to leech life, some of which appear to be skin diseases. I have to nurse them pretty carefully, and when I find one leech sick I put him in the leech hospital. A milk diet frequently restores sick leeches to perfect health."

Sanitary Institute of Great Britain.

THE above Institution was inaugurated in July, for the purpose of "Collecting and imparting Information upon all matters connected with the subject of Public Health."

The following are among the subjects which the sub-committees appointed by the Institute will be, or have already been, considered and reported upon:—1. The Examination of and granting Certificates of Qualification to Subordinate Officers of Sanitary Districts. With respect to these examinations many important suggestions have been made, and a Board of Examiners will be appointed to carry out the object in view, such board to consist of members of the Institute representing Preventive Medicine, Chemistry, Engineering, and Sanitary Jurisprudence. 2. Matters relating to Medicine in connection with Public Health. Under this section the Institute proposes to take steps to obtain complete Registration of Sickness, especially of zymotic disease, and to get Lectures delivered by properly qualified men on subjects relating to the prevention and spread of disease. 3. This section embraces Matters relating to Chemistry in connection with the Public Health. Under this heading it is proposed to investigate the chemical aspects of, and to furnish reports upon, the process for the disposal, deodorisation, or utilisation of sewage, &c., as well as for the suppression or mitigation of any nuisance from factories, chemical works, or noxious trades. It is also proposed to under-

take analysis or other work which may interfere with the private practice of chemists, engineers, or other professional men, &c. 4. Another object they have in view is the Establishment in London of an Exhibition of Sanitary Apparatus and Appliances.

We have not the least doubt but that this Institution will lend very valuable assistance in the cause of public health, and supplement, with great advantage to the public, the labours of the Government and various local authorities.

Professor Macleod on Hydrophobia.

THE following remarks of Professor Macleod, of Glasgow, on hydrophobia, have been going the round of the papers; and certainly too much publicity cannot be given to a subject on which there is much ignorance, and which often gives rise to an amount of terror that is out of proportion to the causes which provoked it. It was remarkable, said the Professor, that all of a sudden there should have arisen in Glasgow a disease which none of the members of the medical profession there had ever seen before. The disease was one very difficult to propagate. He would not care though a mad dog bit him through the clothes, because the animal's teeth would be cleaned, and there would be no fear of any bad results. It was foolish to destroy a dog which had bitten a person, because many men had been brought as from a bed of death by being shown the dogs that bit them. The first patient, in the Western Infirmary, had told him that he was perfectly well until one day he took up a newspaper and read of a man that had died of hydrophobia, and he was never of any use from that moment. The second told him exactly the same thing; and Sergeant M'Gilvray informed him that his mind was haunted night and day by the bite he received, knowing, as he did, that people had died from hydrophobia, till, at last, he had those extraordinary symptoms, which seemed really as much mental as bodily. There was a huge lot of nonsense talked about hydrophobia, and they need not be afraid of it. If they tried for twenty-five years, the chances were they would not see any more of it in the city. Hundreds of people had been bitten in Glasgow during the last few months, and there had been only three, if these were, as he thought they were, cases of hydrophobia. None of the men who died had any fear of water. They took hold of the cup containing water, but the moment the cup touched their lips, it produced a spasm, which sometimes made them throw it from them, not from horror of the water, but from fear of the spasm.

We may supplement these remarks by observing that it is not everybody bitten by a mad dog who is attacked with hydrophobia. Mr. Youatt, who was a great authority on the subject, had himself been bitten several times by mad dogs, and although he did nothing but apply some *nitrate of silver* to the wound, no evil effect resulted. People were not aware of this fact, but think that everyone bitten by a rabid animal must necessarily go mad, and that there is no hope of escaping this dreadful malady. Despair, therefore, aggravates their case, and either disposes them to contract a disease they would otherwise avoid or excites that simulated form of hydrophobia to which Professor Macleod refers.

A Cause of Typhoid Fever.

IN one case mentioned by Dr. Dudfield, in his recent report on the health of Kensington, the disease was traced to sewer-gas escaping from a soil-pipe, constructed of glazed earthenware pipes, chased into a wall, and thinly covered with plaster. The smell was very offensive, and on examination it was found that the joints of the pipe had never been closed. Dr. Dudfield very justly remarks that it is a pernicious as well as usual practice to embed soil-pipes in the thickness of walls, to the common danger of two households. Unless the pipe is external to the house, no material but lead can be safely used for such a purpose.

THE epidemic of typhus fever, which has been raging in Paris for so many weeks past, is now on the decline.

WE understand that a Committee of Inquiry will be appointed by the Admiralty to inquire into the causes of the outbreak of scurvy in the late Arctic Expedition.

TYPHUS fever has, a Berlin correspondent says, broken out at Warsaw in an epidemic form, necessitating the removal of the troops from the parts affected.

THE serious character of the present small-pox epidemic has caused the several boards of guardians in London to suspend the ordinary visitation of friends to workhouse and pauper schools.

THE past year was not a prolific one in the publication of medical and surgical works in the United Kingdom. Including new editions of old books and new books, and pamphlets in all branches of our art, the number only reached one hundred and eighty-one.

A REUTER'S telegram brings news dated Gibraltar, December 26th, according to which small-pox has appeared in an epidemic form among the flocks of goats near Los Barrios. A competent person has been appointed to visit the district, and report thereon.

THE late Mr. William Baillie, of Falahill, W.S., has bequeathed to the Edinburgh Royal Infirmary his estate at Falahill; also a half of the free residue of his estate. Mr. Baillie's agent report that the value of the gift will be upwards of £30,000.

WE understand that the Medical Defence Association have in their possession upwards of fifty false certificates of deaths, given both by qualified and unqualified practitioners in the metropolis; many of these will form the grounds for prosecution.

THE appeal of "Dr." Slade, the Spiritualist, against his conviction to three months' imprisonment, comes on for hearing during the next few days. The Government having undertaken the prosecution, the National Association of Spiritualists have memorialised the Home Secretary against such a course of procedure.

ON Monday, at the Hampton Petty Sessions, the Local

Board were summoned for penalties amounting to £122,300, for having neglected to cut off their sewage from entering the Thames. As, however, the Board had done all in their power to get out of their difficulty, and a Government inquiry was to be held, the summons was adjourned for six months.

A MEDICAL man of the name of James was lately murdered on the coast of New Guinea. In attempting to land, the natives discharged a shower of arrows, killing the doctor and the captain immediately. There is some mystery about the affair. The native crew of the vessel state that they buried the bodies on the coast, and then sailed to the place they started from—Somerset, Australia.

Correspondence.

ON THE ABUSE OF MEDICAL CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The initials placed after the name of every medical practitioner have a certain recognised and just value with the public, but these initials acquire an additional increment of value when appended to the names of eminent and recognised leaders of our profession.

A. B., a F.R.C.S. in practice in a provincial town, may be a highly-accomplished, intellectual, and scientific member of our profession, and his opinion *per se* may be equal to that of C. D., a F.R.C.S., who practises in London.

But the latter, through his connection with a London school of medicine and hospital, will enjoy a larger clientele and a wider reputation, and a certificate signed by his name will carry more weight than that of his provincial brother with the public, who, not understanding the value of degrees, bow down to the weight of a famous name.

Human nature with her weaknesses, and modern civilisation her offspring, and fashion a near relative, unfortunately make this fact too true, and popular opinion or fashion, running in grooves, adopts without hesitation some new-fangled theory broached by Sir Somebody Something, F.R.Z., or a new and *outré* style of dress introduced by her Royal Highness Princess H——, or injures its digestion by eating some article of food, or drinking some form of alcohol recommended by the authority of some well known analytical chemist after whose name a long list of cabalistic letters are flourished.

The public is not a reasoning animal, though there are amongst it a number of sensible, well-balanced minds who look calmly on these popular ebullitions of fancy, and quietly wait for the pendulum of popular opinion to regain its normal beat. Amongst this latter class we must reckon medical practitioners who have very great influence in directing education and popular prejudices, as they have to deal with sanitary requirements, exercise, amusements, and especially food.

They have a serious responsibility in recommending various forms of dress, exercise, and amusements, but they have a much more serious duty to discharge when dealing with articles of diet.

We are thus led on to the abuse of medical certificates, and we think we have fair grounds for pointing out to our medical friends the necessity of using their power carefully, and to warn them against the blandishments and insinuating eloquence of vendors of novelties either in the shape of farinaceous foods or wines.

We cannot take up our daily paper but we find medical certificates vouching either for the curative properties of certain remedies, or the nutritive value of certain forms of food and drink.

We can give typical instances of how these certificates may be abused.

X. Y. Z., a distinguished analytical chemist, is sent a sample bottle of wine or whiskey; he analyses it carefully and conscientiously

He sends to the vendor a report of the character and quality, which is published, largely advertised, and this wine or whiskey, owing to the high position of the analyst, enjoys a large sale.

What guarantee has the purchaser that the wine with which he is furnished is of the same quality as that which was originally analysed? He has none, save depending on the *honesty* of the dealer. This certificate may be kept in operation for years, though the original wine has been all consumed; and though the original proprietor may die, his successor may still trade on his name and reputation.

The following is an instructive case, taken from the law reports, equity cases, 1873-1874, vol. xvii. :—

In 1855 a Mr. Raggett purchased from Messrs. Blockey their business as brewers and vendors of stout. In 1860 Dr. Hassall analysed it and approved of it. Raggett thereupon registered a trade label with the words "Nourishing *London* stout" round the circumference, and in the centre the words "Raggett, late Blockey, analysed and reported on by Dr. Hassall."

There were agents for the sale of this stout in various towns, and it had an extensive sale.

Messrs. Findlater, of London and Brighton, also advertised a "nourishing stout," with a label, "Bottled by Findlater, Mackie, and Co., Prince Albert Street, Brighton." Raggett filed a bill in 1871 to restrain Findlater from using the word "nourishing."

We cannot do better than quote the words of Sir R. Malins, Vice-Chancellor, pages 43-44 :—

"The motion was brought before me on false representations, because the representation in the bill originally filed is —'The manufacture of such stout is based upon a particular method or process, whereby the earthy phosphates or nutritive salts of the malt, which afford mineral nourishment to the bones and nerves of the body, are more fully and completely extracted and developed than is ordinarily the case.'

"That is his deliberate statement, because he swears it also in his affidavit; but not only that, for he actually adheres to it at a later period, when he was cross-examined on the 5th December, 1871.

"He now abandons all that case, and admits that Truman, Hanbury, and Co. supply him from the same vats from which they supply all their other customers, and that the beer for him leaves the brewery precisely in the same condition as it leaves the brewery for somebody else. What is his case now? Why, that when he gets it to his cellars he doctors it himself —that is, he puts something into it which brings out these remarkable qualities; that it becomes more agreeable to the palate, more digestible, and more suited to invalids, and has all the qualities which he wants to take advantage of under the word '*nourishing.*'

"For the purpose of proving that he has brought forward half a dozen medical men who have given testimony that they have tasted the beer when first delivered to the plaintiff and after it has been doctored, and they would detect the difference merely by the taste, the defendants have called a Dr. Rogers, who says he *analysed* the beer, and could find no difference between the two; and as the brewing solely for him by Truman and Co., turns out to be a fiction, I am very much inclined to think that what he puts into the beer is also a fiction."

Bill dismissed with costs.

Dr. Hassall's report was, no doubt, a just and honest one. His name on the labels must have had and will have a material influence on the sale of this stout.

Was such a use of an eminent name fair to other traders, who, like Findlater and Co., were supplying the public with good stout also from the vats of Messrs. Truman, Hanbury, and Co.

Another instance may be given. A disinterested wine and spirit merchant *generously* distributes both in the metropols and in the provinces samples. And at the same time asks for an order and for a medical opinion.

The wine and spirit may be good, and the price may suit.

An order is given, with a letter approving of its quality and character.

The wine merchant, when he has secured a sufficient number of medical names on his books, issues a circular to the lay world, in which the names, addresses, and qualifications of his medical customers figure in large type, and often thereby secures patrons.

The individual opinion of a medical man who judges a wine and spirit purely by his own palate is not worth any more than that of a layman.

Our education does not necessarily fit us for the office of wine-tasters.

We are aware that we have in our ranks a large number of *connoisseurs*, but we have also a large number who believe in the efficacy of a claret at 12s., and of a sherry at 18s. per doz.

The public do not know this, and consequently a fictitious value is set upon a wine to which it is not fairly entitled, from the fact that it is known to be purchased by a number of medical men.

What remedy do we propose? We cannot, of course, prevent our *confreres* from expressing their opinion as to the merit of any article of food or wine, and we can only point out to the public the *fallacy* of valuing these opinions at anything more than they are worth.

With the analyst we have more difficulty in suggesting a remedy. His *rôle* is a very important one, when, if we are to believe our Laureate—

"Only the ledger lives, and when only
Not all men lie.
Peace in her vineyard! Yes!—
But a company forges the wine:
And the vitriol madness flushes up
In the ruffian's head,
Till the filthy by-lane rings to the
Yell of the trampled wife;
And chalk and alum and plaster
Are sold to the poor for bread,
And the spirit of murder works in
The very means of life."

By his skill adulterations have been exposed, and the public has been protected from unprincipled traders; and it is right and just that on occasions certificates should be given, but a limit should be put to their indiscriminate use.

No useful or beneficial purposes are served, legitimate trade is not benefited, when promoters of companies or individuals obtain the opinion of some eminent chemist and then flood the world with his report in praise of their compounds.

Our analysts will recognise the justice of our remarks, and take them in the spirit in which they are meant. We believe that as a body they are distinguished by the highest sense of honour and rectitude. Their own dignity will point out to them the necessity of issuing rules for the granting of certificates, and they will thus raise such certificates when given in the estimation of the public, and thus best consult their own interests and self-respect.

Yours faithfully,

Halifax. T. M. Dolan, L.R.C.P. Ed., F.R.C.S.

TWOPENNY MEDICINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have received, whilst acting as secretary of "*The Medical Press* Fund," numerous letters sympathising with the object in view, and in some of these communications cases of flagrant and unprofessional conduct have been stated to me.

I am informed that there are two licentiates of the Royal College of Physicians, London, who dispense medicine and prescribe for patients at the rate of twopence per patient. Of course a proceeding like this is derogatory to the College of Physicians, but I do not know under which of their bye-laws such practices can be interfered with. It is my intention, however, to inform the College of these proceedings, in order for it to take proper steps in that matter.

I am, Sir, your obedient servant,

L. S. Forbes Winslow.

23 Cavendish Square, Jan. 1, 1877.

THE BEATTY MEMORIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—The columns of your journal, and those of similar professional character, being in my opinion the most fitting way of communicating the feeling here so kindly expressed, will you oblige me by giving insertion to the same.

I remain, very truly yours,

Jolliffe F. Tufnell, Hon. Sec.

101 Fayshill Terrace, Cheltenham,
Dec. 28, 1876.

Dear Mr. Tufnell,—On behalf of the members of the family of the late Dr. Thomas Edward Beatty, I write to express our deepest thanks for the compliment paid to his memory by the erection of the Tablet, which has recently been unveiled in St. Patrick's Cathedral, by the Right Hon. the Lord Mayor of Dublin, and we would ask you, as Hon. Secretary, to be pleased to communicate in whatever way you deem most appropriate, this our expression of gratitude to the members of his profession of their kind remembrance of him.

Believe me, dear Mr. Tufnell, faithfully yours,

William C. Beatty, M.D.

To Jolliffe Tufnell, Esq., Hon. Sec.,
58 Lower Mount Street, Dublin.

Medical News.

University of Dublin.—The following degrees were conferred on December 20:—

Bachelor in Surgery.—Joseph Marshall, James Alexander Nelis, William Joseph Pim, Edward Richard Power, John B. Story.

Bachelor in Medicine.—John St. George Browne, William Rogers Conolly, Henry Alexander Davison, John Wellesley Flood, William John Frazer, John Francis Houghton, Gilbert Lynch, Frederick Fitzgerald M'Cartie, Rudolph MacDermott, Jonathan Hill Malone, Joseph Marshall, James Alexander Nelis, William Joseph Pim, John Benjamin Story, James Edward Thompson.

Master in Surgery.—Dudley Loftus Fitzgerald, William Joseph Pim.

Doctor in Medicine.—William Thomas Greene, Henry Wedenham Maunsell.

Licentiate in Medicine.—Richard Henry D'Olier Duckworth.

The Mortality of Foreign Cities.—The annual rates of mortality, according to the most recent weekly official returns, were:—In Calcutta 37, Bombay 24, Madras 35, Paris 26, Brussels 24, Amsterdam 29, Rotterdam 26, The Hague 23, Copenhagen 22, Stockholm 23, Christiania 20, Berlin 26, Hamburg 26, Breslau 25, Munich 33, Vienna 25, Buda-Pesth 39, Rome 28, Naples 28, Turin 23, New York 20, and Brooklyn 18. The fatal cases of typhoid fever in Paris were 48, against 171, and 62 in the two preceding weeks. Typhus caused 18 deaths in Buda-Pesth.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

"MEDICAL DEFENCE FUND."

We are requested by the Honorary Treasurers to this Fund to acknowledge with thanks the receipt of the following additional subscriptions to this Fund:—

Sir Henry Thompson, Bart., London	2	2	0	Mr. Francis Mason, London	1	1	0
Dr. Banke, Limerick	1	1	0	Dr. Murchison ,,	1	1	0
,, Cavet, Waterford	1	1	0	,, Carleton, Delvin	1	0	0
,, Faussett, Clontarf	1	1	0	,, W. Hanrahan	1	0	0
,, Bigger, Dublin	1	1	0	,, Ryan, Tipperary	1	0	0
,, J. Little ,,	1	1	0	,, Hobson, Ballylinan	1	0	0
,, Malcomson, Cavan	1	1	0	,, Whistler, Bray	1	0	0
,, Langstaff, Athlone	1	1	0	,, Jsph. Rogers, London	0	10	0
,, Shanley, Strokestown	1	1	0	,, Patton, Finglas	0	10	0
,, Colahan, Galway	1	1	0	,, G. Peirce	0	10	0
,, Tufnell, Dublin	1	1	0	,, Morewood, Drapers-town	0	10	0
Mr. M. J. Verdon, London	1	1	0	,, Given, Blessington	0	10	0

Army Medical Service.—Intending candidates are reminded by advertisement in another column that an examination will be held at the University of London on the 12th of February next. Application to the Director-General is necessary a fortnight before examination.

Dr. Griffith.—Prof. Bouchardat's treatise is the best we are acquainted with on this subject. The work can only be obtained in French.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1877.

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ON THE TREATMENT OF AMBLYOPIA.

By H. R. Swanzy, A.M., M.B., F.R.C.S.,

Surgeon to the National Eye and Ear Infirmary, Ophthalmic Surgeon to Steeven's Hospital.

The following are a few cases of amblyopia which have been treated by a new method—namely, by the Inhalation of Nitrite of Amyl.

Case I.—W. G——, a coastguard, æt. 39. On the 12th May last, and following fifteen days, he was employed in whitewashing the coastguard premises. The sun shone brightly on the wall he was working at, and before the first day was half over he perceived the sight of each eye to have become dim, and he complained of pain in the temples. Still he continued the whitewashing for a fortnight. During this time his sight did not get worse. On the contrary, the left eye recovered good vision, and he thought the right would also get well, but not finding it do so he applied to his medical officer on 5th June. By him he was placed on a mild course of mercury. A fortnight after this the sight of the left eye became dull again, and continued to get worse. The sight of the right eye had remained the same from the commencement. The patient was sent to the National Eye and Ear Infirmary, under my care, on the 12th July.

Upon examination, I found that with the right eye he could count fingers when held up at a distance of 4 ft. only. The opthalmoscope showed the vitreous humour of this eye to be filled with a diffuse opacity, rendering any view of the fundus oculi impossible. The vision of the left eye amounted to something between $\frac{1}{3}$ and $\frac{1}{4}$ (L. Sn. at 14′) of the normal standard. It could make out type No. 4½ of Snellen at 8 in. with difficulty. He complained a good deal of a broken, irregular appearance of the letters, and of temporal headache. The ophthalmoscopic appearances of the left eye were perfectly normal. My prognosis for the right eye was unfavourable, as opacities of the vitreous humour of this kind are but rarely amenable to treatment, and there was no doubt but that the greater part of the defect in vision in this eye was due to this opacity. For the left eye I held out hopes of being able to do something, basing my opinion on the healthy appearance of the optic nerve and internal coats. I then examined the field of vision of this eye by aid of Mr. Brudenell Carter's perimeter, using as a visual object a morsel of paper three lines square. The outer boundary (visual object white) was but little, if at all, contracted. The apparent contraction above and to the inside, and below and to the inside, is due to the patient's prominent brow and rather aquiline nose. The power of perception of colour, however, was confined to a very much smaller portion of the field than normally. If the perimeter be placed so that the fixation point (*a*) be removed 18 in. from the eye, the blue boundary, in the healthy eye, would reach to a distance of from 40° to 60° from the fixation point in every direction, and the red boundary would lie somewhat inside this, while the boundary for green would be found between 30° and 40° from the fixation point. In this case the furthest point of the blue boundary was at 40°, while at one place it was contracted to about 5°. The red boundary was also greatly contracted; but the most marked disturbance was in the power of perception of green, which was reduced to a very small district around the fixation point. Even within the boundaries indicated, the functions of the retina seemed easily wearied. Thus, if the white visual object were held motionless in one spot for a few moments it disappeared from view—the retina, in fact, became fatigued at the spot and ceased to act. The red or crimson object quickly lost its colour if held motionless within the red boundary, becoming of an indistinct dark shade. Blue became paler, approaching to white when held motionless.

As has been my usual practice in almost all cases of amblyopia, I commenced the treatment by an application of Heurteloup's artificial leech to the temples. However, not finding any benefit from it, I did not repeat it.

(*a*) In making perimetrical examinations, I am in the habit of examining from or towards the macula lutea, and not the blind spot.

On the 17th July I caused the patient to inhale ten drops of the nitrite of amyl from a small bit of cotton wool. Soon after he had quite recovered from its effects. I made him inhale ten drops more. Five minutes after the effect of the second inhalation had worn off I tested his vision, and found that a remarkable improvement had taken place for so short a space of time. He could now spell XL of Snellen at 14 ft.—that is to say, his vision had improved from $\frac{1}{35}$ to $\frac{1}{28}$ of the normal standard. He was also able to read No. 4½ with greater ease, remarking that the words seemed less confused than previously. Upon testing the patient's vision next day, I found that it had not relapsed, but that the improvement which had been effected continued. He then got ten drops to inhale. The peculiar symptoms produced by the inhalation continued about two minutes, and vision was not improved while they lasted. As they were just wearing off, vision was slightly dimmed; but this disappeared in three or four minutes. Ten drops more were then given and vigorously inhaled. About half a minute after the effect began the letters seemed double their real size, but still "in mist" and broken. Two hours later the vision for distance was found the same as after the inhalations on the first day; but near vision was further improved, so that he could read No. 3½ of Snellen at 8 in. slowly. On the 20th he was beginning to see XXX of Snellen at 14′. I gave him then three inhalations, and about three-quarters-of-an-hour afterwards he could spell XXX at 14′ almost perfectly (O S L *O* T *O*). No. 3 was read slowly at 8 in. On the 21st vision was no better, nor did two inhalations on that day effect any further improvement. On the 22nd vision still remained the same, but, after two inhalations, the sight became so improved that XXX could all be distinguished at 14′. He still complained of the haziness, although he said it was lighter. He said also he could only see the letter he looked at and the one next it, while the others were quite in mist. On the 23rd he got two inhalations. On the 24th vision was not any better, but after two inhalations he said he could make out XXX much more clearly. His vision now was very nearly half of the normal standard, and I did not succeed in producing any further improvement in it. I continued the inhalations of nitrite of amyl for a time, and tried some hypodermic injections of the nitrite of strychnia, but without avail. Before dismissing him from hospital (8th August) I again examined the field of vision with the perimeter, and found an improvement in the boundaries for red and blue, but very little in that for green.

On the 20th September he returned, complaining that about eight days previously the sight of the left eye had again become dim. He thought he had exposed himself too much to the bright glare of the sun. Bright light always gives him uneasiness and pain in the temples. I found his vision reduced as low as on the first day I saw him. After two days' treatment with the nitrite of amyl his sight was restored again as before. He was cautioned against exposure to strong lights in future.

Case II.—James O'H——, æt. 60, a nailer, was admitted to the National Eye and Ear Infirmary on the 19th May last. His sight had commenced to fail eighteen months before, but he had been able to work at his trade until within four months, when in the course of a week the sight became greatly worse, and continued so. For thirteen weeks prior to this rapid deterioration in his sight he had been drinking "weighty," as he himself expressed it, rarely taking his clothes off. During this time also he smoked an ounce of twist tobacco in the day. His habit for the last seven years had been to drink and smoke a great deal. The opthalmoscope displayed a loss of the natural pink hue of the optic discs, and in its place a dirty white discolouration. The central artery of the retina was not altered, and the central vein was also normal. With each eye the patient could count fingers at 6 ft. only, and (+ 14) could read but a few letters of No. 12 at 8 in. An examination of the fields of vision showed the outer boundary in each eye to be normal. The power of perception of red was not materially affected; but the powers of perception of blue and green were wholly wanting. In consequence of the questionable appearance of the optic nerves and the defect in the power of perception of colours, I did not hope to effect any great improvement in his vision. However, in this prognosis, I am happy to say, I was mistaken.

On the supposition that in cases of this kind the disease consists in a defective nutrition of the nerve substance, I had determined to try the effect of a nerve tonic in the form of phosphorus when the next opportunity might arise. Accordingly, after the artificial leech had been applied to each temple without benefit, I placed the patient on Kirby's pil. phosphor., containing 1-33rd grain of phosphorous in each, one three times a day at meals. I need hardly say that all smoking and drinking was strictly forbidden, and I believe the patient attended to my directions in these respects. The phosphorus treatment was commenced on 29th May. I need not weary the Society with a diary of the case; suffice it to say that on the 1st of July the vision of the right eye had improved almost to C of Snellen at 14′, and that of the left eye to C C at 14′, while with each eye (+ 14) some words of No. 5½ Snellen could be read at 8 in. The field of vision also had improved, inasmuch as blue could now be well distinguished as far as its normal boundaries; but green could not yet be seen. On the whole, the result of the phosphorus treatment in this case must be regarded as very satisfactory when the serious nature of the case is remembered. I consider the method well worthy of an extensive trial in similar cases. I cannot find that any late writer has recorded cases treated in this way; but it seems from Dr. Ashburton Thompson's book (*a*) (p. 158) that, about twenty years ago, Löbel treated some cases of glaucoma (?) with phorphorus successfully, while Gosselin and Maisoneuve record some negative observations.

Having experienced the beneficial results of the nitrite of amyl treatment in the first case, I determined to give it a trial in this one also, and on the 24th July I gave the patient ten drops to inhale. Fifteen minutes later the vision of the right eye was improved, so that he could almost see C of Snellen at 14′—that is to say, his vision in this eye was improved from about 1-14th to nearly 1-7th of the normal standard. The left eye had not improved. He then got ten drops more, and an hour later the vision of the left eye had increased to Snellen C at 14′.

July 25.—Vision as yesterday. Two inhalations. Half-hour later no further improvement.

July 26.—*Oc. Sin.* No improvement. Reads No. 5½ words, with+14. *Oc. Dex.* Vision $\frac{14}{C.}$ (+14) No. 6½ (words) at 8″. Two inhalations. Half-hour later no further improvement.

July 27.—*Oc. Sin.* Seems to be beginning to see LXX. at 14′. Can say that the first letter is D. *Oc. Dex.* Unimproved since yesterday. One inhalation. After half-hour, *Oc. Sin.* $\frac{14}{D?N}$. *Oc. Dex.* $\frac{14}{C.}$ Second inhalation. Afterwards, *Oc. Sin.* $\frac{14}{LXX.}$ *Oc. Dex.* $\frac{14}{LXX?}$ (DL?).

July 30.—Two inhalations. Vision unaltered.

July 31.—Vision unaltered.

August 1.—*Oc. Sin.* Stat. id. *Oc. Dex.* $\frac{14}{LXX.}$

August 2.—*Oc. Utr.* $\frac{14}{LXX.}$ rather clearer with *Oc. Sin.* than *Oc. Dex.*

August 3.—*Oc. Utr.* No alteration. After three inhalations no further improvement. No further improvement in vision was noted until the 12th August, the inhalations having been continued daily, with the exception of two days.

August 12.—*Oc. Sin.* $\frac{14}{L?}$ (?? BR). *Oc. Dex.* $\frac{14}{LXX.}$ Three inhalations.

August 15.—*Oc Utr* $\frac{14}{L[?]}$ (?? SR). Three inhalations.

August 17.— *Oc. Utr.* as on 15th instant. Three inhalations.

(*a*) "Free Phosphorus in Medicine." 1874.

August 18.—*Oc. Utr.* Vision stat. id. Three inhalations.

August 19.—*Oc. Sin.* $\frac{14}{L[?]}$ (*?* SR). *Oc. Dex.* $\frac{14}{L[?]}$ (*?* TSR). One inhalation.

August 21.—*Oc. Utr.* as on 19th inst. *Oc. Utr.* (+14). No. 5½ (words). Treatment continued daily without further improvement until

August 30.—*Oc. Sin.* $\frac{14}{L[?]}$ (?+SR) *Oc. Dex.* $\frac{14}{L}$. Three inhalations.

Sept. 1.—*Oc. Utr.* $\frac{14}{L}$. With both eyes open. Vision $\frac{14}{XL}$ (+12) No. 5½ at 8". The treatment was continued for some days longer, but no further improvement effected. The improvement effected by the nitrite of amyl treatment in the course of six weeks was such that the patient could at the end of this time see four times as well as at the beginning. Before dismissing him from hospital, I again examined his field of vision, and found that the power of perception of green had returned, and occupied a normal extent of the field.

CASE III.—Patrick C——, æt. 38, a shoemaker, applied at the National Eye and Ear Infirmary, on 17th of July last, complaining of failing vision. He had been for many years a great smoker, and habitually drank very much.

With the right eye (Em.) he could see Snellen L at 14' with some difficulty. The vision of this eye was therefore about one-third of the normal standard. He could read with the same eye (+20) No. 2½ Sn. at 8" with difficulty. He was not a good reader.

With the left eye (HM $\frac{1}{20}$) he could barely see Sn. C. at 14', an amount of vision equal to less than one seventh of the normal, and could read Sn. 5½ (+20) at 8".

The optic nerve seemed to be slightly whiter than normal. The corneæ presented signs of keratitides in childhood, in the form of small facets. An examination of the fields of vision did not discover any abnormality.

On 28th July he got ten drops of nitrate of amyl to inhale. Ten minutes later the sight of the left eye had improved almost to Sn, L. at 14'—that is to say, its vision was just twice as good as before the inhalation. The right eye had not improved. He then got ten drops more to inhale. After thirty minutes the left eye could make some attempt at XL., while the right eye could see L. more distinctly than before. The vision of each eye went on improving by degrees under the treatment until the 8th August. It then had reached in the right eye almost to ½ (XXX (*?*) at 14'), and in the left to more than ⅓ (XL. at 14') of the normal amount. No further improvement could be effected. Probably perfect vision would have been restored had it not been for the irregularities on the corneæ.

The only disagreeable consequence which I saw result from the inhalations of the nitrite of amyl were in this case. While the immediate effect of the inhalation lasted, the Schneiderian mucous membrane secreted copiously, and there was an abundant flow of tears, and after a few days the inside of the nose became very sore.

CASE IV.—William F——, æt. 40, a messenger, applied at the National Eye and Ear Infirmary on the 24th July last. He said he had enjoyed very good sight until a week before, when it rapidly became obscure. He had always been in the habit of drinking three or four bottles of ale in the course of the day, and three or four glasses of whisky in the evening, and of smoking half an ounce of twist tobacco every evening.

The vision of the right eye (E) was about $\frac{1}{7\cdot1}$ ($\frac{14}{C[?]}$) of the normal standard, and it could read (+ 20) No. 12½) at 8 inches slowly.

The vision of the left eye (E) was $\frac{1}{2\cdot8}$ ($\frac{14}{XL}$) of the normal standard, and it could read (+ 20) No. 3 with difficulty at 8 inches.

An examination of the fields of vision showed that in the right eye the outer boundary was normal, as also the blue boundary, while the field for red was somewhat contracted, and the power of perception of green was entirely wanting. In addition, there was a central scotoma for red, a region just at the point of fixation, in which the power of perception of red was absent. When a bit of blue paper 2½ lines square was held at the point of fixation it seemed to the patient brown in the centre, while around the edges it was blue—in short a very small central scotoma for blue was also present. Yellow was seen as red in every part of the field except at the point of fixation, where it seemed brown.

In the field of vision of the left eye the outer boundary, as well as the red and blue boundaries, and the boundary for yellow, occupied normal positions, but, as in the right eye, green of every shade seemed to be brown in all parts of the field. There was no central scotoma in this eye.

The ophthalmoscope displayed no well marked disease, but some slight paleness of the optic discs may have been present.

The patient was advised to abstain from all smoking and drinking, and on the 3rd August I gave him two inhalations of nitrite of amyl closely following each other. Upon testing his vision afterwards I found that with the left eye he could see Snellen XXX almost perfectly (GBLCTG) at 14 feet, being an improvement of from $\frac{1}{2\cdot8}$ to $\frac{1}{2\cdot1}$ ($\frac{1}{XXX}$) in the course of a few minutes. The improvement in this eye continued advancing until the 19th August, when he could see with it XX Sn. almost perfectly at 14 feet (v $\frac{1}{1\cdot4}$). The right eye did not improve during the whole course of the treatment. He now remained absent until the 25th August, and in the meantime had, I suspect, returned to his old, bad habits. On examining him on that day I found that some relapse had taken place in the left eye, its vision being but $\frac{1}{2\cdot1}$. He then attended for a few days, and again remained away, so that no further improvement was produced by the treatment. I regret to say the patient did not give me an opportunity of examining his field of vision at the conclusion of the treatment. I saw him two months afterwards, and found that the vision of the left eye had fallen back somewhat, but I have no doubt that he had not maintained those temperate habits which I recommended to him as necessary for the preservation of his sight.

Besides the foregoing, I have tried this method of treatment in one case of advanced atrophy of the optic nerve, and in two cases of neuro-retinitis, but without any beneficial result.

The only published case of amaurosis, or amblyopia, treated by the nitrite of amyl of which I am aware occurs in the number of the *Berliner Klinische Wochenschrift* for 24th April last. It is by Dr. Steinheim, of Bielefeld, and it suggested the trial of the drug to me in the above cases. Dr. Steinheim's patient was a married woman, who completely lost the sight of both eyes after a severe uterine hæmorrhage. The ophthalmoscope displayed a greyish-white opacity of the optic papillæ, which latter were somewhat swollen and with indistinct margins. On the sixth or seventh day after the blindness came on, Dr. Steinheim admitted the patient into his hospital, and gave her eight drops of the nitrite of amyl to inhale. As soon as the effects had passed off, he gave her a second similar inhalation. About fifteen minutes later sight began to return to the left eye, so that fingers could be counted at a distance of 4 or 5 ft. The right eye still remained blind. The patient was kept in a dark ward, and received good diet and wine. Nitrite of amyl inhalations were given several times a day. On the 30th May the patient could count fingers at 14 ft. with the left eye, although only with the upper part of the field of vision. The lower part of the field did not recover its functions, nor did any part of the retina of the right eye. The appearance of the optic discs had altered to that of atrophy. Dr. Steinheim says he has had very satisfactory results from the treatment in other cases, which he proposes to make known at a later period.

I shall not venture to draw any definite conclusions from the cases I have narrated as to the precise indications for

the employment of nitrite of amyl in amblyopia. We must wait for wider experience to establish these. It is evident, however, that there are some cases at least in which the treatment has a remarkable effect, and my object has been to draw attention to this fact, so that others may be induced to try the method.

As to the *modus operandi* of the treatment, I have been unable to do more than form a conjecture. The physiological effect of an inhalation of nitrite of amyl is to paralyse the vaso-motor nerves of the head and neck (*a*). I am inclined to think it is the increased supply of blood to the impoverished nerve centres, caused by the dilatation of the capillaries, that is the immediate cause of the improvement in vision.

I may here remark that in none of my cases did the ophthalmoscope show any alteration in the calibre of the retinal vessels while the primary effects of an inhalation lasted. This coincides with the observations of Steinheim and of Sämisch and Stammeshaus (*b*), but is at variance with those of Aldridge (*c*).

None of the authorities whom I have been able to consult record any dangerous effects from the use of this drug. Wood, an American practitioner, says (*d*) the pulse should be carefully attended to, as there is danger of paralysis of the heart with too large doses. This danger, he says, never comes on suddenly, but gives warning long before by the nature of the pulse. He does not seem to have seen any fatal case. With such doses as I gave in the cases I have narrated I would not fear paralysis of the heart; but if I were suspicious of atheroma of the arterial coats, I would not give nitrite of amyl inhalations.

The following list of authors who have directed attention to the use of nitrite of amyl and its physiological action, although incomplete, may be of some interest to the reader:—

C. Höstermann. "Ueber die Anvendung des Amylnitrits bei Melancholie."—*Wien. Med. Wochenschr.*, Nos. 46, 47, 48, 1872; *Centralblatt*, No. 10, 1873.

Found it most useful in melancholy madness, contributing materially to the permanent cure. Four or five drops every fourth hour.

Rob. Pick. "Ueber das Amylnitrit und peine therapeuthische Anvendung."—*Centralblatt*, No. 55, 1873.

Neither headache nor unconsciousness was produced even by the largest doses, the effect passing off rapidly without leaving any disagreeable results. P. has proved experimentally that the nitrite of amyl is a direct muscle-poison. He considers it a most useful agent in hermicrania angiospastica. It was most efficacious in a case of cardial neuralgia, and in several cases of epilepsy and asthma, and it had a temporary effect in a case of traumatic tetanus.

H. C. Wood, Jr. "On the Therapeutic Value of Nitrite of Amyl."—*Amer. Journ. Med. Sc.*, 1871, p. 359-362; *Centralblatt*, 1872, No. 14.

One case of tetanus successfully treated with the nitrite of amyl alone, and another case with similar result where it was used in combination with hydrate of chloral. Says its usefulness in angina pectoris, with or without organic disease of the heart, cannot be doubted. He describes a case where angina pectoris occurred in conjunction with mitral valve disease. The inhalation of five drops rapidly arrested each attack; and the attacks then appeared more rarely, until at last they ceased altogether. Thinks the pulse should be carefully attended to, as there is danger of paralysis of the heart with too large doses. This danger never comes on suddenly, but gives warning long before by the nature of the pulse. He does not seem to have seen any fatal case.

S. Weir Mitchell. "Nitrite of Amyl in Epilepsy."—*Phil. Med. Times*, 1872, No. 38; *Centralblatt*, 1872, No. 23.

Was able in two cases to prevent the occurrence of the attack by administering nitrite of amyl as soon as the premonitory symptoms appeared.

W. E. Jenks. "Case of Puerperal Eclampsia treated with the Nitrite of Amyl." *Phil. Med. Times*, 1872, No. 45.

Found it of great benefit in a case of severe puerperal eclampsia. The attacks were cut short, and soon ceased altogether.

J. Crichton Browne. "Nitrite of Amyl in Epilepsy."—*West Riding Lun. Asyl. Reps.*, III., 1873, 53-174.

An inhalation either prevented the occurrence or diminished the severity of the fits.

Schueller. "Ueber die Einwirkung Einiger Arzneimittel auf die Gehirngefässe."—*Berl. Klin. Wochen.*, 1874, Nos. 25 and 26.

S. observed a distinct dilatation of the arteries and veins of the pia mater. A dilatation of the vessels occurred even on the side upon which the vessels were already dilated, owing to an injury to the sympathetic, and it took place both after division of the pneumogastric and in curarised animals. The author thinks the effect depends on the degree of filling of the vessels, and upon the power of reaction of their middle coat.

A. Ladendorf. "Ueber das Verhalten der Kopftemperatur bei Amylnitritinhalationen."—*Berl. Klin. Woch.* 1874, No. 43.

The temperature in mouth and armpits rises considerably, and does not generally fall to its previous level for two hours.

M. Putnam Jacobi. "Nitrite of Amyl and Belladonna in Dysmenorrhœa."—*Med. Record*, Jan. 2, 1875; *Centralblatt*, No. 34, 1875.

Two or three drops of nitrite of amyl to be inhaled if a previous treatment with belladonna has not prevented the occurrence of dysmenorrhœa.

T. Jones. "Suggestions for the Employment of Nitrite of Amyl in the Collapse and Cramp of Cholera."—*Brit. Med. Journ.*, 1871.

On the supposition that the cholera poison produces a contraction of the small arteries, and hence the stadium algidum and the muscular cramps, the author proposes to employ nitrite of amyl in this disease.

T. Lauder Brunton. "Ueber die Wirkung des Salpetrigsauren Amyloxyd auf den Blutstrom."—*Arbeiten aus d. Physiol. Anstalt zu Leipzig*, 1869, 101-120.

The blood pressure in the vessels sinks, owing solely to the dilatation of the vessels.

O. Berger. "Zur physiologischen und therapeutischen Würdigung des Amylnitrits."—*Allg. Med. Centralzeitung*, 1874, No. 94.

B. shows by experiments on animals that the diminished blood pressure may be produced by nitrite of amyl independently of the vaso-motor centres in the medulla oblongata. He says the drug is of use in the angiospastic form of hemicrania only, and not in all cases. It may be effective in those fits of epilepsy with vaso-motor aura, but has no influence over the disease itself. Found of use in some cases of angina pectoris, in others not. It is of no use, according to the author, in attacks of bronchial asthma, in hysterical convulsions, or in tetanus. He twice found it have a beneficial effect in severe fainting fits.

C. Bader. "The Dangers of Chloroform, &c., and the Nitrite of Amyl."—*The Lancet*, 1875, No. 19.

(*a*) Bernheim (*Pflüger's Archive*, VIII., 253-259, 1873), and Eulenburg and Guttman (*Reichart and Du Bois' Archive*, 1873, 620-625) find that nitrite of amyl paralyses the vaso-motor centres, while Pick's experiments tend to prove it to be a muscle poison (*Deutsch Archiv. f. Klin. Med.*, XVII., p. 129).

(*b*) *Centralblatt f. d. Med. Wissench*, No. 55. 1873.

(*c*) "The Ophthalmoscope in Mental and Cerebral Diseases." *West Riding Lunatic Asylum Reports*, Vol. I. 1871.

(*d*) *Amer. Journ. Med. Sc.*, 1871, p. 359.

B. recommends nitrite of amyl as an antidote where threatening signs make their appearance during a chloroform narcosis, and communicates three clinical observations in illustration.

S. Mayer and J. Frederich. "Ueber einige physiologische Wirkungen des Amylnitrits."—*Archiv. für Exper. Pathol.*, V., p. 55; *Centralblatt*, No. 38, 1876.

Experiments on animals. The frequency of the pulse is increased in consequence of a depression in the tone of the pneumogastric centres. The drug acts directly on the walls of the vessels. After moderate doses the respiration becomes deeper, and more frequent, but after large doses shallow, and very slow.

Kelp. "Amylnitrit."—*Deutsch. Archiv. f. Klin. Med.*, XV., p. 602; *Centralblatt*, No. 10, 1876.

In five cases of melancholia stupida the author had negative results from the use of nitrite of amyl.

Clapham. "Nitrite of Amyl in Sea-sickness."—*Lancet*, No. 8, 1875.

Out of 124 cases, 121 were completely relieved.

Clinical Records.

ON AN INTERESTING CASE OF MOVABLE LIVER.

At a scientific meeting of the medical officers of the garrison at Vienna, which was held not long ago, under the presidency of Regimental-Surgeon Dr. Sidlo, a very interesting communication was read by Regimental-Surgeon Prof. Chvostek, on a case of movable liver (*wandernde Leber*).

The reader of the paper (which is published in the *Allgemeine Wiener Medizinische Zeitung* of 23rd Nov.) has had the opportunity of discovering, in a woman of fifty-three years of age, this rare phenemenon, which has not been observed in Vienna before, of which only seven cases are recorded in medical literature, and which is not even mentioned in our current text-books of medicine.

From the history of the case we learn that the patient had been married eighteen years, and had given birth to twelve children, nine of whom were still living. After each delivery the lochial discharge continued for six or eight weeks, the abdominal walls were much relaxed, and the bowels very constipated. In 1869 cramps came on, and after (in 1870) lasting for three months in an aggravated form, completely disappeared until, in 1874, they again returned. In February, 1875, medical advice was resorted to. Colicky pains were then complained of, which, proceeding from the neighbourhood of the stomach, became particularly severe around the region of the navel. They lasted for an hour every day, were not alleviated by morphia, prussic acid, &c., and so completely deprived the patient of her sleep and appetite that—in the latter part of the summer—she was, in consequence of her weak state, obliged to keep to her bed. Her medical adviser administered narcotics and laxatives; and by this means, and through the removal of a large quantity of fæcal accumulation, relief was at last obtained. At another time there was vomiting of a dark-coloured fluid, which (in connection with the cachexia present, and the existence of slight jaundice, and a hard abdominal tumour) led to the supposition that it was a case of carcinoma of the liver. The abdominal walls were everywhere relaxed, and covered with large meandering veins; whilst strong peristaltic movements of the bowels could be also observed, especially during the attacks of colic.

On examination of the tumour by Professor Chvostek, a distinct notch could be felt beneath its lower border and above Poupart's ligament. On the other hand, percussion of the natural region of the liver gave a perfectly clear sound; and this clear sound, be it particularly observed, was not only evident in front, but behind also. The spleen was in its proper position, and of normal size; and there was no displacement of any of the other viscera. The tumour was freely movable—it settled down in the upright posture of the patient; but by elevating the pelvis, it could (although not without giving much pain) be replaced in its normal situation, when the dulness or percussion natural to the region of the liver at once returned.

The symptoms that have been described by authors (Cantani, Meissner, Winkler, Vogelsang, &c.) were always the same. The liver sunk down as far as the symphysis pubis. Here a tumour was perceptible. The symptoms were slight, and only amounted to a feeling of pressure and fulness in the abdomen. Winkler alone observed colicky pains, resembling those which arise from the passage of gall-stones; and the liver itself was always free from pain. In our case there were—as we have mentioned—severe pains, which returned every day, and which assumed two different forms. At one time there was a feeling as if there was at the navel a heavy weight, suspended from the sternum by means of a cord; on other occasions the pains were of a colicky nature. The liver was also very sensitive, a circumstance which always made its reduction difficult. The increased peristaltic action of the intestines was attributed by Chvostek to their being squeezed, as it were, by the liver, to distension of the abdominal blood-vessels, and to impeded circulation through the portal and hepatic veins. The pains arose from the same cause, or from slight peritonitis or hyperæmia. Similar pains have been complained of in the case of movable kidney, or movable spleen. Moreover, it is probable that the bowels were much pressed upon, and rendered immovable; and consequently, in order to overcome the pressure, violent peristaltic action was set up, accompanied by pain and various twisting movements.

We know very little about the etiology of this affection. But the author of the paper thinks the view taken by Meissner a very plausible one—namely, that as pendulous belly, pregnancy, &c., are of frequent occurrence, while this dislocation of the liver, on the contrary, very seldom happens, such dislocation may arise from a congenital laxity of the suspensory and coronary ligaments, which give way, and so allow the liver to fall out of its natural position. The relaxed state of the abdominal walls, arising from repeated pregnancies, also contribute to, or aggravate, the evil; for five of the eight cases occurred in women who were all more than fifty years of age.

The *treatment* of this dislocation is obviously to replace the liver in its natural position, and to endeavour to keep it there. Elastic bands or rollers are not suitable for the purpose, while a compress applied beneath the liver cannot be borne by the patient. Professor Chvostek, therefore, thinks that we should in such cases contrive a bandage for the middle and lower part of the abdomen, by which the upper part of that region would not be too much constricted, and the consistence of which should be nearly equal to that of a truss.

The discussion to which the above paper gave rise was short and uninteresting. With respect, however, to the etiology of the dislocation, the chairman of the meeting (Dr. Sidlo) remarked that the liver was not properly kept in its position by the suspensory ligament, but by its air-proof confinement (luftdichten verschluss); and that the liver is pushed down by diseases or accidents which, like perforating peritonitis and severe wounds, do away with that vacuum.

This opinion, we find, receives some support from the writings of Frerich's; for, according to that author, "the *ligamentum pensorium hepatis* restricts the movement of the liver only in cases of enlargement. As Hyrte justly remarks, this is not to be regarded as the true supporter of the liver." (*Clin. Treat. &c., Syden. Soc. Trans.*, vol. i. p. 45.) But with all due deference to the teachings of

these eminent authorities, we cannot help remarking that both the anatomical connections of the liver and the analogy of other parts of the body show that the *suspensory ligament* has, as its name implies, a great deal to do in maintaining that organ in its proper place. The liver is in some measure kept *in situ* by its connections with, and the slight support it receives from, the other abdominal viscera, by the abdominal muscles, and even by atmospheric pressure; but chiefly, we contend, by the suspensory and coronary ligaments. If these ligaments, especially the former, have little to do with restricting the movements of the liver, of what use are they? It does not seem to us at all logical to suppose, with Frerichs, Hyrte, and others, that these structures should be operative only when the liver is enlarged, and consequently heavier than usual, and inoperative when that organ is in its normal state. Such might be the case if the liver was naturally of light weight, as the bladder and uterus are—organs likewise supplied by suspensory ligaments. But here we not only have an organ weighing between three and four pounds, but we find its ligaments placed in just that position which must, in the upright posture of the body, give them the greatest purchase. The liver is naturally heavy, its thickest and heaviest part lies posteriorly, and its tendency to fall is from above downwards. Consequently, we find its strongest support placed chiefly between its upper surface and the diaphragm above it, while the coronary ligament lays hold of its thick, heavy posterior portion. We are, therefore, much disposed to think—with Meissner and the author of this paper—that these rare cases of movable liver are to a great extent due to a congenital laxity of these ligaments, favoured also by great relaxation of the abdominal walls.

With respect to the rarity of this visceral dislocation there can be no difference of opinion, and some may even doubt whether it has ever occurred. We have not had time to hunt up the literature of the subject, but it is certainly not mentioned in our ordinary medical textbooks, nor in any of the treatises on diseases of the liver to which we have had the opportunity of referring. It is not mentioned in Copland's "Dictionary of Medicine." Rokitansky has, in his great work, a section on "abnormities of position" of the liver, but makes no reference to it. Bright—in his admirable monograph on "Abdominal Tumours"—merely remarks that the liver is liable to displacement "from occasional, though not very frequent, deviations from its natural position:" and Frerichs, when treating of the malpositions and dislocation of the liver, only notices those which arise from tight-lacing, and from those diseases of the chest or abdomen which we all know to be influential in causing more or less displacement of that organ.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, DEC. 8, 1877.

Mr. SWANZY read a communication on

SOME CASES OF AMBLYOPIA,

which will be found on page 17.

Dr. F. T. PORTER asked Mr. Swanzy whether he had any experience in the use of strychnia in these cases?

Mr. TUFNELL asked whether Mr. Swanzy had any experience of colour-blindness by night, which appeared to him to be a matter of importance at present, especially in connection with the subject of the pace at which steamships travelled at night, and the red and green lights carried by such vessels. He mentioned the matter because, Mr. Caldwell, one of the old licentiates of the Irish College of Surgeons, and surgeon to the steam-ship *Russia*—the ship in which he (Mr. Tufnell) came home—was bringing out a paper on the subject, and was in communication with his owners, the Messrs. M'Ivor, with regard to it. Mr. Caldwell's experience was that there were many men who were not able at night to distinguish between any two coloured lights, and when they considered that these ships went at the rate of twelve miles an hour, and therefore how very short a time could be had, in the event of the danger of a collision (which was certain to take place in case of the officer or look out not being able to distinguish between the colours of the lights) the subject was one of considerable importance: the same observations applied of course to railway signals. Another point that Mr. Caldwell had drawn his attention to was that the green and red glass used for these signal lamps was not of uniform colour—that they had a green glass almost black, and a red glass almost black, and a green or red glass hardly tinted at all. Mr. Caldwell's opinion was that the manufacture of these glasses should be under Government control, or under some regulation that they should be of uniform tint. He (Mr. Tufnell) did not know whether the subject had been brought before Mr. Swanzy or not, but it was a matter of great importance to the public—colour-blindness at night.

Dr. HENRY KENNEDY observed that the effects of the use of tobacco had been alluded to in nearly every case described by Dr. Swanzy in his paper. But a few years had elapsed since a wonderful discussion took place, occupying many pages of the *Lancet*, on the question of the effects of tobacco, and the divergence of opinion at that time was most extraordinary. He thought that of late years the effects of tobacco were beginning to be more appreciated, and it was generally understood, he thought, that smoking to excess did lead directly to disease—he spoke, of course, of disease of the eye, at present. The impression of some was, that it was more the lens that was affected than the retina; and he would be glad to hear what was the result of Mr. Swanzy's observation on the point, for it was one of considerable importance indeed. He wished to know, also, whether the nitrite amnii, as given in the cases detailed by Mr. Swanzy, produced complete anæsthesia, and what was the effect of the ten drops, as used by him.

Mr. SWANZY, in reply, said with regard to Dr. Porter's query, that he had often tried strychnia in such cases as these, and such cases as these were just the kind that strychnia was good for, if it was good for any cases; but he did not think that strychnia was holding its own in ophthalmic practice. For his own part, although he had had some fair results from its use, he had had no very brilliant ones; and he had also had cases in which he thought the effect was not of much consequence at all. In reference to Mr. Tufnell's observations, he (Mr. Swanzy) had no experience of colour-blindness in the way referred to at all. But he knew this much, that in France and also in Germany—but to a great extent in France—great care was taken in the choice of railway officials in this respect, and the physicians appointed by the railway companies in France examined the porters and guards, and so on, with much care as to this point, and out of thousands they examined, they had to reject a considerable percentage on account of colour-blindness. With regard to colour-blindness at night and colour-blindness by day, he was not so sure that there was a great difference between day and night. He suspected that if a person was colour-blind by day, he would be colour-blind by night; and if not by day, that he would not be colour-blind at night. There were so many different kinds of colour-blindness, that it would be an endless matter to go into them in detail. Some persons were blind for one colour, and others blind for another. Of course it was very important to find out which colour, and the examination, he thought, should be always very carefully conducted. As to the use of tobacco adverted to by Dr. Kennedy, he (Mr. Swanzy) thought tobacco amaurosis was a very common disease. They did not often find it, simply because it was often combined with amblyopia—the result of drinking too much whisky. But he had seen cases of pure and simple tobacco amblyopia, and every person practising as an oculist must have seen such cases. There was no doubt that it was an affection of the retina or optic nerve, or nerve centres, wherever they were. The question as to what kind of smoking was most injurious, and how much one might smoke without harm was a very important one; and his idea was this,—that the most injurious smoking-material was that most common in this country—namely, the common Limerick twist tobacco. That was the very worst kind of tobacco that could be imagined, and to make it worse, people smoke it in short clay pipes, very dirty, and the longer they had those pipes the better they liked them. The kind of smoking that was in his opinion the least injurious—but he had no statistics on the subject—was light dry cigars, and if one got a few light dry cigars, and smoked them in the

course of the day, they would not be productive of harm. He believed they could get nitrite amnii to produce anæsthesia, but to do that they would have to administer a good deal of it; but he thought they would run risks if they endeavoured to produce anæsthesia by it. Ten drops would not do it—that was a very small dose. After all, they could not gauge the amount they actually gave the patient, if they administered ten drops by inhalation. A person would have to inhale it very strongly in order to get the full benefit of the ten drops; and if the inhalation was weak, the patient only got a weak dose. That all depended on the vigour with which a man sniffed it up his nostrils. He had had to stop some people, who thought that the more strongly they inhaled it, the more good they would do themselves.

Literature.

THE PRACTITIONER'S HANDBOOK OF TREATMENT. (a)

It is with no little pleasure that we welcome a book which is devoted exclusively to the treatment of disease. The medical era in which we now live is by no means remarkable for our attention to therapeutics. There was a time when therapeutics was an important object of consideration both by medical writers and medical practitioners. But then there was unbounded faith in the efficacy of drugs. Pathology was comparatively in its infancy. Hygiene was a term scarcely ever mentioned, or sounded strangely in the ears of those who were entirely engrossed in the treatment of disease, but who cared little for its prevention. All this is now changed. Old and long-cherished doctrines have an interest that is purely historical. The old faith in the virtues of many medicines and of heroic systems of treatment has received many a rude shock from modern scepticism, from the advancement of medical knowledge, from the intrusion upon the mind of other and more attractive subjects, and perhaps from the mere force of that reaction of fashion which is so inseparable from the opinions and practices of mankind. Hence the practical treatment of disease has been sadly at a discount within the last few years, as our treatises on practical medicine and the practice of both private and public practitioners very plainly show, and hence the busy workers in the field of medical literature and science turn away from the doubtful and uncertain province of therapeutical research to the more interesting and tempting study of pathology, or the more fertile and fruitful sphere of public hygiene. We are therefore glad that we can speak in favourable terms of this work, as such works give promise that we have not quite given up that therapeutical zeal which characterised the times of Cullen or of Graves, and which, if tempered by modern experience and by an enlightened rationalism, will equally redound to the interests of our patients and the advancement of medical science.

At the outset we may say that Dr. Fothergill's work is eminently practical. Its style may now and then be considered gossipy, and here and there the subject is treated in too discursive a manner, but nevertheless it is a work which is full of valuable hints, and one from which the practitioner cannot fail to derive great assistance in the difficult task of successfully grappling with disease.

The object of the work is to explain the *rationale* of our therapeutic measures. First, the physiology of each subject is given, then the pathology is reviewed so far as they bear upon the treatment; next the action of remedies is examined, and afterwards their practical application in concrete prescriptions is fully and yet concisely discussed. The design of the author has been to furnish to the practitioner "reasons for the faith that is in him, and a work on medical tactics for the bedside rather than the examination table." Nor can we say that the execution of his task has fallen far short of his design. The five or six hundred pages which this book contains are divided into twenty-four chapters, any one of which can be taken up with pleasure and profit to the reader. The first few chapters treat of such important subjects as those of "Assimilation," "Excretion," "Body Heat and Fever," "Inflammations," "Blood Poison," "Acute and Chronic Disease," "Diatheses," &c., while the rest are chiefly devoted to the physiology and therapeutics of the diseases of the circulation, "The Respiratory System," "The Reproductive System," "The Lymphatic System," "Public and Private Hygiene," "Dietetics," &c. We miss, however, a chapter on functional derangements of the liver. Considering what an important part this organ plays in the economy, both in health and disease, we hope that the author will in the next edition of his valuable work devote a few pages to the affections above mentioned.

The value of a handbook of treatment will also much depend upon the principles which have guided the author in laying down plans and rules for the assistance of the reader, and we are glad to see that his principles are good and his treatment judicious. With respect to the therapeutic efficacy of medicinal and other agents, Dr. Fothergill is neither over-sceptical nor over-confident. His treatment is neither perturbative nor expectant, but is founded upon a due and rational estimate of the action and uses of drugs, and of the pathology of the symptoms for which they are prescribed. Thus, in the treatment of the more acute forms of inflammation, the author has no objection to moderate local depletions, a full dose of calomel, opium, and antimony at bedtime, followed by an aperient draught in the morning, and a saline antimonial mixture during the day—these, however, soon to be replaced by mineral acids and vegetable tonics, quinine, nutritious food, &c. Again, in discriminating between the respective uses of opium and chloral, the author says:—"Chloral hydrate is a drug which stands second to opium only as an agent which depresses nervous action. There are differences, however, betwixt the actions of these two agents which are far from unimportant. We have just seen that for the production of sleep two factors are necessary—viz., cerebral anæmia and a quiescent state of the cerebral cells. Opium acts more pronouncedly upon the cells than the circulation, whilst the effects of choral are most markedly felt by the circulation, and to a less extent by the cells. Thus in old days a depressant, as tartar emetic, was combined with opium in conditions of sleeplessness due to vascular excitement. In such conditions chloral is the hypnotic *par excellence*. . . Where vascular pain and excitement co-exist, then chloral and opium should be combined. . . . It also acts upon the cerebrum and the centres at the base of the brain, whilst it has a decided effect upon reflex irritability. From its double effects upon the nervous system directly and upon the circulation, chloral has been found very useful in the treatment of mania—much more useful than opium. Chloral, too, is an excellent remedy in cases of cerebral irritability from over-work, giving calm, refreshing sleep."

With this quotation, which will serve to illustrate Dr. Fothergill's style of writing, we must bring our review to a close, although there are few pages we can turn over without finding such merits in the work as should command for it an extensive circulation among all classes of practitioners.

(a) "The Practitioner's Handbook of Treatment; or, The Principles of Therapeutics." By J. Milner Fothergill, M.D., M.R.C.P., &c. Macmillan and Co. 1876.

CHEMIA COARTATA. (a)

We have great pleasure in recommending this little volume to our readers.

Dr. Kollmyer has treated the subject not only in a tho-

(a) "Chemia Coartata; or, the Key to Modern Chemistry." By A. H. Kollmyer, A.M., M.D., Professor of Materia Medica and Therapeutics at the University of Bishop's College; Professor of Materia Medica and Pharmacy at the Montreal College of Pharmacy, Canada; and late Professor of Chemistry, &c. London: J. and A. Churchill. 1876.

roughly efficient and satisfactory manner, but with a certain amount of originality. Adopting a common procedure of many writers of somewhat similar text-books, the author commences by giving a general sketch of the main facts of elementary chemistry, such as a description of the molecule, the atom, the monad, dyad, triad, &c., and having placed these in a dry, clear light, plunges in *medias res.*

The chief point to which we would direct attention is the arrangement of the work; nearly the whole of the subjects are placed in horizontal lines, segmentally divided and headed as follows:—Substance, Synonyms, History, How obtained, Properties, Tests.

The lines extend directly across the entire work, so as to occupy both pages. If required to obtain a general knowledge of such a substance as oxygen, for instance, he can attain the end at a glance.

The method of description employed in reference to the organic part of the science is especially worthy of remark, since the whole is most carefully and accurately stated, the well-known difficulties of this section of the subject being presented in a more easily acquired form than we remember to have seen elsewhere.

The work terminates with a "Synopsis of poisons, their antidotes, and general treatment."

In conclusion, and in advocating the claims of "Chemia Coartata," we think we cannot do better than to quote the statement of the author in his preface, viz.:—

"That it will be found to be especially adapted to the wants of—

(1) Students intending to present themselves for examination.

(2) Persons who have learned the *old* notation and wish to become acquainted with the modern system.

(3) Those who desire to keep themselves posted on this subject, and who can thus easily refresh their memories without doing so at the expense of their other engagements.

NOTES ON ASYLUMS FOR THE INSANE IN AMERICA. (a)

This little book is a republication of some communications sent by the author to the *Lancet*, and which gave rise to a sharp controversy. This has happily now ended, and we cannot imagine why Dr. Bucknill should have decided on republishing what would have been far better if he had allowed to remain in obscurity. When a controversy has once ended, there can be no good in reopening it. There are certain points, however, in these notes which we cannot allow to pass unnoticed. Dr. Bucknill is an uncompromising advocate for the total abolition of mechanical restraint. Many of the American alienists, and not a few in this country, consider that there are particular cases in which some amount of mechanical restraint is not only indicated, but when judiciously used is less irritating to the patient than the continual struggles with his attendants, and which must be the case in some instances of acute maniacal excitement associated with violence; and we are of opinion that many of the injuries, and especially of fractured ribs, we read of as being perpetrated in asylums are due to the unwillingness of the medical officer to use restraint.

The question of the restraint system as opposed to the non-restraint system has been ably and fully discussed in the early numbers of Winslow's *Journal of Psychological Medicine*, as well as in other publications, and we can find nothing new on the subject; there are advocates on both sides, but we can assure Dr. Bucknill that there is no chance of our returning to the old system of chains and manacles, though we believe that the asylums of Jersey adopt the old system of restraint. We admit that in England at the present day there is an inclination on the part of medical superintendents to run into the opposite extreme, and altogether abolish restraint. What is required in America is a Central Board similar to our Commissioners in Lunacy, having similar jurisdiction and power, who would doubtless correct those abuses to which Dr. Bucknill refers as an eye-witness.

We now come to a subject alluded to in the book which has given great offence to many of our asylum superintendents, as also to our Lunacy Board. We allude to the "*Lancet* Commission." Dr. Bucknill surely is in error when he says this Commission is welcome to English asylums. Who constituted the *Lancet's* Lunacy Commission? What right have its officers to enrol themselves as visitors and enter into any of our asylums? According to this any newspaper might send its special reporter and set up a Commission. We have our Commissioners in Lunacy who visit six times annually. We have then an annual report which appears in June, containing most valuable and statistical information, the work of gentlemen who spare nothing to further the interests and well-being of the insane. What more do we want? The assumption on the part of the *Lancet* is simply ridiculous and impertinent.

Dr. Bucknill is displeased with the *American Journal of Insanity* for saying in reference to the *Lancet* Commission that "it is an insult to the Commissioners in Lunacy and the medical staff of every English hospital." We cordially endorse every word of this remark.

(a) "Notes on Asylums for the Insane in America." By John Charles Bucknill, M.D., F.R.S., late Lord Chancellor's Visitor of Lunatics. J. and A. Churchill, London.

A SYSTEMATIC HANDBOOK OF VOLUMETRIC ANALYSIS. (a)

That the previous editions of this work have supplied a want in chemical and analytical literature is evident from the circumstance that the second edition was out of print within three years of its appearance, and has been so for some two years, the reason for this latter circumstance being that the author's time has been too much occupied to admit of his giving up the requisite amount of time and labour to *verify from personal observation* the numerous novel processes and modifications of older methods which have cropped up during that period. That this should be the case is, in itself, testimony to the value of the matter contained, and to the accuracy of the information given. Unlike a large number of the writers who flood the chemical public with their text-books, the author does not content himself with a mere compilation without paying any attention to the experimental verification of newly made statements, but endeavours as far as is possible to check these by his own observations. The extent to which these non-observant compilatory manufacture of new books out of old ones prevails may be fairly illustrated by the circumstance that three, if not more, of the standard text-books on chemistry and chemical physic ("Miller's Chemistry," "Watts' Dictionary," "Cooke's Chemical Physics) whilst describing or alluding to certain of the phenomena of thermo-electricity, distinctly state that the current circulates in the wire connecting the two elements of the thermocouple in precisely the opposite direction to that in which it actually flows! clearly an error having been made by some writer in the first instance, subsequent compilers and copyists have reproduced and multiplied it. Now, if such is occasionally the case with standard works like those quoted, how much more likely is such a thing to occur in books written by less experienced authors? Mr. Sutton has, however, in his book, endeavoured to reduce the chances of inaccuracy to a minimum, by carefully examining himself experimentally many points not established long ago, and proved over and over again, but which have only been brought forward comparatively recently.

(a) "A Systematic Handbook of Volumetric Analysis; or the Quantitative Estimates of Chemical Substances by Measure, applied to Liquids, Solids, and Gases." By Francis Sutton, F.C.S. Third Edition. London: J. and A. Churchill.

The book is divided into seven parts, of which the first treats of the general principles of analytical volumetric work, with descriptions of the apparatus, modes of manipulation, &c. Part II. includes acidmetry and alkalimitry. Part III. analytical methods, involving oxidation or reduction, and Part IV, precipitation processes. In the fifth part the modes of valuation of a large number of bodies in accordance with these principles are detailed, whilst Part VI. includes systematic examination of bodies for various constituents, *e.g.*, water analysis, and Part VII. gas analysis.

The chapters on water analysis are most carefully and elaborately written, those relating to the vacuum-combustion process and the interpretation of the results thus obtained having been greatly extended by the contributor, Mr. William Thorpe, by whom the corresponding chapters in the second edition were written; the results of this writer's vast and almost unique experience in the Rivers Commission laboratory, and a large number of details and minor improvements worked out since the first publication of the vacuum process by Frankland and Armstrong, are incorporated in these paragraphs. It being beyond reasonable doubt that information as to the character of a water can be gained by this process which is *given by no other method*, and that the experimental errors and inherent defects in this process are at the highest valuation no greater than those of other methods, whilst in many cases they are far less, one is tempted to wonder how it is that so few water analysts use the vacuum process, and so many, comparatively, Wanklyn's permanganate process; the length of time required for the former method, and the manipulative skill requisite on account of the complexity of the apparatus, are, however, decidedly objections where competition cuts down analytical fees to a minimum, and consequently where rapidity and ease of execution are features more valued in an analytical process than strict accuracy.

In conclusion, we think that Sutton's volumetric analysis is a work which no skilled analyst can possibly afford to do without.

MEMOIRES SUR LA GALVANO-CAUSTIQUE THERMIQUE. (*a*)

In an interesting historical preface, the author reminds us that galvano-cautery originated in France in 1821, was adopted in Austria in 1845, then in Russia (1846), and found its way into England in 1850. But it was chiefly in consequence of the writings of Middeldorpf (1854) that galvano-cautery assumed its proper place in surgery. The author took up the subject about 25 years ago, and in 1853 he communicated the results of his researches to the Academy of Sciences of Paris. The present work embodies his previous writings, and gives the results of his latest experience, fortified by the details of the cases in which he has employed this method.

In the first section, twenty miscellaneous cases are reported, illustrating the use of the galvano-caustic wire loop. In the second chapter seven cases of ablation of pediculated tumours of the skin (fibroma, lipoma, &c.) are related, removal having been effected either by the galvanic wire loop, the cutting loop, or the galvanic bistoury. Drawings of the pathological appearances accompany each case. In many cases, a small battery is sufficient to heat the metal, *i.e.*, one composed of six elements of zinc and carbon, twelve c.m. in height and eight c.m. in breadth. The concluding chapter is occupied with the histories of twelve cases in which Dr. Amussat removed malignant growths from the neck of the uterus by the galvanic cutting loop. Among these twelve cases were two who remained in good health five years after the operation, and who would have succumbed to their disease if surgery had not stepped in to their aid.

This handsomely printed monograph, which is adorned with numerous fine engravings, is well worthy the attention of surgeons and gynæcologists, and it will doubtless help to *popularise* the employment of a means which is deservedly attracting increased consideration.

(*a*) Mémoires sur la Galvano-caustique Thermique. Par le Dr. Amussat, fils. Paris and London, Baillière, 1876. Pp. 125.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1877.

VACCINATION.

That the alarming spread of the present epidemic of small-pox and the great mortality it has already occasioned may shake the confidence of the public in the protective powers of vaccination is a probability which should not be lost sight of, especially by those who will hereafter have to give an official report of the causes which have occasioned this mortality. At a recent meeting of the managers of the Metropolitan Asylums District alarming reports were presented as to the spread of the disease. At Homerton it was stated not only had the small-pox hospital three over its number, but the fever hospital had been pressed into the service, and 233 out of 236 beds were occupied. Altogether, of 826 beds provided, 813 were filled. The rapid extension of the epidemic is shown by the fact that the number of deaths from small-pox registered in London for the four quarters of the year just passed are 7, 26, 110, and 592 respectively. Last week there were 75 fatal cases, of which 36 occurred in the hospitals at Homerton, Stockwell, and Hampstead, 1 in Highgate Hospital, and 1 in the North Street Infirmary, Poplar. The remaining 37, or 49 per cent., occurred in private dwellings. The hospitals contained 823 patients last Saturday week, against numbers increasing steadily from 185 to 737 in the nine preceding weeks. Moreover, at a special meeting of the managers of the Metropolitan District Asylums, held on Saturday, it was stated that at the Hampstead Hospital there were 318 beds occupied, and for want of further accommodation, the number of patients refused admission during the week had been 55. At the Homerton Small-pox Hospital 148 beds were provided, and 84 applications for admission had

been refused. At the Homerton Fever Hospital 258 beds were occupied, and 20 had been refused admission. At Stockwell 157 beds were occupied, but the return of patients refused had not been given. Thus it would be seen that during the week there had been something like 200 patients refused admission to establishments under control of the managers for want of accommodation.

Alarming and apparently discouraging as these statistics are, the great mortality which they show arises, nevertheless, from conditions which prove the efficacy rather than the failure of vaccination, and, indeed, this mortality is no greater than was foreseen by the writer, who drew up the last official report respecting the great epidemic of small-pox in 1871-3, for in that report the writer significantly remarks that unless re-vaccination be adopted by our present adult population and by our present adolescent population when they are grown up to a much larger extent than has been done, there must in the next and in the succeeding epidemics for some time to come be a not inconsiderable amount of adult mortality. Now it can be shown that the mortality which small-pox is now causing is entirely due to the neglect of three great conditions of security from the disease, viz., vaccination in infancy, re-vaccination, and the complete and effective performance of the operation, and it may be most confidently stated that had these conditions been universally in operation, although many might have contracted small-pox, not one fatal case would have occurred during the present epidemic, while the very existence of the disease to the extent of being an epidemic would have been an impossibility. It is, therefore, surely worth while to bring forward a few facts in proof of such a statement, and if this proposition is shown to be perfectly true, it is certainly one that should be ever present to the mind of every adult member of the community, and especially of the members of that profession to whom the prevention of disease has been always as much a duty as its cure or alleviation.

With regard to the protection afforded by infantile vaccination for the first six or seven years of the child's life, there has been such a large accumulation of evidence adduced that it would be difficult, even were we inclined, to make a selection, but this protection is so generally admitted that a brief reference to it is all we need make. We may, however, premise the important fact that children are so liable to contract small-pox that, when in 1853, the Epidemiological Society drew up their report, no less than 70 to 80 per cent. of the entire small-pox mortality of Great Britain and Ireland occurred under the age of five years, and 25 per cent. even under the age of one year. With respect to the protective power of vaccination at this age, we need only give one illustration. Up to the date of the compulsory vaccination law the average annual deaths from small-pox in Scotland among children under five years of age constituted 74 per cent. the whole mortality from that disease ; whereas, in 1871, when the last epidemic broke out in that country, the proportion of deaths under five years of age to the total deaths from the disease had become considerably less than 1-4th, was, in fact, not very much more than 1-5th. Moreover, in the general annual report of the Registrar-General for Scotland for 1872, it is stated that "if the same relative mortality had taken place among children at that age (under five years) as occurred during the previous epidemics, when they were less efficiently protected by vaccination, instead of only 362 children under five years of age having died from small-pox in the eight towns during 1872, 3,370 would have died. The enforcement of the Vaccination Act, therefore, during the seven previous years, appears to have had the effect in those eight towns alone, of saving the lives of upwards of 3,000 children." We might also refer to examples of the remarkable protection afforded by vaccination recently quoted by a medical contemporary from the *Medizinisches Chirurgisches Centralblatt*, in which, in five different families, each consisting of several children, those children who had not been vaccinated were attacked with the disease and mostly died, while those who were protected either escaped altogether, or had it but slightly. In fact, of the eight who had small-pox no less than seven died, and one recovered with the loss of an eye. Nor is it to be forgotten that an analysis of the mortality during the late epidemic showed that the deaths under 15 years of age were nearly all in the unvaccinated.

With regard to the second condition of exemption from a fatal attack of small-pox, Dr. Seaton observes that the observations which were made during the last epidemic afforded remarkable evidence of the value of re-vaccination, not merely in controlling the mortality from small-pox, but preventing altogether the occurrence of the disease. Its power of preventing small-pox under circumstances the most favourable of all others for contracting it was tested on a very large scale on the nurses, servants, and attendants of the various hospitals established for the treatment of the epidemic in the metropolis and in the provinces, the attendants in the hospitals of the Metropolitan Asylums District alone amounting at one time to above 300. Yet in every hospital report which Dr. Seaton received, it was stated that not a single one of these officials, who had been re-vaccinated before coming to take duty at the hospital, contracted small-pox.

Lastly, we come to the third condition—the perfect and effective performance of the operation. This is a condition to which we, as medical men, cannot pay too much attention, considering that we are mainly answerable for all the imperfectly vaccinated cases that are now at large, and consequently for the risk of contracting the disease and even the risk of death incurred by those in whom the operation has been but imperfectly performed. That the protection against small-pox afforded by vaccination depends in a great measure upon the number and character of the pustules produced by it is a truism which no one would think of disputing, but, unfortunately, there are strong grounds for believing that the operation is very carelessly practised, so that instead of finding on the eighth day from four to six well-formed vesicles, there is only one or at most two, those but small and imperfectly filled with lymph. To the truth of these last remarks the opinion of Dr. Seaton, and more especially the valuable evidence of Mr. Marson, bear very strong testimony. The former observes that, during the last epidemic (two years it is true of intense epidemic influence) a large number of adults, probably from 9,000 to 10,000,

who, in a rough and general sense, must have been vaccinated, perished from small-pox. Much of this mortality may have been due to the neglect of re-vaccination; but, in the opinion of Dr. Seaton, it may be affirmed, with the utmost confidence, that these cases were, with comparatively few exceptions, cases in which the vaccination had not been thoroughly and efficiently performed. Of a much more crucial nature, however, is the evidence adduced by Mr. Marson on this important subject. Seventeen years ago, before the outbreak of the last epidemic, Mr. Marson, in "a memorable communication to the Royal Medical and Chirurgical Society, founded on his (even then unequalled) experience of small-pox at the London Small-pox Hospital," showed that the fatal small-pox which, during sixteen years' observation he had met with in that hospital in persons in whom vaccination was said to have been performed, had been almost entirely in cases in which the vaccination had been imperfect, the vaccine marks being either wanting in essential characteristics or deficient in number, or both. He also demonstrated that, apart from any question of the different relative liability of well and ill-vaccinated persons *to contract* small-pox, any vaccinated persons who *did* take it had it either slightly or severely, and either with scarce any risk of death or with a risk not inconsiderable, *according to* the quality of the vaccination they had received.

We have already trespassed so far beyond the space allotted to us that we must bring our remarks rather abruptly to a close, but enough has been said to show how much the thorough and effective performance of vaccination and re-vaccination, and consequently the immunity of the people from future epidemics must rest with us. There is scarcely a family in the United Kingdom who is not frequently in the course of the year under the notice of their medical attendant; and it follows, therefore, that he has every opportunity of seeing that no family committed to his charge shall incur the least risk of contracting such a terrible, and yet such a preventible, disease as small-pox. There is all the more reason for medical men and the public co-operating with respect to the systematic performance of this operation, seeing that when these terrible outbreaks of the disease come upon us, they find, as recent events have shown, the sanitary authorities totally unprepared to grapple with them, and to provide such accommodation as shall effectually isolate the sick from the rest of the community.

THE COMING ARMY COMPETITIVE.

THE Director-General has issued another advertisement of the approaching Army Examination, in which he sets forth the terms offered by the Royal Warrant to competitors. The tenure of appointment is stated by the advertisement in the identical words of the Warrant, and the public is given to understand by it that candidates will, *under all circumstances*, be entitled to their £1,000 if they be not retained in the Army Medical Service after ten years. It is remarkable, however, that the clauses of the warrant which convert the ten years' tenancy and final compensation for loss of office into a tenancy at will and a summary eviction without a penny are carefully omitted, and the advertisement, as it stands, is a complete misrepresentation of the facts.

An army surgeon appointed under the new warrant will be liable to be sent on foreign service at any moment. If his health break down while on service within the first five years he will be allowed six months *without pay* to get well, and if he cannot complete the task within that time, he will be ejected without a shilling in his pocket. If he be fortunate enough to hold out till five years' service have elapsed before breaking down in health, he will also be liable to be kicked out, and will then receive a compensatory payment, not of £1,000, but of a less sum, perhaps as low as £200.

A ten years' tenancy, with these conditions, is a very different bargain to a similar tenure without them; and it is hardly honest for the Army Medical Department to withhold the real nature of the bargain from their published advertisements.

The misdeeds of the Department are crying for "foreign intervention" with as much force as ever those of Turkey. The special army correspondent of the *Irish Times* writes last week as follows: "When Surgeon-Major De Chaumont was appointed the other day to the professorship of military hygiene at the Army Medical School, he had to retire upon half-pay. Yet Surgeon-General Longmore has for years past filled the professorship in the department of military surgery at the same institution, and there would seem to be no disposition to interfere in any way with him. It is not easy to understand why Dr. Longmore should be treated with so vast an amount of consideration, as it is not customary to find the convenience of junior officers studied. The Army Medical Department, there is no disputing, is in a most serious condition. I cannot blind myself to the fact that Sir William Muir is proving a most indifferent Director-General. An officer holding an important position on the medical staff was trying to convince me lately that Sir William Muir is not so much to blame as the War Secretary, in the matter of the discontent now raging throughout the army with regard to the medical arrangements. Such an argument is simply nonsense. Sir William Muir is the Director-General, and if he were to set his face determinedly against unification, I know for a fact the War Office would give in to him. And even if it did not, there would still be a course open to the worthy doctor—he could resign his appointment. If he adopted this latter course, matters would very soon be brought to a climax. To me it is wonderful that a man so able as Sir William Muir undoubtedly is, should allow his reputation to be injured by the persistency with which he adheres to a system possessed of no single redeeming quality. Where all is bad, and there exists no one good point, failure is inevitable sooner or later; and why ruin a whole department by deferring the evil day, when a change will be forced upon us, perhaps, in face of an enemy?"

It is in the face of this state of things, and with war staring Great Britain in the face, that the War Office is trying to wheedle students into the service. For every reason, we advise them not to be persuaded. An English general practice, an Irish dispensary, or a colonial appointment will afford any man of brains, education, and energy a far better chance of eventual success and independence than the British army. The £1,000 is but

a shadow; and even if it were a reality, it can never pay a surgeon for the loss of the ten best years of his life.

Notes on Current Topics.

Anthropology.

On Wednesday week, at four o'clock, p.m., the new School of Anthropology of France was inaugurated at the "Ecole Practique" of Paris. The ceremonial was opened by a speech from M. Broca, who was received with every demonstration of good-will. In a lecture full of interest, having defined anthropology as the natural history of man, he referred to the whole field embraced by that science, and to the intimate relation between it and medicine, zoology, and geography. The organisation of the school is complete, and it will add a new arena of scientific study to the already distinguished French school.

Naivetes of Homœopathy.

In *l'Art Medicale*, of Brussels, we read the following anecdote. Some days ago a prescription, emanating from a well-known homœopathic doctor in Brussels, was handed to the narrator. This recipe prescribed for an attack of neuralgia *the third trituration of nitro-glycerine*. Being curious to know the method of pulverisation used by the homœopathic chemist, to whom the prescription was addressed, the narrator begged to be told the method by which nitro-glycerine was triturated with sugar of milk, without great danger of an explosion which would blow the establishment into a thousand fragments. He was answered with imperturbable coolness, "The triturations of nitro-glycerine are a pretence. It is quite clear that we cannot triturate so explosive a body, so we give the patient only the sugar of milk"—*Ab uno disce omnes.*

Hydrophobia communicated by Non-rabid Dogs and Cats.

Apropos of the discussion now taking place in the leading daily papers, the *Veterinary Journal* relates a case recently brought before the St. Petersburg Medical Society, by Dr. Moritz, of a boy who died with well-marked symptoms of hydrophobia six weeks after being bitten by a dog—the dog up to the time of the boy's death never having exhibited any signs of rabies. A similar case was communicated to Dr. Moritz by a colleague, of a boy who died hydrophobic, after being bitten by a cat—the cat remaining to all appearances well. Dr. Severin had also met with a case of a child dying, who had been bitten by a dog that continued well. He had inoculated rabbits with saliva, blood and pus taken from this child, but without producing any results. By the way, what will the anti-vivisectionists say to the latter part of this paragraph? We make them a present of it, they will doubtless be able to turn it to *good* account.

Hospital Sunday at Newcastle-on-Tyne has realised £3,226, which is less by £250 than the year previously.

Certificates of Proficiency in Vaccination.

The attention of the Council of the College of Surgeons having been drawn by the General Medical Council to the defective character of the certificates of proficiency in vaccination received by some of the licensing bodies, it has been resolved, says *The Students' Journal*, that on and after May 1st next, all candidates, either for membership or fellowship of the College, must produce such certificates of proficiency in vaccination as will entitle their holders to contract as public vaccinators under the regulations at the time in force, of the Local Government Board.

Medical Qualification of Women.

Miss Edith Shove having applied to be examined at the University of London for a medical degree, legal opinion has been taken; and in the opinion of the law officers consulted, women cannot be admitted to the University Examinations for medical degrees, but that the Senate might, if it thought fit, with the approval of the Home Secretary, alter the regulations so as to allow women to come up for examination.

Homœopathic Surgery.

A homœopathic practitioner at Bathurst, New South Wales, has been committed to take his trial on a charge of manslaughter, death having resulted from his improperly lancing a cancerous tumour of the neck.

Compulsory Vaccination in Bombay.

At a meeting of the Bombay Legislative Council, on the 4th ult., the principal business transacted was the first reading of a Bill to make vaccination of children in the city of Bombay compulsory. The native community have supported the Bill.

Mortality from Wakes.

Dr. Goldie, the Medical Officer of Health for Leeds, in his report to the local authority, states that every one of thirty people who attended the wake of an Irish girl who recently died in that town from typhus fever, have been attacked by the same disease, and no fewer than nine of the cases have already ended fatally.

Antipodean Journalism.

We have reason to learn by recent experiences, as well as by a perusal of Antipodean medical literature, that one must cross a few thousand miles of ocean before it becomes safe or the fashion to "call a spade a spade" in medical matters. The unadulterated truth is wholesome at all times, but there is a limit to the quantity of spice with which it may be flavoured, and propriety forbids us to go the lengths of our contemporaries of the New World in our denunciation of professional rascalities. The *Melbourne Medical Record* shows us an example of plain speaking which we do not mean to emulate, but simply quote for the amusement of our readers, and to illustrate differences of taste of medical readers at each side of the globe. In double-leaded type the Editor publishes a letter of a correspondent, in which the following choice

passage occurs. After a choice tirade against political rascality in Melbourne the writer says :—

"A somewhat similar state of affairs is in existence in in the medical profession. A self-elected crew of miscreants have pushed themselves forward as the representatives of the faculty, and while enriching themselves have disgraced the respectable members of the profession as far as it was in their power to do so. Wherever two or three of those foul-mouthed bullies are gathered together there is sure to be some scandalous piece of ruffianism enacted which could emanate from no other source. But then what can we expect from abortion-mongers? Nothing better than what we are receiving until two or three of them, as you remarked in your last number, are strung up by the necks. Then things may improve."

"Milk of Sulphur" Frauds.

PROSECUTIONS took place last week at Runcorn against three chemists for selling adulterated milk of sulphur. The case was defended at the instance of the Chemists and Druggists' Trade Association, and it was stated that the present prosecutions would be regarded as test cases.

Dr. Bell, of Manchester, stated that the milk of sulphur purchased contained 58½ per cent., and in one case 65 per cent. of sulphate of lime; and for the defence, Mr. Pemberton, of Birmingham, and Dr. Redwood, of London, were called, who spoke to the general use of milk of sulphur, and said that it was much more beneficial on account of sulphate of lime. Messrs. Evans, wholesale druggists, of Liverpool, said they sold thirteen times as much milk of sulphur than they did of the other preparation. Milk of sulphur was known to contain sulphate of lime, and was extensively used by the medical profession. The Bench decided to convict, *on the ground that the article supplied was not that which was asked for.* In each case a fine of £1 and costs was inflicted. Notice of appeal was given.

We are well pleased that the defence of this adulteration fraud by the Chemists' Trades Union has proved futile, and we commend the Bench for the honest and sensible view of the case which they took. Whether the "milk of sulphur" is more beneficial or more largely sold than the pure article has nothing to say to the question. It is not sulphur, and it is palmed off upon the purchaser by dishonest druggists as such, despite what they may say to the contrary. It is not true that the article is known by *the purchaser* to contain sulphate of lime, and the druggists carefully conceal the fact in order to sell it more readily. As usual, we grieve to say the *Pharmaceutical Journal* apologises for the fraud, and we are still further astonished to observe that the *Lancet* enters the lists in defence of such trickery, and defends the trade in adulterated sulphur with the lamest arguments. "Milk of sulphur," says our contemporary, "does not mean pure sulphur, but a particular preparation, and we think the Runcorn magistrates were in error in deciding that a purchaser who went to a certain shop for milk of sulphur did not get what he asked for. If he wanted pure sulphur he asked for the wrong article, which was not the fault of the tradesman. The man who wants bread and asks for a cake cannot reasonably abuse his baker."

Our contemporary must surely see that all this is untrue. The purchaser does not, in this instance, ask for cake with the knowledge that he is asking for something different from bread. He is made to believe that cake is bread, the baker carefully concealing the fact that it is not so lest he might prefer the less remunerative article. He cannot reasonably be expected to bring any such knowledge to the matter, and it is, therefore, not a case of *caveat emptor.* The druggist is bound in all fairness, to describe honestly what he sells, and we maintain that "milk of sulphur" is not such an honest description, but is a term used for the purpose of deceiving the purchaser.

Lunacy in Ireland.

THE Inspectors of Irish Asylums in their recently published Report state that on the 31st December, 1875, the number of patients mentally affected, and within their immediate supervision, amounted to 11,777, or 194 more than at a like date in the preceding year, while those at large, comprising not alone lunatics in the recognised acceptation of the term, but idiots, epileptics, and imbeciles were estimated at 6,848. The total insane accommodated at the end of last year, irrespective of the type of their maladies, were thus distributed :—

In District Asylums	7,741
In Central Criminal Asylum . . .	172
In Lucan Government Asylum . .	29
In Private Asylums	653
In Poorhouses	3,199
In Gaols	3
Total	11,777

If to the above be added the unregistered, or those returned as living with their friends or not having any fixed habitation, and as regards the great majority under the denomination of idiotic, weak-minded, and epileptic, the general aggregate would embrace 18,625 individuals as labouring in Ireland under some diseased manifestation of mind—being in the proportion of 3·20 per thousand to the whole population.

On comparing the statistical returns for 1874 and 1875, we find that in the insane at large there is an excess of 44, but a diminution in the lunatic element properly so called, by 280 persons; this latter result is satisfactory, as indicating that cases likely to benefit by scientific treatment, are being drafted to suitable receptacles.

There appears from the general data that there was a total of 9,717 lunatics under treatment in the course of the year, and at its close 7,741, or 156 more than on the 31st December, 1874, in Irish District Asylums.

Anaphrodisiac Properties of Tobacco.

CONSIDERING the enormous amount of tobacco consumed at the present day by all classes of society, and the early age at which smoking is often commenced, the influence of this habit on the generative functions is certainly a matter of grave importance. In looking over the pages of the *Canadian Journal of Medical Science*, we came across a translation from the *Jour. de Med. et de Chir.*, May, 1876, in which the writer observes that: The anaphrodisiac properties of tobacco have been long known, as Foussard has well shown in his work, and have induced its use in the numerous convents in Italy. When the cause of impotence is obscure, it is well for physicians to remember this noxious property of tobacco as the following cases observed by the author show

A young man who smoked more than twenty cigars per day, complained of loss of digestive power, weakness, feeble memory, and impotence. As he was about to marry, he consulted a physician. The latter, aware of the habits of his patient, ordered him to discontinue the use of tobacco, which was followed by restoration of the genital function.

. . . . . .

A young and robust stu dent of the Polytechnic school became inspector at a tobacco manufactory. He soon experienced considerable loss of genesic power and finally became impotent. Both the patient and physician agreed as to the probable cause of the disease, and after vainly making trial of other remedies, the inspector of tobacco engaged in another business, when he speedily recovered his generative power.

The sedative and benumbing effect of excessive tobacco-smoking over the sexual appetite and sexual powers has been denied by many physicians; and many years ago when an inquiry into the influence of this habit upon the constitution in general was conducted by one of our medical contemporaries, it was found that out of the large number of persons who volunteered their own experience on the subject, only two or three complained of the injurious effect which smoking appeared to have on their sexual vigour. From several instances that have come under our notice, and from the experience of others, we have every reason to believe that smoking carried to excess acts decidedly as an anaphrodisiac, especially in persons of a nervous, or lymphatic temperament, or in those whose generative organs are not by nature very vigorous. M. Marc, in *Dict. des Sciences Médicales*, t. xxiv., p. 176, considered that the use of narcotics, especially tobacco, hyoscyamus, cicuta, and opium, was a cause of functional impotence. Dr. Copland, (*Dict. of Pract. Med. Art. Poisons*), calls smoking an enervating, emasculating luxury and observes that the offspring of those who indulge in it in excess, are often weak, puny, and stunted in growth, or of a nervous, susceptible and scrofulous conformation. We must also bear in mind that this is a question which the profession, from a feeling of delicacy are seldom inclined, or will not take the trouble, to inquire into, and one reason for our making a note on the subject, is our firm persuasion that the influence of this and other habits, incidental to modern civilisation upon the health of the community, has not received a due share of attention from medical men, especially from that class of practitioners, who from their long and intimate acquaintance with many of their patients, have a good opportunity of collecting valuable evidence on the question we have just raised.

Magisterial Abuse of the Lunacy System in Ireland.

The Inspectors of Irish Lunatic Asylums in their recent report, examining into the probable cause of the increased mortality within asylums during the last year, attribute it in part to the number of hopeless, indeed it might be added moribund, cases transmitted under magisterial warrants to asylums as being dangerous and violent. They say that an injudicious exercise of power in committing lunatics has perceptibly increased, notwithstanding the issue of official circulars directing the attention of justices of the peace to the specific and intelligible clauses of the statute. Last session, in order to obviate this objectionable practice, an Act was passed, by which two governors of any district asylum, in accordance with certain engagements on the part of the friends or relatives of an insane patient, could authorise an immediate admission into the district asylum where the party resided. Though this law has nominally been in operation for over nine months, little or no advantage has been taken of it. The Inspectors say:—

"In our official capacity, while anxious to render public institutions for the insane beneficial to society in every reasonable manner, we should regret if an uncalled for expenditure of money were to be entailed without some commensurate utility. For the one lunatic received into an English asylum, on the ground alone of being dangerous, by direct magisterial warrant, and not in the ordinary and recognised mode of application, we apprehend, relatively speaking, that at least ten are so transferred to Irish district institutions, in which, when once located, be they from the first quiet, naturally inoffensive imbeciles, or helpless from age and infirmity, they remain as a rule for life. To obviate the inconveniences likely to accrue thereon, a clause of the Act just named empowers the removal of a certain class of inmates from public asylums to poor-houses, on an understanding being arrived at between the Local Government Board, the inspectors, and union guardians; but as yet, we may say, no practical arrangements have been effected. Local guardians, as a rule, are too desirous to get rid of the insane of all classes to accept with favour the proposition of receiving new cases, cognisant at the same time that the Government rate in aid would diminish taxation £10 4s. per annum in favour of each district asylum resident."

Drunkenness or Apoplexy.

Many months ago we drew attention to the lamentable mistakes that are frequently made by the police in locking people up all night for drunkenness, when they have been really overtaken by a serious, and often fatal, malady. But, perhaps, in no case have more blundering and neglect been shown than in that of Mary Hannah Francis, an inquiry into whose death was held a few days ago by the coroner (Mr. W. J. Payne) at St. Bartholomew's Hospital. This woman, the wife of a respectable tradesman, was seen by a policeman to be "staggering' along Cheapside about six o'clock in the evening, and with her bonnet lying upon her shoulders. She was about to fall, when some gentleman got hold of her arm until the policeman came up, and (supposing she was drunk) took her into custody. She was taken to the station, where she was put in "the cell," and laid upon the floor, with a cushion under her head. About one o'clock in the morning one of the inspectors visited her, and finding her worse, placed her in a cab, and sent her to the hospital. On arriving there, it was found by Mr. P. H. Hart (the house-physician) that she was suffering from apoplexy and paralysis, from which she died on the following day. The coroner, in summing up, very properly observed that there could be no doubt as to the desirability of a surgeon's opinion being called in in such a case. The English people could not countenance such a state of things as a respectable woman being taken through the streets of the City in such a manner by the police. It was a degradation which could not be allowed.

The jury, moreover, added (as a rider to their verdict) that the police had been guilty of culpable and gross negligence, and hoped that greater care would be taken for the future.

Now, we may ask, *will* greater care be taken for the future? We very much doubt it, unless some very decided instructions be issued to the police force by the authorities at Scotland Yard. What we have to complain of is not so much the police mistaking apoplexy for drunkenness (as this is an error into which even the experienced physician may occasionally fall), but of the careless and summary manner in which they jump to a conclusion; and where there is any doubt about the case, we have to complain of their not acting in such a manner and sending for such professional assistance as will either settle the question of drunkenness or dying, or place the patient in such a position as will offer the best chance for his recovery. When we last touched upon this subject, we suggested that a "Notice" should be posted up at police-stations, not only laying down certain rules by which they may be able to distinguish drunkenness from apoplexy or from sunstroke (which, during very hot weather, has been often mistaken for drunkenness), but giving strict orders that whenever there is the least doubt about the matter, the divisional surgeon or some other surgeon should be immediately sent for. In the case before us, the duty of the police was very clear. The deceased was a respectably-dressed woman. Her breath did not and (judging from the post-mortem appearances) could not have smelt of any intoxicating liquor; and there was no evidence to show that she had been drinking, or had been near any public-house. There was therefore, a strong presumption in favour of her having been suddenly taken ill, and the conduct of the police should have been in accordance with that presumption.

Home and Foreign Reciprocity of Licences.

Our French cousins, it would appear, are about to pay us in our own coin, and that the French universities are promoting a bill in the Chamber to forbid British or any foreign practitioner from practising in France without a French education and a French licence.

We, who believe so fully in the standard of education maintained in Britain find it hard to conceive that British degrees shall not pass muster in France, but we must remember that within the last half-year we have ourselves refused to allow the currency of French degrees in Great Britain. Mr. Cowper-Temple introduced a Bill in last Parliamentary Session to legalise women's foreign licences amongst us, and it was at once rejected upon the very proper ground that the Medical Council which guards the purity of our home licences (or rather is supposed to do so) has no means of guaranteeing the authenticity of foreign degrees. We are, in fact, about to be hoist with our own petard, and can hardly complain, but it seems evident that some plan must be devised by which reciprocity between home and foreign qualifications of high standard shall be established. We do not, indeed, see much difficulty in the matter. The surveillance of the Medical Council over British licensing bodies has not been very close or effective, and, in the field of preliminary examination, the Council has recognised Tasmanian and Australian tests over which they have no inspectorial power and no control whatever. If there were in France a Government *imprimatur* for colleges and universities, the institutions holding that *imprimatur* might very properly be admitted to reciprocity with British licensing corporations.

Medicine and Surgery in Ancient Ireland.

In a recent lecture, Dr. Mapother brought forward evidence to show that the yellow plagues of 547 and 664 were small-pox, and that the many so-called leper hospitals were established for the victims of the above-named acute and contagious disease. The oriental or bubo plague he believed to have been due to the entrance of bacteria into the blood, and to have been therefore the human analogue of the epizootic known as splenic apoplexy, or soldier. The sweating sickness he regarded as a terribly acute rheumatism, like the "cardiac disease" of the time of Alexander the Great, and he explained the striking immunity of the Irish by their less luxurious habits. Amongst evidences of early surgical skill, he adduced the trepanning of King Connor, A.M. 3950, and the tight bandaging of the limbs in cases of internal hæmorrhage. About 840, the Danish King in Ireland ordered the cutting off of the nose as a penalty for non-payment of taxes. Only one such outrage is remembered in Ireland, and that was for a very different motive. In 1559, Lord Viceroy Sidney was cured of stone in Dublin by lithotrity, an operation first performed A.D. 15, by Ammonios of Alexandria. The very early foundation of barber-surgeons in Ireland (1446) was attributed to the law of Henry VI., forbidding the wearing of beards (Rot. Parl., cap. 20). Speaking of the foundation of the College of Physicians, Dr. Mapother quoted a prescription of Sir P. Dun for General Ginkle, then in camp, in 1691. This President, contrary to all etiquette, likewise dispensed the prescription which was as follows:—"℞ Chester ale, claret, potted chicken and grean (*sic*) geese. This is the physic I advise you to take. I hope it will not be nauseous or disagreeable to your stomach. A little of it on a march."

Scurvy in the Arctic Expedition.

A Select Committee, under the presidency of Sir James Hope, is appointed to inquire into the causes of the outbreak of scurvy in the last Arctic expedition, and evidence on the subject will be taken from mercantile marine as well as Royal naval authorities. The case as it stands seems to have been as follows:—The experience of former Arctic expeditions show clearly that scurvy has been a source of great trouble and danger to sledge parties, though it passed unnoticed under the name of "sore legs," &c. It was, therefore, to be expected that it would occur in the sledge expeditions of 1876, and the medical officers accordingly advised that lime-juice ought to form part of the equipment. Captain Nares in the exercise of his discretion did not send it the whole distance, but only as far as the depots which were about half-way, and we know how disastrous was the result. On the other hand, it

must be stated that former sledge expeditions did not take lime-juice with them—that it would have burthened the party, including the fuel necessary to melt it, and the water for its dilution—with a weight of nearly 50lbs. per man, that, inasmuch as the amount of the load per man was constant, to take 50lbs. of lime-juice and fuel, was equivalent to leaving behind 50lbs. of other important supplies. It was, therefore, apparently a choice of what could be done without; and Captain Nares seems to have decided that lime-juice was the least essential part of the supplies.

Army Medical Charges.

THE Army Medical Department has at length tardily redressed the gross injustice of compelling medical officers to subscribe to mess and band which they were not privileged to enjoy. The following general order has been promulgated :—

"1. Referring to Clause 2, Army Circulars, 1877, medical officers will not in future be called upon to contribute or subscribe to regimental messes and bands.

"2. This order will take effect from 1st January, 1877, and any contributions or subscriptions which may have been paid in advance beyond 31st December, 1876, will be refunded.

"3. Paragraphs 39 and 52, Section 7, 'Queen's Regulations and Orders for the Army, 1873,' will be amended accordingly, and paragraphs 2 and 3 of G. O. 11 of 1876, are cancelled."

A Royal Warrant has also been issued, which directs that for the future Surgeons-General and Deputy Surgeons-General of the Indian Medical Service are to rank as Majors-General and Colonels respectively, according to the dates of their commissions. This step was rendered necessary by the increase of rank which the last Army Medical Warrant conferred upon Surgeons-General and Deputy Surgeons-General of H.M.'s British troops.

Increased Fees to Medical Witnesses in Ireland.

WE learn with satisfaction that the representations made to the Attorney-General for Ireland by the deputation of the Irish Medical Association, have resulted in the issue of an order from the Attorney-General to Crown Solicitors, that a fee of £2 2s. (instead of £1 1s. which has hitherto been paid), shall in future be paid to medical men for their evidence at sessions. This concession may be regarded as evidence of the disposition of the authorities to deal justly when circumstances deserving of their consideration are brought to their notice. We trust, therefore, that the other points impressed by the deputation upon the Attorney-General will, at some future time be yielded by the Government.

Dublin University Medical Faculty.

THE following new arrangements have been notified by the registrar of the School of Physic :—

1. *Half M.B. Examination.*—After 1st January, 1877 this examination shall consist of three distinct parts—viz.
   1. Botany and Materia Medica.
   2. Physics and Chemistry.
   3. Descriptive Anatomy.

II. *B.Ch. Examination.*—After 1st January, 1877, five per cent. marks shall be allotted to each of the subjects of Surgical Appliances and Surgical Pathology, in lieu of ten per cent. of the marks hitherto given in General Surgery.

III. *M. A. O. Examination.*—Candidates must be graduates in both Medicine and Surgery.

CURRICULUM.

1. One winter course in Midwifery.
2. Six months' practice in a recognised lying-in hospital or maternity.
3. A summer course in Obstetric Medicine and Surgery.
4. Two months' practice in the Cow-pock Institution.

N.B.—Existing graduates in medicine of the standing of M.D. are entitled to present themselves for examination without complying with Regulations 3 and 4.

IV. *Diploma in State Medicine.*—Candidates are allowed to present themselves for examination at any time after passing their M.B. and B.Ch. Examinations, instead of waiting (as heretofore) for the standing of M.D.

SAMUEL HAUGHTON, Medical Registrar.

29th December, 1876.

The Medical Council and the Defence Association.

LAST week a deputation from the Medical Defence Association waited on the executive committee of the General Medical Council in reference to the penalties recovered under the Medical Act. Dr. Richardson, President of the Association, stated that the Defence Association had taken counsel's opinion, which was to the effect that the receiver of police was entitled to retain the penalties. Under these circumstances the council of the Defence Association having incurred considerable expense in enforcing the Medical Act, appealed to the Medical Council to take action with a view to the penalties being applied to the expenses of carrying out the Act. The President of the Medical Council said that it gave the committee much pleasure to meet the deputation and to hear their views on this question, which, he might say, had already occupied their attention. The courses open to them were to endeavour to obtain an amendment of the Medical Act, so that it would not be affected by the clauses of the Metropolitan Police Act, or to apply to the Lords of the Treasury, asking them to resign their claim to the penalties. He (Dr. Acland) had been requested by the Medical Council to address the Treasury in this sense, but had delayed doing so until after he should have had an opportunity of hearing the views of the deputation. He would now do so at once, and the result would be duly communicated to the Association.

It is somewhat surprising to find the Medical Council even permitting others to do its own work as a prosecutor of illegal practitioners. Hitherto, we have heard the statement made that the Medical Council is not a prosecuting body, until that observation has become almost an axiom. We regard such an idea as wholly untenable. The Medical Council was created for the purpose of establishing and maintaining proper guarantees of competency amongst medical practitioners, and they have wholly neglected one half of their duty in this capacity. If it be the business of the Medical Council to see that the public is protected against half-competent doctors, it is surely—*a fortiori*—

their business to defend us against wholly incompetent quacks.

Scarlatina in Connemara.

FOR some time past a virulent type of scarlatina has existed in Connemara, particularly within the districts embraced in the Clifden Union. Respecting the disease, the following report was at the last meeting of the board of guardians of that union submitted by Dr. Byrne, *pro tem.* medical officer:—

"For some six weeks past a most malignant epidemic of scarlatina has prevailed in your district, especially in the low lands near to or skirting the seashore; and, as your medical officer of the workhouse *pro tem.*, as also medical and sanitary officer of the district, I consider it my duty to report to you that, in my opinion, the virulence of the epidemic has been much increased by the use of contaminated water by the general public. They almost invariably use, for all purposes, the water running off the roads and passages, which is, as a rule in the lowlands largely contaminated with animal impurities of every description, flowing as it does into drains from dung heaps and other receptacles for refuse incidental to human dwellings. If wells for water in the hillsides, or even in the lowlands, into which the drains referred to had not access, were alone used by the inhabitants for drinking or culinary purposes, it would much tend to the improvement and maintenance of the general health of the district. And I most respectfully suggest that the guardians and members of the dispensary district should make this, my decided opinion, known to the inhabitants in such manner as may be considered desirable, in order to have discontinued, as much as possible, so great a danger to the health of all classes, and which, as far as I can judge, only exists in consequence of the prevailing absence of information as to its existence and attendant consequences."

The report of Dr. Byrne was ordered to be printed and circulated extensively throughout the district.

Limited Medical Skill.

WE find in a Dublin paper the following:—"Wanted immediately, an experienced woman, who will make herself useful; accustomed to sickness; *she must understand feeling pulses*, but not be a trained nurse."

The Working of the Irish Sanitary System.

IN the course of the recent investigation of the Government Commissioners into the state of Cashel, Dr. Laffan, the consulting sanitary officer, gives the following evidence:—

"The duties of my office have been rather impracticably drawn up. I am only to give advice when it is asked for; the result has been that on many occasions when the board needed advice, I was prevented from offering it. One notable instance occurs to me—it is that of an outbreak of fever, which occurred in a little town in the union, where, had proper steps been taken, the epidemic would have been cut short. In that case the Board never even thought of the necessity of asking advice. Cashel, being under 6,000 in population, was merged by the late Act in the rural sanitary district. I am decidedly of opinion that the sanitary administration was not improved by the change. The corporation was more attentive, had more local knowledge, and took a keener interest in the sanitary matters than the present authorities. The Local Government Board have recently informed me that, while I am at liberty to remind the other sanitary officers of any neglect of duty on their parts, I am not actually bound so to do; this makes interference somewhat invidious. The Sanitary Act has not been worked for a variety of reasons; the officers are not numerous, their professional interests are ever clashing with their sanitary duties, they are too ill-paid, and they should have received a special training: there ought to be but one officer for each union, and he should be prohibited from all private practice."

DR. HANDSEL GRIFFITHS has been elected Corresponding Member of the Pharmaceutical Society of St. Petersburg.

DEATHS from small-pox declined in London last week from 97 to 75, of this latter number 31 were certified as unvaccinated, 22 as vaccinated, of the remaining 22 no information on this point was furnished.

A GUARDIAN of Borrisokane Union, has notified his intention of moving the cessation of the salaries of the sanitary officers of the union, on the ground that these officials have performed no duty since their appointment under the new Public Health Act.

THE following is the allotment of annuities for 1877 under the Bombay Medical Retiring Fund:—£252 to Surgeon-Major G. F. Forbes; £210 to Surgeon-General G. G. W. Maitland, F.R.C.S.L.; £210 to Surgeon-General T. B. Johnstone, M.D.; £168 to Deputy-Surgeon-General T. Murray.

AT Glasgow, a medical student has been arrested on a charge of manslaughter. It is alleged that some two months ago, while acting for a local practitioner in an Ayrshire village, he attended a young unmarried woman in her confinement, and that, in consequence of his unskilful treatment, she shortly after died.

In a case of tetanus which occurred in the Montreal General Hospital, Dr. Drake cut down upon the sciatic nerve and stretched it. The patient was then put upon chloral hydrate and calabar bean. The operation seemed at first to afford considerable relief to the patient, but after a time the spasms returned and he ultimately died of lockjaw.

THE *Yorkshire Post* mentions a proposal of Dr. Carr, a native of Leeds, well known in London as an eminent medical practitioner, to establish in perpetuity four free medical scholarship for educating as medical men foundation scholars of the Royal Medical Benevolent College, Epsom. The sum required is £7,000, of which £5,000 has already been contributed.

THE Lettsomian Lectures of the Medical Society of London, will be delivered by Alfred Wiltshire, M.D., M.R.C.P., Joint Lecturer on Midwifery and the Diseases of Women and Children at St. Mary's Hospital, on Monday, January 8th, 22nd, February 5th, 1877, at 8.30 p.m. Subject: "On Vascular Rhythm as Exemplified in Periodical Hæmorrhages, General and Local, and on the Treatment of Hæmorrhages from the Female Generative Organs."

THE Metropolis Asylums Managers held an extraordinary special meeting on Saturday in reference to the increase of the small-pox epidemic, and the necessity of providing further accommodation for patients. The week's return showed that although the managers had provided 881 beds for small-pox patients, they had been obliged to refuse nearly 200 other applications for admission during the week.

A MARYLAND newspaper reports a singular freak of nature on the Atlantic coast during the past week. Millions upon millions of dead fish of different kinds have been washed up from the sea, evidently victims to some epizooty, and lie rotting in the sun. In one place on Cobb's Island there is a strip of the beach two miles long and seventy-five feet wide covered with them to a depth of from three to six feet. Several large vessels are engaged in collecting and transporting them to the farmers of Accomac County, to be used for manure.

WE regret to hear that a case of yellow fever, terminating fatally, has occurred on board Her Majesty's ship *Aboukir* at Port Royal. There is good reason for the belief that the sanitary condition of the ship itself must be held responsible for this case. There was no illness from this cause on shore, according to the latest information, and the residents were fully of opinion that the fever had been bred on board the ship. She is in a very decayed condition, having been lying in the harbour for many years.

THE HARVEIAN SOCIETY OF LONDON—ANNUAL CONVERSAZIONE.

THE annual meeting of this Society was held on Thursday evening, the 4th inst., at its rooms in Titchborne Street. The report of the Treasurer showed the finances of the Society to be in a flourishing condition; while the report of the Council told of increased number of members and of papers read of a high order. The retiring President, Dr. Frederick Cock, read an address in which he alluded to the loss the Society had experienced by death during this last year. He then touched upon the legislation to regulate vivisection, to the course of medica study, where he spoke favourably of the almost extinct apprenticeships, and thought a larger element of tutorial teaching desirable; after which he reviewed the present position of the profession, and said that self-respect must ever command the respect of others. A vote of thanks was proposed by Mr. W. Adams, and seconded by Dr. Sedgewick; after which came the usual vote of thanks for the different office-bearers. There was a good attendance. The exhibition of pictures, in oil and water colours, and etchings by different medical artists, which has become quite a feature of the Harveian Society's *conversazione*, was more than usually interesting. It comprised contributions by Sir Henry Thompson, Dr. S. Buzzard, Blandford, Gilbert Smith, Messrs. Prescott Hewett, Seymour Haden, Propert, Lennox Browne, Eversley and Orrock. Some of these works were of high merit. Dr. Farquharson lent some paintings by well-known artists, and Dr. Reginald Thompson exhibited some new lustre ware of original design and novel material. Instruments were exhibited by Messrs. Khrone and Sesemann, Pratt, Arnold and Sons, and Meyer and Meltzer. Some beautiful microscopic slides were shown by Mr. Collins and Mr. Wheeler.

The following is the list of office-bearers for the ensuing year.

President.—T. Carr Jackson, F.R.C.S.

Vice-Presidents.—Thomas Morton, M.D., W. F. Teevan, F.R.C.S., E. B. Owen, F.R.C.S., Hughlings Jackson, M.D.

Treasurer.—Henry Power, F.R.C.S.

Hon. Secretaries.—H. E. Sewill, M.R.C.S.. J. Milner Fothergill, M.D.

Council.—John Easton, M.D., E. Symes Thompson, M.D., H. Cripps Lawrence, George Eastes, M.B., Robert Farquharson, M.D., F. Cock, M.D., J. S. Ramskill, M.D., Alfred Meadows, M.D., Percy Boulton, M.D., Stamford Felce, M.R.C.P., F. J. Gant, F.R.C.S., George P. Field, M.R.C.S.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following address was presented by the President, Vice-President, and Council, to his Grace the Duke of Abercorn, on his departure from Ireland:—

May it please your Excellency,—We, the President, Vice-President, and Council of the Royal College of Surgeons in Ireland, having been apprised of your Grace's intention to resign the office of Viceroy of Ireland, beg leave to convey to your Excellency the expression of our deep regret, in common with every loyal subject in this part of her Majesty's realm, at the retirement from this high office of a resident Irish nobleman who, for the second time, had represented her Most Gracious Majesty with so much even-handed justice, dignified firmness, and signal benefit to this country. We cannot permit this opportunity to pass without expressing our high appreciation of the honour your Grace conferred on us by laying the foundation stone of the new library and museum buildings in connection with our college, and we beg to assure your Grace that no effort shall be wanting on our part to fulfil the prediction uttered by your Grace on that occasion—viz., 'That on laying the first stone of this noble building we are only inaugurating what will prove a larger sphere for those great and useful works for which the Royal College of Surgeons in Ireland has made itself so eminently remarkable.' In conclusion we devoutly trust that your Grace, your estimable Duchess, and every member of your Grace's noble family, may long and uninterruptedly enjoy the blessings of health and happiness, and the genuine respect of every loyal subject in this kingdom.—We have the honour to remain, with the greatest respect, your Grace's obedient servants,

GEORGE H. KIDD, President.
ROBERT M'DONNELL, Vice-President.
WILLIAM COLLES, Secretary.

His Excellency replied as follows:—

Mr. President, and Gentlemen of the Council of the Royal College of Surgeons in Ireland,—I most sincerely thank you for the very kind manner in which you have expressed your regret at my retirement for the second time from the Viceroyalty of Ireland, and it gives me the greatest possible satisfaction to think that my efforts to discharge the duties of that high office have been such as to be approved of by you. During my tenure of office I was especially happy to be able to testify in some slight manner my appreciation of the extent of usefulness of the Royal College of Surgeons in Ireland by being permitted the privilege of laying the foundation stone of your new buildings. In conclusion, I thank you warmly for your kind good wishes for the health and happiness of the Duchess and the rest of my family.

Correspondence.

THE DUBLIN ANTI-VIVISECTIONISTS AND THE MEDICAL PROFESSORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your giving insertion in your next issue to the follcwing correspondence.

Comment is quite unnecessary on the part of

Your obedient servant,

RAWDON MACNAMARA.

95 Stephen's Green, 4th January, 1877.

VIVISECTION.

TO THE EDITOR OF THE IRISH TIMES.

SIR,—From the correspondence which has lately appeared in several of the Dublin journals, I collect that the practice of vivisection, so far as the hospitals of that city are concerned, has been disclaimed and disavowed. This is certainly such an advance in public opinion as must rejoice every right-minded person. I sincerely trust these disclaimers and disavowals have been made authoritatively. I mean by the deliberate consent of the governing boards and medical staff of each hospital, and that we may now hope this change for the better will be, and will hold good, for all time to come. Still, it must be confessed, some mystery overhangs these utterances. And it is hard to account for this sudden change of front; for those who carefully watched the progress of the Vivisection Act through both houses of Parliament, studied the changes made and their reasons, noted the strong opposition made by vivisectors and their friends to particular clauses (an opposition before which Government eventually gave way), recollect that a certain clause empowering medical lecturers, on obtaining the necessary certificate and licence to teach their classes by demonstration—*i.e.*, vivisection of the living animal—was passed as indispensable. But we now find, in consequence of certain denials and statements, an impression abroad not only that vivisection in hospitals does not exist, but by implication should not exist and is not to exist. Are, then, the faculty suddenly converted? Can we lay such flattering unction to our souls? I fear not; for the debates of the Medical Council, of the Senate of the University of London, the speeches of the deputations to Government, the memorials of the different Royal Colleges, are all in print—not to mention the editorial articles and correspondence of the medical periodicals, &c., &c., all leading one to fear that the practice complained of is still a secretly cherished one.—Your obedient servant,

C. B. CALDWELL.

New Grange Lodge, Bray, Dec. 29, 1876.

TO THE EDITOR OF THE IRISH TIMES.

SIR,—As an ex-President of the Royal College of Surgeons in Ireland, as its representative on the General Council of Medical Education and Registration, as a professor in its schools, and as a surgeon to two important hospitals in this city, I feel myself in a measure coerced to take notice of a letter in your issue of the 1st inst., appearing over the signature C. B. Caldwell, in which, *totidem verbis*, a charge is brought against the governors of conniving at, and against the professional staff of practising, vivisection on the lower animals within the walls of our several hospitals in this city. This is a most serious charge, and one that at any time should not have been recklessly made, but advanced as it was at the very period of the year when the Hospital Sunday Collection was about to be made, on the very eve, I may say, of the day set apart for that purpose, the most convincing evidence should have been forthcoming to justify what otherwise I can but designate as a stab in the dark, given for what purpose I shall not here pause to inquire. Every hospital in this city has its board of governors, comprising in the aggregate the names of almost every citizen of note and standing, and representing almost every shade of religious and political opinion; through their hands every shilling of the hospital must pass, and are the public to be asked to believe that such gentlemen would sanction the misappropriation of one farthing of the hospital funds to assist in carrying on vivisection within their walls? In many cases these accounts are scrutinized by Government auditors. Is it seriously alleged that such officials would wink at such practices by passing accounts in which money was charged under the heading "Vivisection?" As to the distinguished medical and surgical gentlemen attached to these several institutions, their reputation for humanity is too well established to require vindication at my hands, and they can well afford to treat all such imputations with contemptuous silence; but it is not so with the sick poor. They must suffer if the springs of charity be poisoned at their very source. Their interests are at stake, and they must be the sufferers if such calumnious statements are permitted to go uncontradicted. Now, I hereby challenge any member of the Anti-Vivisection Society to bring forward one tittle of evidence in support of their charge that vivisection has been *ever* practised in any one of our Dublin hospitals. This is a question of veracity, not one that can be bolstered up by vague assertion. For more than a quarter of a century, as boy and man, I have been intimately acquainted with the inner life of most of our Dublin hospitals, and I never even heard of any one procedure which could give colour to such a charge. Largely engaged (as through all my medical life I have ever been) as a lecturer and teacher, had such occurred, perforce it would have reached my ears, and at this moment I can solemnly vouch for it that vivisection, as we now understand that term, is unknown to the authorities, and unpractised within the walls, of our Dublin hospitals. Should the Ant-vivisectionists fail in bringing forward evidence in support of their charge, or should they permit the judgment of the public to go by default in favour of our hospitals, and should any sick person lose his life in consequence of failing to gain admission into an hospital on account of crippled funds resulting from this most mischievous agitation, then I say that the parties who have made these unfounded charges will have been morally guilty of homicide. The duty of anti-vivisectionists clearly is to sift this matter to the bottom, and if they find that their charges are as false as they are mischievous (which I most confidently assure you, and, through you, the public generally will be the result), then equally will it be their duty to go from door to door soliciting subscriptions, not for their own society, but for the Hospital Sunday Fund, and thus recoup valuable institutions, true temples of charity, at present suffering from a pseudo-humanitarianism strongly savouring (to take the mildest view of their conduct) of the knight errantry of Don Quixote.

I apologise not to you, sir, for the length of this letter. Great interests are at stake, and if there be one thing more than another of which we Irish should be proud, or of the reputation of which we should be more jealous, it is the fair fame of our schools of clinical medicine and surgery; besides which I know well that you can justly boast with Terence of old "nil humani mihi alienum puto."

Your obedient servant,

RAWDON MACNAMARA.

Surgeon to the Meath Hospital, and to the Westmoreland Lock Hospital, &c.

95 Stephen's Green, 2nd January, 1877.

THE EMPRESS OF INDIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The notification of her Majesty, as Empress of India, has been carried out by the Viceroy, at Delhi, in all its pomp and grandeur, and orders bestowed on native princes and English officers and civilians. I observe only one medical man decorated. To whom are we, as a nation, originally indebted for our grand power and possessions in India, *but the medical profession.*

In the year 1636, Shah Tehan's daughter was successfully treated of sickness by Surgeon Boughton, and when the Emperor would have overwhelmed him with wealth contented himself by soliciting further advantages for his countrymen.

In the year 1715, Surgeon Hamilton, of the E. I. Company's service, having cured Farakshur, Ninth Mogul Emperor, obtained from him the important concessions which the E. I. Company were *then earnestly seeking*, and thereon, Calcutta was declared a separate presidency. Observe what important power for the E.I.C. was gained by two honourable members of the medical profession, and its results now declaring H.M. the Queen, Empress of India. I should like to know if any relatives of these noble surgeons are holding any position in India? If so, should they not have the "Star of India" conferred on them in respect and honour of their ancestors; or

is the profession of surgery and medicine to remain silent in its brilliancy, and merely made a handle of for others as usual.

Yours truly,

J. M'GRIGOR CROFT, M.D., M.R.C.P. Lond.,
Late Staff Surgeon to H.M.'s Forces.

London, Jan. 3, 1876.

Medical News.

Vital Statistics.—From the Registrar-General's reports we learn that during last week 4,894 births and 3,668 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 1,226. The mortality from all causes was at the average rate of 24 deaths annually in every 1,000 persons living. The annual death-rate was 22 per 1,000 in Edinburgh, 23 in London, 28 in Dublin, and 27 in Glasgow. In the other large towns the rates were—Plymouth 20, Portsmouth 18, Nottingham 18, Sheffield 22, Bristol 19, Leicester 27, Norwich 21, Brighton 22, Sunderland 33, Birmingham 19, Leeds 27, Wolverhampton 22, Hull 18, Oldham 31, Manchester 28, Salford 28, Bradford 24, Liverpool 30, and Newcastle-upon-Tyne 28. The annual death-rate from the seven principal zymotic diseases averaged 3·3 per 1,000 in these towns. and ranged from 0·6 in Nottingham, to 5·3 and 8·3 in Sunderland and Salford. The deaths referred to small-pox in these towns were 104, against 78, 100, and 125 in the three preceding weeks; 75 occurred in London, 16 in Liverpool, 8 in Manchester, 5 in Salford, and not one in any of the other large towns.

The Norfolk and Norwich Hospital. — Some few weeks ago we mentioned that his Royal Highness the Prince of Wales attended a meeting at Norwich to raise funds for an extension of the Norfolk and Norwich Hospital. The appeal then made to the local public, with the aid of the Prince, has been eminently successful, subscriptions having been received to the amount of £22,942. This sum having exceeded the sum asked, the extension will probably assume a wider range; in fact, the entire rebuilding of the hospital has been proposed. In addition to the £22,942 subscribed, the Earl of Leicester, Lord-Lieutenant of Norfolk, has also offered £13,000 as an endowment fund.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

USEFUL EVEN IN DEATH.—A California paper states that a San Francisco firm buys, at forty cents each, all the dogs which die or are killed in that city. At their manufactory the skins of the dogs are removed and sold to the tanneries; the hair is taken off and sold to the plasterers; the hide tanned, made into gloves, and sold in the market. The denuded carcass is thrown into a huge cauldron and boiled until the bones are easily separated from the flesh, when they are removed and sold to the sugar refineries, where they are ground to a fine powder and used to clarify sugar. The oil that rises to the surface of the boiling mass is skimmed off and made into *cod-liver oil*, and the remainder is used for fattening hogs.

F.R.C.S.—It is an American book published some five or six years ago by Messrs. Wood, of New York. Doubtless you could get copies in London.

WALKING THE HOSPITALS.—One of the comic papers contained a very good joke last week, albeit at the expense of young aspirants to professional honours. An uncle with his daughter are represented meeting in the streets of London two medical students habited in the height of fashion. The uncle puts the not unusual question to the men (his nephews): "Well, boys, what are you doing now?"—*Reply:* "Well, Uncle, we are walking Thomas's."—*Fair Cousin:* "Oh! I thought you were walking Guy's!"

MR. FRANCIS MASON writes that, in our review of Mr. Bryant's work on "Surgery," we have by mistake given to him, instead of Mr. Moon, the credit of having written the section relating to dental surgery.

THE Dublin Obstetrical Society will meet on Saturday next at 8 o'clock at the College of Physicians, when the following communications are set down for reading: Dr. Purefoy, on a "Case of Extra-Uterine Fœtation—Escape of Fœtal Bones per vaginam—Recovery." Dr. Macan, on "Amputation of the Uterus in a case of Chronic Inversion." Dr. Boyd, on a "Large Tumour Removed from the Vulva."

THE Cork Medical and Surgical Society will meet this evening at 8 o'clock, when the following communications are set down for reading: Dr. R. Atkins, on "Intra-pericardial Aortic Aneurism" (path. spec.) Dr. O'Keeffe, on "Hypertrophy of Spleen." Dr. Atkins, on a "Case of Suicidal Hanging."

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Carey, Taunton. Mr. Haviland, Northampton. Dr. Satchell, Tunbridge Wells. Mr. Roots, Kingston-on-Thames. Dr. Symonds, Ormskirk. Dr. Pearce, London. Mr. Parkinson, Burnley. Dr. Routh London. Dr. Priestley, London. Mr. T. Lowther Matthews, Manchester. Dr. Ormsby, Dublin. Mr. Hay, Hull. Mr. Lane, Kirton. Dr. O'Neill, Lincoln. Dr. McGrigor Croft, St. John's Wood. Dr. Greene, London. Mr. Jolliffe Tufnell, Dublin. Dr. Beatty, Dublin Dr. Martin, Sheffield. The Registrar-General. Dr Tabuteau. Portarlington. Dr. May, Rathfriland. Dr. Kraus, Vienna. Dr. Weddich Dublin. Dr. Wrightson, Halesworth. Dr. Bennett, Clonakily, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

A Course of Practical Histology. By E. A. Schafer. London: Smith, Elder, and Co.

The Maternal Management of Children. By Thos. Bull, M.D.

Bull's Hints to Mothers. Revised by R. W. Parker, M.R.C.S. London: Longmans, Green, and Co.

Deaf, not Dumb. By St. J. Ackers. Glasgow: E. Nest.

Diagnose und Therapie der Krankeiten des Menschen. Von Dr. Bernare Kraus. Wien. 1877.

Atlas of Skin Diseases. Part XVI. By Dr. Tilbury Fox. Churchills.

The Obstetrical Journal for January.

Braithwaite's Retrospect of Medicine. Vol. LXXIV.

The History of the Pianoforte. By E. Brinsmead.

Dr. Dobell's Annual Reports on Diseases of the Chest. Vol. II.

On Fermentation. By P. Schutzenberger. London: H. S. King and Co.

The Five Senses of Mna. By Julius Bernstein. London: H. S. King and Co.

Conferencias Sobre Vinhos. Par Antonio Augusto de Aguin. Vol. I. Lisboa.

How to Choose a Microscope. By a Demonstrator. London: Hardwicke and Bogue.

Guy's Hospital Gazette. Pacific Medical Journal. New York Medical Journal. The Boston Medical Journal. The Veterinary Journal. The Students' Journal. Le Progrés Medical. New Remedies. La France Medicale. Allgemeine Weiner Medizinische Zeitung. El Pabellon Medico, &c., &c.

VACANCIES.

Middlesex Third County Lunatic Asylum, Banstead.—Three Assistant Medical Officers. The salaries attached are—£200, £150, and £120, advancing to £250, £200, and £150 respectively, each with apartments and board. Forms of application may be had of the Clerk. (See Advt.)

County of Louth Infirmary.—House Surgeon. Full particulars as to salary, &c., to be obtained of the Secretary, Louth Infirmary, Dundee. (See Advt.)

Cambridge, Addenbrooke's Hospital.—House Physician. Salary, £65, with board and lodging. Also a Dispenser. Salary, £100, with dinner daily. Applications to the Secretary.

Tunbridge Wells Dispensary.—House Surgeon and Secretary. Salary £100, with board and lodging. Address the Secretary.

Cheltenham Union.—Medical Officer. Salary, £60, with extra fees. Apply to Mr. R. Ticehurst, Essex Place, Cheltenham.

St. Giles's and St. George's, Bloomsbury.—Dispenser for the united Parishes. Salary, £100, with apartments and rations. Applications to the Clerk of the Guardians, 57 Broad Street, W.C.

Chelsea.—Assistant Medical Officer. Salary, £100, with apartments and rations. Applications to the Medical Superintendent, Arthur Street, Chelsea, S.W.

East Riding Lunatic Asylum.—Medical Superintendent. Salary £350, with furnished house. Applications to the Clerk to the Committee of Visitors, Beverley.

St. Mary's Hospital, Manchester.—House Surgeon. Salary, £80, with board and residence. Address the Secretary, 41 John Dalton Street Manchester.

Newcastle-on-Tyne Dispensary.—Resident Medical Officer. Salary £200, with residence. Address the Hon. Sec., Grange Street, West Newcastle.

Marriages.

ANDREW—HAIGH.—On the 4th inst., at St. Mary's Church, Scarboro' James Andrew, M.D., F.R.C.S.Ed., to Fanny, daughter of the late John Haigh, J.P. for the West Riding of Yorks.

DUNCAN—MOTHERELL.—On the 2nd inst., at Belfast, Thomas Duncan M.D., Fintona, co. Tyrone, to Mary Elizabeth, only daughter of the late John Motherell, M.D., Castlederg.

GOWAN—EVANS.—On the 4th inst., at Holy Trinity, Ulley, Charles Gowan, M.D. Edin., of Anston, Yorks, to Francis Mary Alice daughter of the Rev. W. S. Evans, Vicar of Ulley, Rotherham.

PARSONS—DOLMAN.—On the 2nd inst., at the Parish Church, Dawlish Arthur Daniel Parsons, L.R.C.P., of Dawlish, to Susan Charlotte eldest daughter of Frederick Dolman, of The Bartons.

Deaths.

BECK.—On Jan. 6, at his residence, 7 Portland Place, London, Thos Snow Beck, M.D., F.R.S., aged 63.

CALTHROP.—On Jan. 3, at Louth, suddenly, Louisa Jane, widow of W. C. Calthrop, M.R.C.S., Withern, Lincolnshire.

CASS.—On Dec. 24, at Bridlington, William Reader Cass, F.R.C.S.E. aged 72.

JAMES.—On Dec. 21, at Secunderabad, Henry Northage Laud James M.D., aged 32.

LELAND.—On Dec. 30, at Brough, Westmoreland, J. S. Leland L.R.C.P.Ed., L.R.C.S., &c., aged 31.

MURPHY.—On Jan. 4, at 3 Nottingham Place, London, W., E. W. Murphy, M.D., A.M., late Professor of Midwifery in University College, aged 74.

IRISH POOR-LAW INTELLIGENCE.

REPORT OF THE COMMITTEE OF COUNCIL OF THE IRISH MEDICAL ASSOCIATION.

During the Quarter ended 20th December, 1876, submitted to the Quarterly Meeting of Council, Dr. JACOB *in the chair.*

Mr. CHAIRMAN and GENTLEMEN,—Since last meeting of the full Council the Committee have held ten meetings, and in accordance with your instructions:—

1. The last Quarterly Report has been printed and circulated amongst the members of the Association.

2. The Solicitor to the Association has received instructions to take the steps necessary with a view to incorporation of this Association, as a corporate body, under Act of Parliament.

3. A copy of your resolution, acknowledging receipt of the late Sir William Wilde's bequest to the Association has been forwarded to Lady Wilde.

4. The Committee have appointed Dr. Chaplin, of Kildare, ex-President of the Association, and Dr. Morrogh, late member of the Council, Auditors for the current year.

5. The Committee have appointed Mr. Clifford Lloyd, of 22 Lower Leeson Street, Dublin, Solicitor to the Association.

6. Dr. Woods, of Monaghan, was informed that the Council was desirous of rendering him every assistance in its power concerning the case still pending of "Woods *v.* Crumley."

CORONERS' MEDICAL WITNESSES IN DUBLIN.

7. A case was duly prepared by Mr. Lloyd, and submitted to Mr. Purcell, Q.C., for his opinion as to the legality of almost exclusively employing the same medical witness at all coroners' inquests; as to the legality of payment of such medical witness by fixed salary, and as to what course should be adopted with a view to the prevention of same. Mr. Purcell's opinion was to the effect that—inasmuch as the "presentments" now about to be made by the Corporation for such expenses, were for those of the ensuing year, not the past one—he considered it advisable to oppose the fiating of the presentments, as the fiating judge would hardly assume that the Corporation would improperly disburse the sums presented for; but that when the Corporation accounts for the past year were being audited, such audit might be successfully opposed. Mr. Purcell is of opinion that the employment by the Coroner of the same medical practitioner at all inquests is a violation of the spirit and intention of the Act of Parliament, which to his view directs that the medical witness should be a registered practitioner, residing in the immediate locality of the place of death; and that the payment of a medical witness by salary, instead of by fees per inquest, is illegal. The Committee accordingly instructed Mr. Lloyd to oppose the au lit, which it is expected will take place early in the coming year.

NEW MEMBERS.

When sending out the last quarterly report, the Committee availed themselves of the opportunity of bringing the Association under the notice of all the eligible non-members in Ireland, by forwarding to each a copy of that report, and a résume of the changes likely to be effected in the Registration of Births and Deaths, by the expected adoption by Parliament of the new Bill drawn up by this Council, which has been introduced by the Right Hon. the Earl of Donoughmore, and printed by order of Parliament; together with a circular letter. The result of this circular is that fifty-three new members have been added to the Association, but the Committee regret to have to report that there are still a great many eligibles who, though doubtless ready and willing to avail themselves of all the advantages accruing to them as the result of the labours of this Association, have not shown the gratitude, or even mere self-consideration, which might fairly be expected of them by supporting it, and so enabling the Association to obtain greater advantages. A *black list*, containing the names of all eligible non-members has been made out by the Hon. Secretary.

The vacant Consulting Sanitary Officership at Cafrickmacross has not as yet been filled in consequence of the guardians of that union not having, up too the present time, offered such remuneration as would be accepted by any of the medical practitioners resident in the neighbourhood.

PAYMENTS TO CIVIL PRACTITIONERS FOR MILITARY SERVICE.

The subject of payment of Civil Medical Practitioners in charge of Troops in Ireland received the earnest attention of the Committee, who had the advantage of the assistance of several members holding such appointments, when it was decided that the insufficient rate of remuneration at present allowed, should be brought under the notice of the Director-General of the Army Medical Department, to whom the Hon. Secretary, by direction of the Committee, addressed a letter and in reply was informed that the subject was under the consideration of the Under Secretary of State for War.

Dr. Sharkey, of Ballinasloe, has accepted the seat on this Council to which you appointed him in room of Dr. Kerans, late of Ahascragh, resigned.

FEES TO MEDICAL WITNESSES AT SESSIONS.

The subject of fees allowed to medical witnesses for their attendance and evidence at Sessions Courts, so frequently complained of, received the attention of the Committee, who instructed the Hon. Secretary to write to the Attorney-General, and state, that under Rule 19 of "The Rules for

Crown Solicitors and Sessional Crown Solicitors," re-issued 1st October 1868, and still in force, the services of medical witnesses at such courts were depreciated, and insufficiently remunerated, whilst the social status of the medical profession was not acknowledged, and to request that the Attorney-General would have the goodness to appoint a day to receive a deputation from this Association to confer with him on the subject. In reply, the Attorney-General appointed the 9th December to receive the deputation, when a memorial was presented to him, and after discussion, the Attorney-General, who received the deputation very kindly, stated that the suggestion made should receive his best attention.

The memorial presented by the deputation was published at page 3 of the Supplement to our last issue.

Certifying Surgeons.

Several communications from members having been received referring to the report of the Commissioners appointed by Parliament to investigate and report on the state of the Factory laws, wherein the interests of the certifying factory surgeons were involved, and requesting this Council to take such action in the matter as appeared to them right, the committee instructed the hon. secretary to communicate with the President and Secretary of the Association of Certifying Factory Surgeons, as well as with such certifying factory surgeons as are members of this Association, with a view to eliciting suggestions and information upon which this Council might take action; the result of which is that the committee consider that the interests of the certifying factory surgeons should be supported, and that when the matter was brought before Parliament, a petition should be forwarded advocating their cause.

Vaccination.

The Committee have devoted considerable time and attention to the existing laws relating to public vaccination in Ireland, and being of opinion that alterations were necessary, deputed Drs. Speedy and Pollock to investigate the subject, and report upon the defects of the existing enactments, and at the same time suggest such modifications as they considered advisable. Drs. Speedy and Pollock having submitted their report in the form of a new bill to consolidate and amend such Acts of Parliament, which the Committee having carefully examined and approved of; it was ordered that the bill be printed, and then again submitted for reconsideration; this having been done, the Committee made such alterations as to them appeared advisable, and the bill is now ready for presentation to the Chief Secretary for Ireland, whose adoption of it as a Government measure the Committee hope for. The alterations in the existing laws regarding public vaccination in Ireland as recommended in this bill are assimilation as far as possible and desirable, of the law in Ireland to that in force in England; but as the Committee have reason to believe that the mileage allowances now paid for in England would not be acceptable, they have suggested as an equivalent that a uniform fee of two shillings and sixpence should in future be paid to each public vaccinator in Ireland for each case of successful vaccination performed by them, instead of the fee of one shilling at present only allowed. The Committee being further of opinion that perfect vaccination in each case is as essential as universal vaccination, have adopted the system at present in operation in England, and have suggested that the English "award system" be extended to Ireland, whereby public vaccinators are granted a gratuity which is often very substantial in amount, for vaccinations approved of by the inspectors, who, as a rule, it is believed, judge by the cicatrices resulting from the vaccinations performed, as well as from observation of the vaccinations in their various stages. Universal and perfect vaccination is a matter of great importance not only to the public, but to the state, and can best be provided by proper remuneration, consequently the Committee hope and expect that the new bill will be favourably received by the Chief Secretary and adopted as a Government measure; but should their expectations not be realised, the Committee will seek the introduction of the bill by a private member of Parliament.

Workhouse Medical Officers.

The Committee have also had under their consideration the subject of the grievances of workhouse medical officers under existing regulations, which was referred to in the last quarterly report, and have directed that a letter to the authorities should be forwarded setting forth the complaints and suggesting remedies, the draft of which is to be submitted to next meeting of the Committee, when, after due consideration, it shall be forwarded forthwith. The Committee are of opinion that an epistolary communication will prove sufficient in this matter without organising a deputation.

The appeal case of "Woods *v.* Crumley," noticed in last quarterly report was tried before the Chairman of Quarter Sessions, who stated "that he was for Dr. Woods on all the points in the case of fraud against Crumley, but that he was obliged to non-suit him beacuse the action had not been taken within three months of the committal of the fraud," against which decision Dr. Woods further appealed.

Superannuation.

The Committee have also had under their consideration the important subject of Superannuation of Poor-law Medical Officers, and with a view to promoting this object have drawn up a letter which it is proposed should be addressed to the Chairman of each Board of Guardians in Ireland, requesting that he would bring the matter under the notice of the guardians of which he was chairman, and obtain their authority to add his name as their representative to the memorial, a copy of which will be enclosed, wherein the Council of this Association pray that Parliament will see fit to pay half the expenses of such superannuation allowances in the same manner as half of the salaries of the medical officers in office are at present paid.

The circular referred to points out that the present is a fitting time to seek such assistance from Parliament, the recipients of superannuation being but few, whilst the prayer, if granted, would diminish by one-half the expenditure in this matter required from the poor's rate, and not require any great outlay of public money. The draft of this circular has been sent to the printer to set up, and the memorial referred to shall be drawn up at next meeting of the Committee. If the Board of Guardians throughout the country support the memorial its prayer will probably be granted by Parliament, and the result will be that Boards of Guardians will doubtless be more considerate in allowing superannuation when the rates will be charged with only half the amount granted by them. The committee consider this an important step towards obtaining compulsory superannuation.

A letter was received from the late Dr. Scully, jun., of Clonmel, to the effect that the Co. Tipperary Medical Association had ceased to exist as a Medico-Political Association.

The Committee, with deep regret, have to announce the deaths of Drs. Nason, Forsayeth, and Scully, jun.

The Hon. Sec. to the so-called Anti-Vivisection Society lately issued a circular to the members of the medical profession in Ireland which was of a very objectionable and offensive character, which has doubtless been treated with the contempt it deserved.

FEES FOR CERTIFYING DANGEROUS LUNATICS IN IRELAND.

MR. BROWNE, the auditor of the L. G. B., in the course of his audit of the Boyle union accounts for the half year made the following note :—

"A sum of £1 1s. appears to have been paid to Dr. J. B. Drapes for attendance at Petty Sessions, in the prosecution of defaulters under the Compulsory Vaccination Act. Sec 13 of that Act provides, as regards expenses incurred in such proceedings, that, if the justice or justices before whom such proceedings are held certify that such expenses ought to be allowed, such justice or justices shall ascertain the amount thereof and such amount shall be payable out of the poor-rates of the union in which the default or neglect shall have arisen. In the present case as I am informed, the magistrates declined to certify for any expense, the medical officer having merely to walk across the road from his house to the court, he consequently was not entitled to any remuneration. I have been also informed by some of the guardians present at the meeting of the board of guardians held on the 12th inst., that the chairman of quarter sessions stated in the case of civil bill process brought against the guardians by another medical officer of the union, that a certficate of the nature referred to was not necessary. Under these circumstances I reserve to myself the right to disallow the payment above referred to, should the Local Government Board, on the matter being brought before them, agree with me that the medical officer was not entitled to any remuneration for his service in the absence of a certificate from the magistrates.

In all other respects these accounts are correct.

"EDWARD J. BROWNE.

"Dated 13th Dec., 1876."

The auditor seems to have been under a misapprehension. The Boyle Guardians were sued under the 13th section of the Vaccination Amendment Act, for the attendance of their medical officer to give evidence at vaccination prosecutions, and not for the certifying of a lunatic. II. In the case of vaccination prosecutions, it is the Guardians who retain the services of the medical officer as witness, and it was ruled by the chairman of quarter sessions that with or without a justices' certificate, the guardians if they formally require the witness's attendance, are liable for a fee as a matter of simple contract, and also that the word "expenses" includes a doctor's fee for his testimony, even if he had not to leave his own study. In the case of lunacy certificates the matter is different. In it the justices, not the guardians, are the persons who summon the medical officer under the authority of the 14th section of the Lunacy Amendment Act (see Irish Med. Directory for 1876, page 471), and by that section they are distinctly empowered to give or refuse a certificate for a fee at their uncontrolled discretion. The guardians are not empowered to pay except in such certificates, and the medical officer must run the risk of being done out of his fee. It seems evident that he cannot legally refuse to attend. The requisition for the doctor's attendance is issued under the authority of the Dangerous Lunatics Act, 30 and 31 Vict., cap. 118, section 10 (see I. M. D. for 1876, page 468). The clause says :—

"Whenever any person shall be brought before any two justices and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind . . . the said justices shall call to their assistance . . . the nearest available medical officer of the dispensary District in which they shall be at the time, . . . who shall examine such person *without fee or reward.*"

This clause was amended by the 14th section of the Lunacy Regulation Act, 38 and 39 Vict., cap. 67 (see I. M. D., 1876, page 471), which says :—

"Notwithstanding anything in 30 and 31 Vict., cap 118, sec. 10, it shall be lawful for any two justices causing any person to be examined by any medical officer *as therein mentioned*, if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs, tor the reasonable remuneration to such medical officer and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of two pounds."

These sections it will be seen, empower the justices to "call to their assistance" the medical man, and—if he attends—to refuse him his fee; but need he attend? His duties as set down in article 21, of the Dispensary Regulations (I. M. D., 1876, page 233), make no reference at all to lunacy certifying. The 15th section of the Medical Charities Act (14 and 15 Vict., cap. 68.—I. M. D., page 464), seems, however, decisive against the medical officer on this point, for it says :—

"It shall be the duty of any salaried medical officer of dispensary district under the act, . . . without any further fee or reward, to examine and certify under the statute in that behalf as to the case of any dangerous lunatic brought before a justice of the peace, within his respective district, when summoned by such justice so to do."

This clause has not been embodied in the 21st article of the Dispensary Regulations, but it is none the less binding, and the Local Government Board might make a rule enforcing the medical officer's attendance if they saw fit.

QUARTERLY RETURNS—*Continued.*

THAT this decline in the fatality of controllable diseases is due, in part, to improvements in the sanitary state of various districts, is fully shown by the remarks contained in the notes furnished by the respective registrars. This being so, it is to be regretted that so much still remains undone, and that the registrars of many districts feel it their duty to animadvert on the utter neglect of the simplest hygienic laws.

Bad drainage, imperfect water supply, overcrowding, piling of manure in proximity to dwelling-houses, and refusal to isolate those suffering from infectious disease—these are the evils to one or other of which the origin or the propagation of zymotic diseases can, in most cases, be clearly traced, and for which the people, and, it would appear, in too many instances, the local authorities, are responsible.

The Registrar of Kells District, in which 10 of the 38 deaths registered were caused by scarlatina, says:—"The fatal cases, as usual in every epidemic, all occurred in the overcrowded, ill-ventilated cabins with which the district abounds."

The Registrar of No. 4 Cork City District observes:—"Several cases of typhus fever occurred at Kerry Pike during the past quarter. The sanitary condition of this little village is in a deplorable state. The houses are small, badly ventilated and lighted, (some of them with perforated roofs inclined to topple down,) carefully flanked front and rear, with dung-heaps and cesspools."

"I regret to write," reports the Registrar of Annacarriga District, Scarriff Union, "that typhoid, and more recently typhus, have appeared here. . . . .Manure in the yards and pigs in the houses are the two great enemies to sanitation. . . . .Toere is an open sewer, which I am sure has done harm; but the Sanitary Authority at Scarriff refused to have it remedied, as I suggested."

IRISH DISPENSARY STATISTICS.

MEDICAL CHARITIES EXPENDITURE.

YEARS ENDED 29TH SEPTMEBER.

From latest Local Government Report.

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Year.	Ulster.	Munster.	Leinster.	Connaught.	Total.
	£	£	£	£	£
1865	31,492	34,923	34,782	15,841	117,038
1866	31,149	34,464	34,459	16,243	116,315
1867	32,020	35,341	34,885	15,872	118,118
1868	34,017	35,431	36,401	16,135	121,965
1869	34,623	35,646	36,624	16,825	123,718
1870	36,464	37,686	38,130	17,656	129,936
1871	36,881	38,862	41,151	18,111	135,005
1872	38,906	41,378	42,480	18,884	141,648
1873	38,893	40,061	42,081	18,135	139,170
1874	40,334	39,622	41,953	19,013	140,922
1875	39,832	40,029	41,743	19,848	141,452

COMPARATIVE ANNUAL MEDICAL CHARITIES EXPENDITURE.

From latest Local Government Report.

	1874.	1875.
	£	£
1. Medicines and Medical Appliances ...	24,606	23,736
2. Rent of Dispensary Buildings ...	8,313	8,811
3. Books, Forms, Stationery, Printing, and Advertising	1,105	1,252
4. Salaries of { Medical Officers ...	86,078	87,174
{ Apothecaries	2,650	2,713
5. Fuel, Porters, and Incidental Expenses	10,322	10,157
EXPENSES UNDER VACCINATION ACTS.		
6. Vaccination Fees and other Expenses :		
Fees to Medical Officers... ...	7,016	6,748
Other Expenses	832	861
Total... ...	140,922	141,452

—o—

DISPENSARY MEDICAL RELIEF, AND ITS COST IN THE FOUR PROVINCES OF IRELAND.

PROVINCES.	EXPENSES OF YEAR ENDED 29TH SEPTEMBER, 1875.								MEDICAL RELIEF AFFORDED IN YEAR ENDED 30TH SEPTEMBER, 1875.					
	Medicines and Medical Appliances.	Rent of Dispensary Buildings.	Salaries.		Vaccination Expenses.		Fuel, Attendance, Midwives' Salaries, and Incidental Expenses.	Total Expenses of Dispensary Districts for year ended Sep. 29, 1875.	No. of New Cases attended and registered during the year.			No. of Tickets for Medical Relief cancelled by Dispensary Committees during the year.	No. of Cases of Vaccination during the year.	No. of Dangerous Lunatics certified.
			Medical Officers.	Apothecaries.	Amount of Fees paid to Medical Officers.	Other Expenses in carrying out the Vaccination Act			Dispensary Tickets.	Visiting Tickets.	TOTAL.			
	£	£	£	£	£	£	£	£						
ULSTER ...	7,048	3,167	24,967	412	1,945	228	2,663	29,831	116,536	63,456	179,992	240	38,043	272
MUNSTER ...	6,905	3,010	24,472	934	1,654	176	2,604	40,029	160,509	54,704	205,213	87	33,857	194
LEINSTER ...	6,538	2,932	26,723	1,123	1,223	237	3,791	41,742	168,164	61,844	230,008	117	25,564	366
CONNAUGHT	3,245	999	12,010	242	1,924	168	1,096	19,848	60,321	18,653	78,979	112	39,876	72
TOTALS ...	23,736	8,819	87,174	2,712	6,748	861	10,156	141,452	495,530	198,662	694,192	556	137,340	904

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, December* 30*th*, 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, DECEMBER 30TH, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	28	161	169	25	42	1	7	4	...	1	12	2	2	1	46
BELFAST . . .	20,687	182,082	28	131	99	18	11	...	4	2	1	3	2	6	11	11	21
CORK . . .	13,816	91,965	27	25	48	5	23	...	...	...	...	...	...	2	...	2	22
LIMERICK . . .	8,509	44,209	24	14	20	2	9	...	...	1	...	...	1	...	...	...	9
LONDONDERRY . .	21,865	30,884	10	17	6	1	...	...	...	...	...	...	...	...	1	2	...
WATERFORD . .	17,209	30,626	46	22	27	4	3	...	...	...	...	...	4	...	2	4	12
GALWAY . .	21,358	19,692	26	6	10	...	4	...	...	...	...	...	...	...	..	...	2
SLIGO . . .	30,835	17,285	3	3	1	...	...	...	...	...	...	..	...	...	..	..	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1877.

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ON THE ELECTRO-MOTIVE PROPERTIES OF MUSCLE. (a)

By J. Burdon-Sanderson, M.D., F.R.S.

In the great work entitled "Untersuchungen über thierische Electricität,' of which the first volume was published by Professor Dubois Reymond, in 1848, the author promulgated as the results of the remarkable investigations undertaken by him during the previous six years, certain propositions relating to the electro-motive properties of muscle. These propositions (which in the original work were printed in large large type and double leaded) were termed by the author collectively the "Law of the muscle-current." They have been accepted by all later observers as fundamental truths. They are as follows :—

THE LAW OF THE MUSCLE-CURRENT.

I. Active Disposition.

A. *Strong Currents.*

If any point of the natural or artificial longitudinal section of a muscle is brought into connection with any point of the natural or artificial transverse section of the same muscle, so that no tension is thereby produced, a circuit is indicated by any galvanoscopic apparatus introduced into the inactive conducting current, of which the direction in the circuit is from the longitudinal to the transverse section.

B. *Weak Currents.*

a. *Currents of the transverse section.*—Further, if any point of a natural or artificial transverse of a muscle is connected in the manner already described with another point of the same transvere section, or with a point of another natural or artificial transverse section of the same muscle, which we will regard as a cylinder, and if points are at unequal distances from the centre of the circular area of the transverse sections, the galvanoscopic apparatus again indicates a current, though much weaker than the previous one, of which the direction is from the point more distant from the centre to the nearest point.

b. *Currents of the longitudinal section.*—Thirdly, if a point of the natural or artificial longitudinal section, lying nearer to the geometrically central transverse section of the cylinder formed by the muscle, is brought in the same way into relation with a point of the natural or artificial longitudinal section of the same muscle more distant from the central transverse section, the galvanoscopic apparatus again indicates a current, which is, however, much weaker than that between any point of the natural or artificial longitudinal and any point on the transverse section, but is equal in strength to that between different points on one or two natural or artificial transverse sections. Its direction in the circuit is from the point lying nearer to the middle transverse section to that further removed from it.

II. Inactive Dispositions.

The galvanoscopic apparatus, on the contrary, remains at rest when two points in one, or two natural or artificial transverse sections connected through the inactive conducting circuit are at an equal distance from the centre ; or in the natural or artificial longitudinal section are at an equal distance from the central transverse section.

The purpose of the present note is to put on record observations which prove

( ) That the unmutilated muscle possesses electro-motive properties which have not before been correctly described ;

(2) That in the "muscle-cylinder" of Dubois Reymond, the electro-motive phenomena are dependent on and determined by those of the muscle, and exhibit electrical properties which, in many important respects, are inconsistent with the "law" of Dubois ;

(3) That the electrical change consequent on excitation, and termed by Dubois "negative variation," in like manner possesses characters entirely different from those assigned to it by him ;

(a) Read before the Royal Society.

(4) That it is not true, as averred by Professor Hermann, of Zurich, that the electrical state of muscle becomes negative during contraction as compared with muscle at rest, but on the contrary, that the contracting parts become positive.

The following statements refer exclusively to the gastrocnemius muscle of the frog, which has been selected as the muscle most suitable for investigation, and as having been chiefly employed by Professor Dubois Reymond.

1. When one terminal of the Lippmann's capillary electro-meter (described in the preceding paper by Mr. Page and myself) is connected by a suitable electrode (to be called the fixed electrode) with the surface of the back of a previously decapitated and pithed frog, and the other (the movable electrode) with the surface of the gastrocnemius muscle at a distance of from two to five millimetres, from the upper end, it is found that the position of the mercurial column is nearly unaltered, indicating that there is no, or only a slight, difference of potential between the two surfaces thus compared. If the potential of the surface of the muscle be positive, the neutral point can be found by shifting the electrode further down; if negative, by shifting it further up.

2. If now the movable electrode is gradually shoved down the surface of the muscle without breaking contact, the mercury alters its position so as to indicate greater and greater negativity of the muscular surface, until at last a point is reached near the tendon beyond which the surface again become positive, the positivity increasing as the tendon is approached.

3. If, the fixed contact remaining unaltered, the points already investigated are compared with other parts of the muscle, it is found that, as a rule (*a*), any two points equidistant from the origin of the muscle exhibit the same potential, and (*b*) that the ends of the muscle exhibit potentials which are identical with the potentials of the inactive tissues (*e.g.*, subcutaneous cellular tissue, bone, &c.), in the neighbourhood, this being true both as regards the insertion (tendon) and the origin of the muscle.

4. If the tendon is divided and the muscle remaining attached by its origin is separated from its other connections, so that it is out of contact with surrounding tissues, and in this state is re-investigated, it is found that the negativity increases from its origin towards the negative point, and diminishes from that point towards the tendon in the same way as before, the only change observable being that the absolute difference of potential between that spot and the fixed contact is greater than before, *i.e.*, that all the other less differences are proportionally exaggerated.

5. If the muscle is thrown into tetanic contraction by faradisation of the sciatic nerve for a period of two seconds' duration, the excitation is accompanied by an excursion of which the direction is positive, and which attains its maximum during the second half of the period during which the excitation lasted, beginning to decline immediately after its cessation. The extent of the excursion is such as to indicate that the electro-motive force of the muscular tissue diminishes by about a third. This phenomenon is observed before as well as after separation of the muscle from its connections.

6. If now the muscle is severed in its upper third by a cut transverse to its axis, and again in the region of greatest negativity by a second cross cut, a muscle-cylinder is obtained having the following properties, viz. :—

(1) The *upper*-cut surface is negative to the natural surface in its neighbourhood, but positive to the more distant parts. Between these parts an intermediate zone may manifestly be found where the tension of the natural surface is equal to that of the upper-cut surface.

(2) As compared with any point of the natural surface in this zone the lower-cut surface is strongly negative; any point of the natural surface nearer the lower-cut surface is negative, its negativity increasing with its distance from the zone; and in like manner any point nearer the upper-cut surface is positive, the more so the further it is from the zone.

TABLE I.—*Showing the Results of Observations as to the Electro-motive Properties of Eight Gastrocnemius Muscles.*

Muscle.	Length of muscle in centm.	Point of greatest negativity.						Point of greatest positivity.					
		Muscle *in situ*.			Muscle detached.								
		Distance from insertion.	Potential.	Variation.	Distance from insertion.	Potential.	Variation.	Distance from insertion.	Potential	Variation.	Tendon.	Inside of skin, &c., close to tendon.
Frog 1: Gastr. r.	4·2	1·9	−4·7	+1·7	1·2	−5·5	−4·0	3·8	−1·6	0	−2·6	−2·6
" l.	4·2	2·2	−6·2	+2·3	2·0	−5·3	−4·8	4·0	+0·5	0		
Frog 2: Gastr. r.	4·2	1·6	−4·8	+3·2	1·2	Above −8·0	−6·0 (cir.)	4·2	+0·0	0	−2·6	−2·6
" l.	4·2	1·4	−4·0	+1·4	1·7	−5·0	−5·0	4·1	+0·6	0	−1·4	−1·4
Frog 3: Gastr. r.	3·6	1·5	−8·0 (cir.)	−3·0	1·5	Above −8·0	−3·0 (cir.)	3·5	−1·0	0	−4·7	—
" l.	3·6	1·3	−5·5	−2·5	0·6	8·0 (cir.)	3·5	3·5	−0·3	0·6?	−4·0	—
Frog 4: Gastr. r.	3·4	1·5	−1·7	−0·8	1·5	3·7	2·0	3·4	0·0	0	−2·3	−2·3
" l.	3·4	1·4	−3·6	−1·5	0·9	4·9	2·5	3·4	0·0	0		

(3) When the muscle-cylinder is thrown into contraction by contact with the platinum wires in connection with the ends of the secondary coil of a Dubois's induction apparatus, excitatory variations are observed, having the following characters :—*a*. If one terminal of the electrometer is in connection with the natural surface at a point equidistant from both ends (Dubois's equator), and the other with the upper-cut surface, the position of the mercurial column indicates that the cut surface is negative to the natural surface, *i.e.*, the former to the latter. On excitation the difference of tension between the two increases, *i.e.*, in Dubois's language, a *positive* variation occurs. *b*. If the same part of the natural surface is now compared with the lower-cut surface, and the excitation repeated, the difference of tension between the two is found to be in the same direction as in the former case, but much greater. On excitation it diminishes, *i.e.*, in Dubois's language, a *negative* variation occurs.

7. From the foregoing facts as to the muscle-cylinder prepared in the manner directed, it appears that it possesses properties entirely inconsistent with the "law of the muscle-current" in the following respects :—

(1) That the electrical tension of the upper- and lower-cut surfaces, instead of being identical, differ widely;

TABLE II.—*Showing the Electro-motive Properties of Muscle-cylinders, cut from the Eight Muscles in Table* I.

Muscle.	Distance of lower-cut surface from tendon.	Length of cylinder.	Distance of point F from lower-cut surface.	Potentials of undermentioned points compared with F=0·0			
				Most positive point of natural surface.	Most negative point of natural surface.	Centre of lower-cut surface.
Frog 1: Gastr. r	1·6	2·0	0·5	+4·0	−2·5	−5·7
" l	1·2	1·7	0·8	+4·5	0·0	−3·3
Frog 2: Gastr. r	1·4	1·5	0·85	+2·6	−3·4	−4·8
" l	1·6	1·4	0·0	+2·5	−1·0	−3·4
Frog 3: Gastr. r	1·5	1·5	0·8	+0·8	−4·1	−4·8
" l	1·2	1·4	0·5	+1·8	−1·5	−4·0
Frog 4: Gastr. r	1·2	1·6	0·0	+1·4	0·0	−2·9
" l	1·2	1·6	0·0	+0·0	0·0	−2·9

(2) That the equatorial zone of the natural surface presents none of the properties assigned to it by the "law;"

(3) That the excitatory variation is also opposed to the "law."

8. On the ground of these experiments I conclude, that in the gastrocnemius of the frog, and in all the other muscles of the limbs that I have investigated, the part nearest the tendon is (in the natural state) negative to the others, and that the distribution of electrical tension on the natural surface is governed by a law which is constant for each muscle, and therefore, no doubt, dependent on its structure. And I claim to have shown that the phenomenon hitherto known to physiologists as the "negative variation" cannot be described as "diminution of a previously existing current" between cut and natural surface, but may, in all its phases be completely explained as a temporary diminution of the electro-motive force of those parts of the muscles which are in the natural state negative, as compared with the electrically inactive tissues of the body of the animal; and as a direct consequence of this that the excitatory variation of animal muscle is opposed in sign to that of the excito-contractile tissue of *Dionæa*.

9. This being understood, all that is observed in the muscle-cylinder can be explained as resulting from the properties exhibited by the muscle itself before its mutilation, so that it is not only true that the general properties of the cylinder can be deduced from those of the muscle as a whole, but that (as the Tables show) the special peculiarities of each particular case may be accurately foretold if the whole organ has before been investigated.

THE SUBCUTANEOUS AND OTHER METHODS OF DIVIDING STRICTURES OF THE URETHRA. (*a*)

By HENRY DICK, M D.,
Late Surgeon to the National Orthopædic Hospital.

FROM the title of my paper do not expect a long introduction on the pathology of strictures of the urethra, or the description of the different forms and their treatment. I will only touch upon the practical points and controversies of cutting strictures. Days and weeks would not be sufficient to discuss the actual state of the surgery of urethral stricture, and this meeting of a few hours' duration, shall only be practically occupied on the operation of cutting strictures, and what is, in my opinion, the best method of cutting them.

Do not believe when I speak of operations upon strictures, that I am a great partisan of cutting them. As I have stated years ago in all my writings, that the division of strictures should be in most cases the exceptional treatment. The best and safest treatment, according to my experience, is the methodical and gradual dilatation by the metallic urethral bougie; each metallic bougie remaining about five minutes, and passing, as the case may be, one or two or even three to four sizes at one visit; of course, with caution to avoid accidents, such as orchitis, which in cases where the stricture is near the prostate gland, and is in an irritable state, or very contracted, the bougie is liable to produce. I use the expression metallic *urethral* bougie, because such bougie should imitate the anatomical shape of the urethra. In all our books very little difference is made between the urethral bougie and the bougie used for other purposes in disease of the bladder and prostate gland. Its length should be so constructed that it does not go beyond the urethra and enter into the bladder.

The practice of gradual dilatation has been very successful in my hands during the last thirty years. About ten years ago I observed that to leave the metallic bougie only a short time in the urethra was more advantageous than to leave it a long time, or even twenty-four hours, as some surgeons still recommend.

At the same time I take the liberty to exhibit here my improved metallic explorator of the urethra, which has many advantages over the old elastic bougie à boule. In practice the bougie à boule and the bougie olivaire have been often confounded. I daresay you have read the controversy about it by my able friend, Mr. Teevan, so I will not say more on this subject. In my metallic explorator you observe the shoulder is rather abrupt, and the reason of this is, because in drawing back, deviation or slight tightening of the urethra can be detected.

For the diagnosis of strictures near the orifice of the urethra, or any other disease near the orifice of the urethra, I use this speculum I now exhibit to the Society. But to come back to my subject of cutting strictures of the urethra, I am obliged to state that in some exceptional cases dilatation will not succeed.

Some patients will object to the long treatment by the metallic bougie; or they are on active service in the colonies, and have no time to stay in England; they want to be cured, and avoid the risk of being troubled with retention of urine in a distant country, where good medical advice is scarce. Or in some cases the stricture or strictures are so contracted, that dilatation is almost impossible; or if even dilated, the strictures remain open only for a very short time, and retention of urine recurs at the slightest cold or a little excess in *Baccho et venere*. In all such cases I think division of the stricture is required. Other methods of treatment have been recommended for such cases, as splitting, potassa fusa, electric cauterisation.

I shall give you briefly my personal experience and view of these methods of treatment. Splitting was introduced into English surgical practice about fifteen years since, and

(*a*) Read before the Medical Society of London.

has found many advocates. At that period nobody knows better than you, Sir, that I prophesied, "The profession will be disappointed." The prophecy has been realised. The reasons I then gave, were (1) we do not tear parts in surgery, when they can be cut; (2) we do not know what we tear; and (3) the reaction and contraction after lacerated wounds is more severe than incised wounds; (4) the local nervous system of the urethra will certainly be more injured, and therefore the patient will be more exposed to pyæmia.

I oppose cauterisation of strictures on several grounds: (1) There is nothing to be destroyed; the constriction of the urethra is the result of want of material; it is contraction; (2) if we destroy the contraction by potassa fusa, or the electric cautery, we shall have a new cicatricial tissue more troublesome than the previous stricture. We see the result of burning in cicatrices on the external surface of the human body, and how troublesome they are to treat. We do not burn again cicatrices after burns, but we divide them; or in some cases try the mechanical treatment of extension. Cauterised strictures seen four or five years after the operation, have been the most troublesome in my practice.

Having stated my objection to splitting and cauterising strictures, I will now give my views on cutting them.

Several methods of cutting have been proposed and practised. 1. Internal division; 2. external division, which is practised by different methods (*a*), Syme's operation; (*b*) a boutonnière; and (*c*) my operation, the subcutaneous division of strictures. I call it my operation, because efforts have been made to deprive me of the credit of the invention of this method of operating. Before I had published my first case in the *Medical Times and Gazette* 1853, there was not one word mentioned in any book or in any printed matter previous to this date, on the subcutaneous division of strictures. It has been attributed to two dead men, in the year 1869, by a surgeon who wrote a book on the subject of stricture, to have performed this operation. Unfortunately for the writer, I have the clearest proof of his error, if not to call it by a more severe expression.

In the year 1853, Mr. Syme read a paper on his operation before the Royal Medical and Chirurgical Society, and I wrote the review on it in the *Medical Times and Gazette*, and in this review I have related a case of my operation in contrast with Syme's operation. Syme never laid any claim to the operation at that period. Mr. Avery never laid any claim to the operation. There is still a member of our profession alive, who will testify to the accuracy of my assertion, and who was present at my conversation with the late Mr. Avery on the subject. I could give you farther proofs of my assertion, but I will not detain you longer on the subject by my personal complaints against the erroneous writings by surgeons on this subject.

The most frequently practised operation in our time is the external division of strictures, and a number of instruments have been invented to make the operation safe and successful.

I have given up the operation for these reasons:—1. We have to confide too much to mechanism in cutting strictures, and the tyro-surgeon will find great difficulty in using them; they will be even dangerous in his hands, if not used with the greatest precaution. 2. We are never sure we are cutting in the exact spot, or have cut completely the whole extension of the stricture. I know many contrivances have been made to obviate the uncertainty of the above-mentioned instruments. In theory they seem correct, but in practice they prove faulty. With the internal urethrotome we cannot be sure we have made a *deep* and *long* cut; nor can we be sure that the stricture is completely divided, and without these precautions a certain failure will be the result of the operation. If the first cut of the urethrotome is a failure, the instrument cannot be introduced with ease in the same sitting. I practise internal division only in cases of strictures near the orifice of the urethra, which is done by a grooved dilator (I now exhibit here) and a small tenotome. In one case, where I had the advantage to have the able assistance of your President last year, he could convince himself of the easy execution of the operation. I also exhibit here an instrument which I leave, after the operation, in the urethra to arrest hæmorrhage, and which I call Sonde-tourniquet. External division may be performed by three methods:—

(*a*) Syme's operation, which is an operation almost as severe as cutting for stone.

In Syme's operation parts are divided which have no connection with the strictured part. The wound is large, the healing process is long, consequently, more danger of pyæmia; and after such a large wound re-contraction of the divided parts is more to be feared. The only exceptional indication for Syme's operation may be traumatic strictures, where sometimes the skin does contribute to the contracted stricture or strictures. But even in these cases I would give first a trial to the harmless subcutaneous division, and try to overcome the skin cicatrices by dilatation, and I should proceed to Syme's operation only after the failure of the subcutaneous method.

(*b*) The boutonnière is another mode of operating on impassable strictures; it is also external division of the urethral stricture.

I was at one time a great partisan of la boutonnière when no instrument can be passed. But I must say that I am very sceptical about such strictures, where no instrument can be passed. The resources of surgery thirty years ago were limited, but since we have the whalebone olivaire bougie, since we have the bougie entortillé I think that with patience and skill very few strictures are impassable, and once the smallest bougie passed even of the size of a hair, the retention of urine ceases according to my experience. Impassable strictures are generally in a state of swelling and inflammation, and it is this and the tortuous nature of the stricture, which make them impassable. The retention of urine increases the inflammation of strictures, and as soon as the bladder is relieved, the stricture becomes amenable to treatment. If all efforts to pass the finest bougie fail, there remains, as the last resource, the subcutaneous puncture of the bladder in connection with the vacuum pump, an operation without danger and of easy execution. After having stated my convictions on this subject, I believe, the cases where la boutonnière is indicated, have greatly diminished.

(*c*) I will now speak lastly of the subcutaneous operation for curing strictures.

I have practised this operation in cases in which it is indicated during the last twenty-five years. The operation is of easy execution. I have described it in another place,(*a*) and I will not repeat its mode of performance. I will only show you the instruments I use for the performance of the operation.

1. A grooved conductor,(*b*) with two knobs at its end. 2. A tenotome for cutting strictures subcutaneously *in front of the scrotum*, and this long-necked tenotome for strictures *behind the scrotum*.

I have seen one of my cases about six months ago, operated upon fifteen years since. The gentleman is married, and has one child. In this case I could not find the least trace of a stricture. I think, Sir, I took the liberty to send you a case for examination, operated upon about six years before, and you could not detect a vestige of stricture.

I think I must attribute the success of my operation to three causes. 1. By the subcutaneous method the stricture is always divided in its entire length and depth. 2. During the treatment I pass an instrument, which I call bougie à bulbe, and I now exhibit it to you. By this instrument the portion of the urethra operated upon is much larger than the rest of the urethra, and so allows

(*a*) Proceedings of the Royal Medical and Chirurgical Society of London. Vol. iv. 1864. Page 361.

(*b*) I have seen my conductor altered by diminishing the size of the knobs. This is an error. The knobs should be prominent to be good guides for the finger, and, secondly, to stop at the widest part of the stricture.

some space of contraction of the cicatrice, when this takes place. A third precaution is (when the stricture is divided) to dilate the stricture several times a-week in the first six months after the operation. According to my experience, contraction is to be most feared during the first six months, and the liability to it is kept up during the first two years after the operation. A well-known surgeon said once in his lectures on the treatment of strictures, "do what you will, tear them, cut them, dilate them, the stricture will return again." Well, that is a sad prospect for surgery! I am not of the same opinion. I believe a stricture well operated upon, well-treated afterwards, and carefully attended, will not re-contract. Wounds of tendons or any tissue will contract, when neglected; we see such cases daily in the cure of club-foot. In fact, at this moment, many surgeons of our day are very sceptical about the cure of club-foot by operation, repeating the same story as of strictures. Those cases have been simply either neglected, or badly operated on. The plain truth is, we can cure a club-foot in modern times. From what I have now stated, I come to the following conclusions :—

1. A stricture can be cured by dividing it.
2. That the easiest and surest method is the *subcutaneous* incision, with few exceptions, in which other operations are indicated.
3. The cut should always be *long* and *deep*.
4. That two years' treatment is necessary to get a successful result.

ON MATERIALISTIC PHYSIOLOGY. (*a*)

By J. M. Winn, M.D., M.R.C.P. Lond.,
Senior Physician to St. George's and St. James's Dispensary.

The author commenced by saying that the unphilosophical and extravagant dogma that matter can think was now so loudly and confidently asserted, and so widely spread by a numerous class of medical men and physiologists, both in this country and abroad, that the time had arrived when a doctrine so fallacious, and so fraught with danger to the best interests of society should be fairly and carefully scrutinised. It was not, he said, by mere assertion, or the use of obscure and pedantic language that such a theory could be established, and if it could be shown that the arguments on which it is based are shallow and speculative, words could scarcely be found too strong to censure the recklessness and folly of those who promulgate views so subversive to all morality and religion. The physicists had utterly failed to establish their position. They were asked to prove by inductive reasoning the truth of their theory that the Universe is the mere outcome of molecular force. Their defence has been clearly proved to be of the most evasive and inconclusive character. Physiology had, therefore, now become the only battle-field on which scientific atheists could assail us. He contended that the doctrines of the modern school of materialistic physiology are permeating all classes of society, and were most conspicuous among the younger members of the medical profession, which is to be expected when so many of the influential teachers holding high rank in our medical schools, carried away by intellectual pride, have unhesitatingly and recklessly done their utmost to imbue the minds of the rising generation of students with the notion that all our time-honoured creeds are the assumptions of credulity and folly. The students are taught to look down upon them with contempt, and to substitute opinions, which, if true, cannot be of the slightest practical importance, but must inevitably, sooner or later, make shipwreck of the highest hopes and noblest aspirations of our nature.

In confirmation of this statement, Dr. Winn referred to the materialistic views propounded by Professor Maudsley in his opening address at the London University College, and regretted that a journal having so large a circulation as the *Lancet* should have held this address, so full of dangerous materialistic thought, up for especial admiration. Dr. Winn took exception to the term "Physiological Psychologists" as illogical, inasmuch as physiology and psychology are distinct sciences, and substituted that of materialistic physiologists as more appropriate. Dr. Winn observed that the physiological psychologists, as they call themselves, speak as confidently of their speculative opinions as if they were acknowledged facts, and as if recent researches had thrown a flood of light on the functions of the brain and spinal cord, but he challenged them to show that any *one* really great fact had been elicited since the time of Sir Charles Bell and Marshall Hall, and observed that Dr. Ferrier, in a recent work on the "Functions of the Brain,' reiterated a remark made by Dr. Winn eighteen months' ago, that we are still "on the threshold of the inquiries." He afterwards referred to some interesting cases of insanity published by his friend Dr. W. A. T. Browne (ex-commissioner in lunacy for Scotland) entitled "Problems for Pathologists," which appeared in the *Journal of Psychological Medicine* for October, 1876. These cases could not be explained on purely physiological or pathological principles. Dr. Winn summed up his arguments in the following manner :—

1st. It was evident that no great discovery as regards the functions of the brain and nervous system has been made since the days of Sir Charles Bell and Marshal Hall.

2nd. That in no instance has it been found that vital and physical force were interchangeable. The doctrine, therefore, of a correlation of force could not be applied to the elucidation of vital or mental phenomena.

3rd. That respecting the nature of insanity, there are questions which cannot be answered by materialistic psychology, and that a recent attempt to frame a classification of mental diseases without taking the psychical element into consideration had proved an utter failure.

4th. That memory, which it had been confidently asserted was a bodily function, could not be localised in any part of the brain, the microscope as yet having failed to detect the faintest indication of the symbols of any language impressed on the cells of the brain.

5th. That the doctrine of unconscious cerebration, of which we have lately heard so much, and which, if true, would reduce man to a mere automaton, admits of an explanation that does not require us to recognise the exclusion of mind from the highest faculties of mind.

After again referring to the pernicious teaching of the new school of physiology, Dr. Winn concluded his address as follows :—"It is not by glib phrases, sophistical arguments, and *ad captandum* rhetoric, that this new system can be supported, and it may be hoped that ere long 'materialistic physiology' will be consigned to that limbo which has already engulphed so many false systems of philosophy."

(*a*) Abstract of an Address delivered before the Victoria Philosophical Institution, Monday, January 8th, 1877.

TRAMORE AS A WINTER RESORT.

By Jeremiah Dowling, M.D.

During the winter (in Ireland) an invalid requiring change of air and a genial climate, but unable—from want of means or from debility—to seek them abroad, labours under a disadvantage; yet there may be found around our own southern coast, I believe, a few places where a sojourn even in winter would greatly contribute to the restoration of his health. Invalids, indeed, are sometimes ordered to go abroad when they are not able to bear the pain of parting from their families, the fatigue of a long journey, and the many drawbacks to a residence among foreigners; and if the end comes, what

can make death more painful than to die far away from home and friends? It is, however, chiefly for those not rich enough to afford to go abroad that I write and give my own experience of one place, but with no desire of depreciating the claims of other places on our south coast.

In selecting a place of residence during the winter months for an invalid, Tramore—a pretty little town on the south-eastern extremity of Waterford, built, for the most part, on the slopes of high hills overlooking a fine bay—merits more attention as a winter resort than it has hitherto received. The town is easily reached by rail. Its strand, one of the largest in Ireland, has given name to the town (*traigh mor*, great strand), and becomes in summer a pleasant promenade. An excellent road and footpath, running at times perhaps somewhat too close to the sea, enable the visitor to enjoy a ramble along the bold and picturesque coast that forms the western boundary of the bay. The bay itself, which at its widest part (from Great Newtown Head to Brownstown Head) is about eight miles wide, is frequently as placid as a lake. In calm weather its waters, breaking lazily upon the strand, form, as it were, ten thousand patterns of lace; while after a gale of wind from the south, the incoming tide dashes its white-crested waves bravely over the high wall intended to hem them in. But this wall serves another, and even more useful, purpose; for it completely wards off the north winds from those who sit upon the rocks at its base, or walk upon the adjoining strand when the tide is out. On a cold day, no other place in all Tramore affords so warm and pleasant a retreat as this portion of the strand, for the wall not only wards off the north winds, but also reflects the sunshine. I have now touched upon the great—in fact, the only—drawback under which Tramore labours—that it affords no adequate protection against north winds; and unless this defect can be remedied, however charming in other respects, it can never become a favourite winter resort for invalids. It is, I should mention, well-protected by a range of high hills against the north-west winds: and had those hills swept in the form of a crescent round the north side of the bay, everything that nature could have done had been done for Tramore. Art, however, might make up in some degree for the defect of nature, and what is required to be done is—to construct a walk and carriage-drive close to the strand, and to ward off the north winds by a wall sufficiently high; so that an invalid when taking exercise might not be exposed to their chilling influence. A portion of the road is already made.

But on a fine winter's day, with a breeze from the south, it is really delightful to saunter with one or two friends along the Doneraile Walk on to Lady's Cove, and by a good road on to Newtown Cove, where (resting in the warm sunshine) the visitor may look out upon a splendid sea: and if he is sufficiently adventurous, he may—by a footpath which runs along the steep and rocky coast—push on to Great Newtown Head, where the "Metal Man," with outstretched arms, warns passing vessels away from that dangerous shore. Though it would scarcely be prudent for a person whose nerves have been unstrung to attempt the latter part of this walk (as the footpath sometimes runs dangerously near the shore), the whole coast from Lady's Cove to Newtown Head is well worth seeing; for the sea, in the course of ages, has made excavations in it on a gigantic scale, and now—denuded of all covering—lie far down below huge black rocks proudly defying the hand of Time and the action of the ocean. Along the Doneraile Walk seats have been placed, but from the end of this walk to Great Newtown Head not a solitary seat has been provided, where a visitor might rest. If the visitor prefers to drive he can go by car to Newtown Head, and in this way, too, will catch fine views of the sea on his left hand, and of the Comeragh Mountains away in the distance on the right. From the Head a grand view of the Atlantic is to be obtained, and of the coast of Waterford as far as Helvick Head.

There may be, and, doubtless, there are, other places along our southern coasts more favoured by climate and situation, and better adapted for a winter resort for invalids than is Tramore; but they are (with the exception of Queenstown) almost inaccessible in winter, and afford insufficient accommodation. But for an invalid able to take exercise in the open air I should prefer Tramore to Queenstown in October, November, and December; for, though Queenstown is beautifully situated and better sheltered from north winds, it possesses neither a walk running close to the seashore nor a strand on which he may saunter and sniff in the delicious odour of the seaweed. Persons suffering, however, from pulmonary complaints can scarcely derive any benefit by residing in Tramore even in the early winter months, for there—as in all other parts around the Irish coast—the air, however mild, is always nearly saturated with vapour, which on any *sudden* fall of temperature is precipitated as fog, mist, or rain.

But more essential to the restoration of an invalid's health than sea air, sunny skies, rambles along the shore, and the ever-changing aspect of the ocean, is the society of some one whose loving care (anticipating his wants) will keep his thoughts from always centring in himself, and whose cheerful conversation will make him forget his infirmity. In health one may find sufficient enjoyment in communing with nature, in the politics of the day, or the fashions of the hour, in reading books or newspapers, or even in the gossip of the town; but when one is convalescing from severe sickness, or for a long time suffering from any disease, they will awaken but little interest and afford no consolation. It is not the body only that is suffering; the mind is enfeebled, the spirits depressed, hope nearly extinguished in the breast, and, instead of the spontaneous laughter of health, tears spring unbidden to the eyes. To attend, then, to the body alone, to rely upon food, air, and the other agents which are supposed mainly to affect its welfare, is to do only half the work, and that not the most important. That subtle entity, the mind, which influences the function of every organ of the body, must also be attended to; and where the office of the physician ends, the office of an intelligent friend begins. It will be the duty of a friend to try and relieve the invalid's mind from the cares and anxieties infesting life, to direct the conversation always to cheerful subjects, to revive and to strengthen hope, and to point out that in his case, after all, there is much reason for thankfulness. Unless this be done, unless his mind be soothed, strengthened, and sustained, whether he spend the winter at home, or abroad in some more genial clime, we may look in vain for a restoration of his health.

Clinical Records.

OBSTETRIC MEMORANDA.

Reported by JOHN W. MARTIN, M.D.,
The Grange, Dronfield, near Sheffield,
Late Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw.

CASE III.—*Seventh pregnancy at full term—Previous labours very hard and prolonged—Great œdema of the lower extremities, and anasarcous condition of the rest of the body, specially about the eyelids and face—Bronchitis and weak circulation for some weeks before delivery—Sixty-five grains of chloral given as before in three doses—Labour rapid, easy, and much less painful than before—Post-partum uterine contraction good—No post-partum hæmorrhage.*

THIS case may be given in briefer detail. Mrs. W——, æt. 32, seventh pregnancy at full term; previous labours prolonged and difficult, pains very severe and prostrating. For some months before delivery, the lower extremities were much swollen with dropsical effusion, and there was

general œdema of the body and face, especially about the eyes. She was also troubled with severe bronchitis, for which I treated her with good effect during the last three weeks preceding delivery.

She was in a very despondent condition, fearing the worst. The heart's action was very weak.

I was called to her at 6.10. p.m. She had had strong and regular labour pains, from about 1. p.m., and suffered from sharp premonitory ones, from the preceding evening. On examination, I found the pelvic cavity roomy, the passages cool and moist, the rectum empty, the patient passing water freely, the pains strong, regular, and succeeding one another at rapid intervals. The head was presenting, the waters were unbroken, and the "os" was dilated to something less than the size of shilling; its edges were very thin, hard, sharp, resisting and undilatable. I at once gave a dose of the chloral, and followed up with two others, at intervals of twenty minutes. I gave in all sixty grains. Its good effects were soon apparent. The same changes rapidly took place, as already described in CASE II. These effects were, however, even more marked, as the progress of the case was very rapid. She enjoyed the same quiet deep sleep during the intervals between the pains, and felt herself greatly refreshed. The pains themselves were not nearly so intense, although the contractions were very strong. The child was born at 8.20 p.m., two hours after the administration of the first dose of chloral. It was a male of very large size. The anterior lip of the uterus got caught between the symphysis pubis and child's head. I had to push it up, and keep it there, until the latter had descended sufficiently into the cavity of the pelvis, to prevent of its prolapse. The pulse remained at 84 beats to the minute. The post-partum contraction of the womb was good, expelling the placenta at the end of ten minutes, unaided by pressure. There was no post-partum hæmorrhage. The patient felt most grateful, asserting that she had never had such an easy time of it in all her previous confinements. She declared the effects of the chloral to be most soothing and refreshing.

From the foregoing cases it is evident that chloral:—

1. Had a strong controlling influence over the amount of pain felt.

2. That it secures quiet refreshing sleep during the intervals of pain, thus husbanding the patient's strength.

3. That it has no retarding influence upon the progress of labour.

4. On the contrary, it seems to have a decidedly beneficial effect in steadying, and directing to a favourable issue, the uterine contractions; also in hastening the dilatation of the "os" uteri.

5. It does not in any way weaken post-partum uterine contraction.

From my experience, it is of great service, where, from idiosyncrasy on the part of the patient, the smallest dose of opium could not possibly be given.

I may perhaps be excused if for the sake of the student, I briefly enumerate the chief points of practical interest to be borne in mind on being called to a case of labour.

1. Be careful to show no consciousness that the occasion is one calling for explanations of what you wish done in the way of examinations, &c. Whatever you have to do, do it quietly and judiciously, carefully and gently, as a mere matter of routine, calling for no comment from either doctor or patient.

2. Ask the patient, if no nurse be in attendance, to lie on her left side, with her hips out well towards you, and her knees well drawn up. If a nurse be present, give her directions to have the patient placed in the proper position.

3. See that your hand is well warmed, and the index finger oiled, or anointed with lard.

4. Previous to making the examination, gain your patient's confidence, and place yourself *en rapport* with her, by asking in a quiet tone a few questions as to the number and nature of her previous confinements, when her labour commenced, &c.

5. Then pass your hand quietly under the bed clothes, and without remark feel gently for the labia, separate them, and avoiding the clitoris, pass your finger cautiously and slowly, backwards and upwards, until you reach the cervix uteri.

6. In passing upwards, satisfy yourself as to the state of the rectum, whether loaded with fæces or not.

7. Also as to coolness and moisture of the vagina, or as to its being hot and dry.

8. Note the general capacity of the pelvic cavity, whether roomy or contracted.

9. Feel for the promontory of the sacrum; if difficult to reach it is a good sign, showing the absence of contracted conjugate diameter, or deformity.

10. Having reached the "cervix," note whether it is pendant into the cavity of the vagina, like the nipple of the breast, or whether it is all taken up, and stretched over the presenting part. If not taken up, and the os remains undilated, it will be additional evidence in favour of concluding that true labour has not yet come on, and that any pains complained of are false pains, to be relieved by a dose of either opium or chloral, or both combined.

11. Quietly make out the position of the os uteri; this is sometimes situated very high up, close to the sacral promontory. Bear in mind the possibility of a double "os" being present, one of which may be dilated, and the other not so. Any oversight on this point might give rise to an obvious error in your prognosis. Note the amount of dilatation, the condition of the edges of the "os", whether thick, rounded, moist, and yielding; or thin, sharp, hard, resisting, and undilatable, and tending to dryness. The latter condition, in the majority of instances threatens a prolonged labour, and usually accompanies a state of debility and want of rest on the part of the patient. In such cases, a good dose of opium or chloral, given as already described, will be found to exert a most beneficial effect, in controlling and properly directing the uterine contractions; the condition of the parts usually change rapidly, the os becoming thick, rounded, and dilatable, and the passages bathed in mucous.

12. Satisfy yourself as to the nature of the presenting part of the fœtus, the condition of the membranes, and the quantity of "fluid" present.

13. It will be found a safe good rule to leave the membranes unruptured to the last; early rupture may lead to troublesome complications. Rupturing at the completion of the first stage sometimes hastens labour; but the risk of inducing a difficult case ought to make it a matter of very careful consideration. I have always found those cases do best, in which the membranes remained unruptured, until they appeared as a bag, at the external orifice; the descending bag of waters is the natural and best distending force, preparing the way for an easy descent of the head.

14. If the rectum be loaded, clear it out with a simple enema, such as some warm water having a couple of tablespoonful of salt and sugar dissolved in it.

15. Learn whether your patient passes water freely; distension of the bladder would prove a source of delay to the birth of the child.

16. If the patient has borne several children, and the abdominal walls are flabby, pendulous, allowing the womb to fall forward, thus altering its proper axis, the application of the binder will be found very useful.

17. Where the pelvis is roomy, the maternal passages are cool, moist and dilatable, the os uteri well dilated and dilatable, the patient passing water freely, and the rectum well cleared out, Kristellar's method of assisting labour tedious from inertia, may be found useful. Place the patient on her back: standing above her as it were, apply the palms of both hands to the fundus of the uterus, the fingers and thumbs extending forwards towards the pubis and crest of ilium; then make steady pressure at the onset and during the continuance

of each pain, by this means aiding in the expulsion of the child.

18. Do not be in too great a hurry to aid with pressure the exit of the head through the external orifice; give time for the full distention of the perineum, which gradually thins out and expands with each pain; retard the progress of the head if necessary. Attention to this point in my experience reduces the danger of rupture to a minimum, and in the majority of cases renders support to the perineum unnecessary. Of late my experience inclines me to believe, that the application of the hand as a means of support to the perineum is rather injurious than otherwise, heating the part and inducing dryness, thus interfering with its natural distension. The natural course in this instance will very likely prove the best.

19. Upon the child's head being born, clear its mouth and throat of all mucous, by passing your little finger well down into the pharynx; do this cautiously; then examine if the placental cord is twisted round its neck: if it is, pull it out gently, remembering the danger of breaking it, and slip it if possible over the child's head, if not, over its shoulders and body. Support the head whilst awaiting the expulsion of the shoulders and body. During the expulsion of the child, place the left hand upon the fundus of the uterus, and follow it downwards with careful but firm pressure.

20. Upon the birth of the child, again clear out the mouth and throat, and compel it to cry if need be, by slapping it well over the buttocks and back; should any delay occur in setting up of natural respiration, direct the nurse or some friend in attendance to make pressure upon the "fundus uteri," and at once practise artificial respiration, Sylvester's method being the best; apply cold suddenly to the surface of the body, and make rapid frictions with either brandy or whisky.

About sixteen respirations to the minute will be sufficient, when practising artificial respiration.

21. Allow a few minutes to pass by before applying the ligatures to the cord to see if pulsation ceases. The ligature next the child's body should be placed some three inches from it, and should be firmly secured with as many as three knots. The ligatures should be made of strong housewife thread, each one being composed of some three or four strands of the thread. After dividing the cord with a scissors, dry the surface, and examine if there be any bleeding present. This is a point to be well attended to, as any oversight might lead to injurious effects to the child, and discredit to your own skill and reputation.

22. Allow the womb some fifteen to twenty minutes, rest, keeping up firm but gentle pressure over the fundus. Very frequently, at the expiration of the time of grace, the womb expels spontaneously, with a good strong contraction, the placenta and membranes entire.

23. Should delay occur, increase the amount of pressure, apply your hand, previously cooled by being dipped into cold water, suddenly to the surface of the abdomen; these means frequently effect the object you have in view. I would advise, as far as possible, that the cord should not be dragged upon, as is very frequently done and recommended.

24. If firm pressure to the fundus, sudden application of cold to the abdomen, gentle traction, and causing the patient to cough, fail to induce expulsion of the placenta, the right hand must be washed perfectly clean, and then gently introduced per vaginum and the mass removed.

25. Immediately after the delivery of the placenta has taken place, wherever there is the smallest risk of hæmorrhage, a dose of ergot, half a drachm to two scruples, should be given.

26. A point worth remembering in connection with making pressure upon the fundus uteri is this: do not be satisfied with merely pressing upon the surface of the abdomen, but feel carefully for the body of the womb through the relaxed abdominal walls, and then grasp it firmly, and at the same time gently.

27. In the case of post-partum hamorrhage occurrin in addition to the ordinary means for arresting it, viz., pressure, cold applications to the abdomen, administration of ergot in repeated doses, of half a drachm every ten or fifteen minutes, brandy, elevation of the patient's hips, introduction of the hand into the uterus, mopping out the internal surface of the womb with a solution of the perchloride of iron, one part to six, or the intra-uterine injection of this solution, is recommended; pressure upon the abdominal aorta, the application of the galvanic current, and transfusion may be tried in extreme cases.

28. Delivery having been effected, the placenta expelled, and no post-partum hæmorrhage occurring, all clots of blood must be removed from the bed, the latter being made as dry and comfortable as possible. A clean sheet, in four folds, should be slipped under the hips. If you have taken the precaution before delivery to carry the night-dress well up under the waist, towards the armpits, this will be dry and comfortable. It remains only to apply the binder. This must be done carefully, with as little movement of the patient as possible. The binder should be a yard and a-half in length, and fifteen inches in breadth; and is best made from a piece of strong old linen or calico. It should be rolled up from one end, to allow of its being easily slipped beneath the patient *en masse*. When binding, place the patient on her left side, with her lower extremities and body in a straight line; place the binder so that its lower border will be below the trochanteric prominences; then fold round the body from below upwards firmly, and bind, securing the bandage where possible with safety pins. The upper border need not be drawn very tightly, to prevent its interfering with respiration.

29. If there is any tendency to relaxation on the part of the uterus, a good firm pad may with great advantage be applied over it, beneath the binder.

30. Examine your patient's pulse; if it remains full and firm at 80 beats the minute all is well. If it passes beyond a hundred there is always cause for anxiety and watchfulness.

31. Again examine the portion of cord attached to the child, to be assured that there is no bleeding therefrom. See also that the piece of linen in which it is to be wrapped has been well singed at the edges which are to be in immediate contract with the cord.

32. The application of the infant to the breast as soon as dressed, is a safe measure for the mother, tending to prevent hæmorrhage.

33. Do not leave the house for an hour after delivery has been effected, and during that time watch carefully the amount of discharge, and the state of contraction on the part of the womb.

34. A thorough acquaintance with the minutæ of treatment necessary in dealing with ordinary cases, makes it a matter of comparative ease when called upon to treat those which are graver in their nature.

Literature.

AN ELEMENTARY TREATISE ON DISEASES OF THE SKIN. (a)

After a modest little preface the book opens with a chapter on the anatomy of the skin, in which it is denied that the horny layer of the epidermis is derived from the cells of the Malphigian layer. The author believes that the cells of the horny layer never were cells of the rete; that the constituents of each layer are regenerated independently of the other. He says that there is no gradual change of character between the two layers, and that the

(a) "An Elementary Treatise on Diseases of the Skin." By Henry G. Piffard, A.M., M.D. Macmillan and Co., London and New York.

independence of the two sets is shown by their different behaviour with carmine-solutions and reagents. The author however, expresses his inability to explain how the horny layer is nourished and regenerated. The diagrams illustrating this chapter are, for the most part, borrowed from Sappey, and are extremely well executed. The second chapter (three pages) treats briefly of the physiology of the skin.

Although Dr. Piffard intends his book as a guide for the student (preface), we apprehend that the student searching for information upon the subject of psoriasis might be somewhat confused on reading (p. 179) "psoriasis of the palms of the hands and soles of the feet . . . is almost without exception a syphilide, and not psoriasis." We quite understand what Dr. Piffard wishes to convey in this somewhat paradoxical paragraph, but one who writes for students, in the general acceptation of the term, should be careful to express himself in clear and definite terms.

In the treatment of acne rosacea the author recommends obliteration, by puncture, of the dilated veins, the use of the constant current, and of the Faradic current (as advised by Cheadle in the *Practitioner*, July, 1874).

In speaking of alopecia areata (p. 285), Dr. Piffard writes, that the subject "must be approached with a good deal of caution, as the views held concerning it by various authors do not by any means agree." It is for this very reason that any modern writer on dermatology—if he has worked at and studied this branch of medicine—should speak out boldly. We do not think that every one connected with a speciality should write a book. But he who has something to teach should write, and that fearlessly. In this way truth is discovered, and not by stringing together the well-worn opinions of other men, and fearing to express our own.

Though there is much that is good in Dr. Piffard's book, there is little that is new.

THE COLLATERAL CIRCULATION IN ANEURISM. (a)

Dr. Smith presents to his readers the very interesting details of the case under notice, in the form of a pamphlet some twenty-five pages in length. His observations extend over a period of ten years, and embrace in their record the origin and progress of the tumour, the effects of treatment, which in this case was singularly bold and effective, the death of the patient, and, finally, the *post-mortem* appearances of the parts involved. Shortly after the application of ligatures to the innominati and carotid arteries, there was a recurrence of pulsation in the tumour. The original procedure of tying a ligature on the vertebral artery was successfully resorted to, with the result of arresting pulsation, and the cure of the aneurism for a period of nine years, at the end of which time it again returned. In the attempt to arrest it the internal mammary was ligatured, but without success. After death it was discovered that the collateral circulation was being carried on through directly anastimosing branches of the subscapular, with perforating branches of the aortic intercostals; these branches were seven in number, each one being about the size of a large goose-quill. Another original procedure recorded is the use of fine shot, placed in the wound made for the purpose of applying the ligature, as a direct compressing force, to aid in the occlusion of the artery. About two and a half ounces of No. 9 shot were allowed to remain in the wound for thirty-eight days, without causing any inconvenience, and proving of great service in making pressure upon the artery.

As a contribution to the annals of aneurism, this pamphlet will be found well worthy of perusal, being minute in details, practical and instructive.

(a) "The Collateral Circulation in Aneurism. Report of the Successful Ligature of the Innominati, the Common Carotid, the Vertebral and the Internal Mammary Arteries, in a Case of Right Subclavian Aneurism." By A. W. Smyth, M.D., House Surgeon, Charity Hospital, New Orleans.

THE GRIEVANCES OF MILITIA SURGEONS.

The following Statement of Facts is issued by the Committee of the Militia Surgeons' Society of Great Britain, and may be taken as representing the case of the Militia Surgeons, who by the "Clauses of a Royal Warrant, dated W.O., 19th July, 1876," and the "Instructions of the Secretary of State for War" thereon, are deprived of the larger proportion of the incomes derived from their appointments:—

1. That they hold their Commissions under an Act of Parliment.

2. That they were compelled originally to reside at the head-quarters of their regiments for certain purposes, viz.—attending staff and families, attending adjutant on recruiting service, and examining recruits at head-quarters; to these were added the examination of recruits for line and marines. For all these duties allowances are provided under the Act. Although in certain cases the restriction as to residence was withdrawn, believing that the emoluments of the appointment would remain intact, most of the Surgeons continued to reside at head-quarters.

3. That for the performance of the above duties, the pay and allowances vary, according to the size of the regiment and the means adopted for obtaining recruits, from £150 to £300 per annum.

4. For the above income, in addition to the duties detailed, the militia surgeon held himself liable to be embodied with his regiment, sent hundreds of miles away, from home, or to be sent annually to camp or manœuvres, to the detriment or entire loss of any private practice he might have.

By the establishment of the Brigade Depots, by the terms of the New Warrant, and the orders which have been issued with regard to recruiting in general—

A. All the before-named sources of income particularised are withdrawn, and in addition—

B. By handing over the medical charge of the militia recruits, during their preliminary drill, to the surgeon of the depot, the regimental surgeon is deprived of a very large number of days' pay; and actually reduced to only 27 days' pay during the year. For these 27 days he is to receive an increase of pay of half-a-crown per diem, amounting to £3 7s. 6d., and this sum is to be received as a set off against, in many cases,

C. An actual loss of £200 per annum.

D. This increase becomes reduced to "nil," the fees, from other sources, such as examination of recruits for the line, &c., having been withdrawn.

For this 27 days' pay, what are militia surgeons asked to do under the New Warrant? To subject themselves to the risk of embodiment, to render themselves liable to be sent to camp, severed from home and practice, if any, for months or even years (this has happened twice during the last 22 years), and then to return without any claim for losses sustained, or services rendered, to head-quarters, to make a fresh start in life.

These are facts, and the actual requirements of the New Warrant for 27 days' old pay, plus £3 7s. 6d., and are identically the same as those under the Act, by which a militia surgeon has enjoyed an annual income of from £150 to £300; an income hitherto assured to him, and which he believed he would enjoy as long as he was physically fit and willing to perform all the duties required of him.

There are men of over 20 years' service who have served during two lengthened periods of embodiment, who are sent annually to camp for training, and who have attended every annual muster; others whose opportunities for private practice have been blasted because they belonged to the public service, and who have been pronounced dis-

qualified to hold civil public appointments for the same reason.

For the sum of £40 per annum (minus mess and other incidental expenses), militia surgeons are now asked to subject themselves to all the foregoing requirements of the service, and when they attain, or having attained, the age of 60, are to be compelled to retire without pay or pension. So hardly have the new regulations already pressed upon some, that they have had to break up their homes and seek for fresh openings for practice.

Are militia surgeons really in such a position that nearly the whole of their income can be taken from them without a word of compensation, and placed in a position worse than the lowest of civil servants? That they are deprived of a large proportion of their income under the terms of the New Warrant is allowed; that "cases of hardship will be fairly considered," has been promised by both Lord Cardwell and Mr. Hardy; but in contradiction of a statement made by Mr. Hardy in the House of Commons, 7th August, 1876, in answer to Dr. Lyon Playfair, "that until 31st December he could not form any definite opinion, or give any pledge as to compensation," he distinctly refuses, in a letter dated 15th November, 1876, and emanating from the Financial Office, W.O., to bring forward a vote for compensation—treating the question collectively and not individually—in the face of the numerous promises made by himself, Sir J. Pakington, and Mr. Cardwell, that each case would be carefully considered on its own merits. The case is a narrow one—viz., that under the Acts, we are entitled to certain advantages; that by a Royal Warrant, and W.O. regulations, it is sought to deprive us of these, denying to us at the same time compensation for actual loss, such loss being admitted by the authorities, and proved by returns of income from many of the surgeons in the service, to vary from £100 to £250 per annum. Taken upon an average of the last three years, of eighty returns already received, four are receiving £100 and under, thirteen from £100 to £150, thirty-eight from £150 to £200, thirteen from £200 to £250, eleven from £250 to £300, and one of over £300. Should the new regulations be carried out, £40 per annum will be the future income of the militia surgeon, should allowances for lodging, messing, &c., be still continued to him. From the above returns the loss may easily be seen, and the Government Actuaries could soon settle the question of compensation.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

On Saturday last, a deputation from the College, consisting of the President, Dr. Kidd; the Vice-President, Dr. Robert McDonnell; the majority of the Council; and many of the Metropolitan Fellows, waited upon His Grace the Duke of Marlborough, Lord Lieutenant of Ireland, and presented to him the following Address:—

"May it please your Grace—We, the President, Vice-President, Council and Fellows of the Royal College of Surgeons in Ireland, desire to approach your Grace to offer our sincere congratulations upon your Excellency's arrival in Ireland, as the representative of our beloved Sovereign. We would, most respectfully, assure your Grace that we shall always be ready to further, by every means within our reach, the objects for which this College was originally founded—the improvement of the profession of surgery—the promotion thus of the welfare of the nation at large, and the providing of a sufficient number of properly qualified educated surgeons, as well for the service of the public in general as for that of the army and navy. So far back as the year 1844, this College established a Chair of State Medicine, the first of its kind in these kingdoms, which to the present day diffuses amongst the public sound sanitary knowledge. We shall be most happy to receive from the Government such suggestions as it may be pleased to offer in furtherance of all of these important objects. We avail ourselves of this opportunity of expressing a hope that your Grace will be pleased to honour our College with your presence as soon as its new buildings, the foundation stone of which was recently laid by his Grace the Duke of Abercorn, shall have been completed, whereby your Excellency will be enabled to judge of its capabilities to discharge the responsible duties confided to it by her Majesty and her Royal predecessors. In conclusion, we trust that your Grace may be pleased to extend to our profession that consideration and support to which it is so justly entitled."

His Grace replied:—Gentlemen, I accept with pleasure the congratulatory address from so distinguished a body as the Royal College of Surgeons, on my arrival as representative of the Queen in Ireland. It is universally admitted that the objects for which your institution was founded—namely, the improvement of the science of surgery, and the provision of properly educated surgeons for the service of the public in general, as well as for the army and navy—have been faithfully carried out year after year. Your College have sent forth men highly qualified to assuage the sufferings of humanity, and to alleviate the miseries of war, both on land and at sea. The proper consideration of sanitary measures is of vital importance to the welfare of a country, and great credit is due to your College that by establishing a Chair of State Medicine, it has led the way in improvements which are now attracting the continuous attention of the Imperial Parliament and of the Local Government Board. The interests of the institution which you represent will ever command my sympathies, and I shall gladly recur to your advice and assistance with regard to any sanitary measures which may be beneficial in this country. It will give me great pleasure to visit your new buildings when they are completed, and I cannot question for a moment that under your guardianship the high reputation which the Royal College of Surgeons has so long enjoyed will be maintained.

The President, Vice-President, and Secretary of the Council, were then presented.

After the reply of his Grace, the President of the College, with heads of other deputations, were invited to partake of the Viceregal hospitality; an incident which has never, within our knowledge, occurred on any former occasion.

Professor Tyndall will deliver a lecture at the Royal Institution on Friday evening next, at 9 o'clock, entitled "A Combat with an Infected Atmosphere."

The export of furs from Manitoba has been stopped by order of the Government, small-pox having broken out among the natives of a virulent type.

The use of iodine is sometimes objected to on account of its staining the skin. It is not generally known that a very small quantity of carbolic acid will render this agent colourless without destroying its therapeutic properties.

The Committee appointed to inquire into the occurrence of scurvy in the Arctic Expedition consists of the following: Admiral Sir James Hope, G.C.B. (president); Admiral Sir R. Collinson, K.C.B.; Vice-Admiral E. A. Inglefield, C.B.; Dr. James Donnet, Inspector of Hospitals, R.N.; Dr. F. R. Fraser, F.R.C.S.E. Mr. Vansittart Neale has been appointed Secretary.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1877.

THE CONJOINT SCHEME FOR IRELAND.

WE regret to state that the Scheme for Conjoint Examination for Ireland which was elaborated by a conference of deputies from the University of Dublin and the Colleges of Physicians and Surgeons, and which we published *in extenso* in our issue of the 29th of November, has been summarily dismissed by the Council of the Royal College of Surgeons without reference to the College at large, or attempt at revision of its details. This and the second effort of the Irish licensing bodies at self-reform, and with the decision of the Council fades away the last hope of a voluntary amendment of the existing medico-educational system in Ireland. No alternative remains, therefore, to those who desire a reform of the gross abuses which admittedly exist but to resort to Parliament for redress, and until the season ripens for such appeal from the corporations to the public we must be content to endure the sham certificate system—the multitudinous diploma nuisance—the huxtering of colleges and cheap universities for pupils' money, and the bidding of such bodies downward in the scale of competency and education.

We experience great regret, not only in the interest of the profession, but in that of the College itself at this act of its Council, and we prophecy that the policy thereby manifested will bring with it a speedy retribution, and that when the crying sins of the present Irish medical system come to be dealt with by trenchant hands, the power of the College to resist disendowment and to make terms for itself will be greatly and deservedly weakened. An obstructive resistance to improvement on the part of an institution which ought to have the loudest voice in the demand for reform is not only undignified but, commercially, foolish. It is the line of policy which universally animates nations (as in the case of Turkey and Rome) and institutions (as in the case of the Irish Apothecaries' Hall), which are destined for forcible reform, and the fact that such a policy can be adopted and maintained by such a body as the Irish College of Surgeons is, of itself, sufficient proof that the pruning-knife is wanted—that personal interests have sprung up which choke the growth of medico-educational purity, and which threaten to pull down the College from its legitimate position as the guardian of Irish surgical qualification.

Although there can be no excuse for the refusal of the Council to co-operate in any scheme for improvement, there is much to be said in their favour as reason why the College should not put such reforms in action without the unanimous concert of other licensing bodies. If the Council had had any desire for amendment it would have been its duty to give a definite expression to that desire and—so far as possible—to fix upon a method by which the amendment might be effectually carried out, and, this being done, it would have been open to it to suspend action until it could safely act, *i.e.*, until other competing bodies were forced into uniformity. By adopting such a course the Council would have placed the College in a safe position for a future campaign—would have retained its right to express an opinion on the subject—would have separated itself distinctly from institutions which live upon the abuses of the diploma traffic, and would, at the same time, have shifted all the responsibility of inaction upon the Medical Council whose duty it is to enforce uniformity. The Council had the example of conjoint examination in England before it, and it must have known that a Conjoint Examination Scheme adopted in the two countries, would probably be the basis of all future legislation, into conformity with which the Queen's University and the Scotch Colleges would be compelled to come. The action of the Council would seem to indicate that these considerations have been disregarded, and that the lucrative present attractions of the *status quo* are more influential than the more certain, yet distant benefits, arising from self-reform.

While, however, we deprecate with all emphasis the policy adopted by the Council, we cannot but remember that the Medical Council is mainly responsible for this failure of negotiation for Conjoint Examination. It was surely not to be expected—had it been more anxious for improvement than it is—that the Irish College of Surgeons would have bound the candidates for its licences to payment of £120, and to a three years' curriculum of study, as long as the Queen's University and the Scotch Colleges held their arms open to all comers, who brought £54 in their pockets, and two years' lecture certificates; and it is quite evident that coalescence of Examining Boards in Ireland is impossible as long as the Queen's University is allowed to make M.D.s, without academic study, with half medical study, and on the minimum money terms. Such difficulty did not exist to interfere with the Conjoint Registration in England, for there was there no underselling University, and the competition downward of the Scotch Colleges was comparatively inert. Under all the circumstances, we should not blame the Irish College of Surgeons for hesitating to give actual effect to Conjoint Examination, but we do deprecate the adoption by its Council of an attitude in which no sentiment but obstruction to improvement, and a desire to profit by existing abuses can be detected. The time is not long past since the Irish College cast its aspirations higher

than the interests of lecturers and grinders—when it regarded, as its first care, the maintenance of the character of the Irish School of Surgery—when denunciation by inspectors or cavil by commentators was impossible, and when its was the loudest voice for the maintenance of such a standard as would ensure that Irish surgeons shall be gentlemen and men of education. We repeat that its Council have abdicated such high functions in favour of the makers of compulsory laws, but we confess we entertain now no hope of medico-educational reform but in a summary Act of Parliament constructed with little regard to the ruling interests of Licensing Corporations.

FOREIGN MEDICAL PRACTITIONERS IN FRANCE.

The information which the *Pall Mall Gazette* recently communicated respecting certain restrictions which the French Government have lately placed upon foreign medical men, practising in France, has excited a good deal of comment, both from the medical and lay press. It appears to us, however, that the restrictions referred to have been too summarily condemned, and that the apprehensions and protests which they have raised are out of all proportion to the provocation that has been given, and cannot wholly be endorsed by any one who would take a liberal view of all the circumstances of the case.

In the first place, the *Pall Mall Gazette* made the Bill appear worse than it is. We are told that existing rights of practitioners already in possession of practice at health resorts and in Paris will be respected, but after a certain date, no British physician will be allowed to take up his residence in France, as such, not even if he desire and intend to limit his practice to his own sick countrymen. The privileges of practice are henceforth to be the exclusive possession of graduates of French Universities, and if Jenner or Paget desire to visit one of their patients who has been sent to recruit at Cannes or Pau, they must first pass five examinations, several of them of an elementary character, and must justify their preliminary education. This passage might imply that medical men, desirous of practising in any part of France, must go through the curriculum of studies observed at the medical schools of Paris, and "walk" the hospitals of that city, besides passing the examinations usually imposed upon the French candidate for a degree or licence to practice.

Were this the case it would be truly a hardship, and virtually would amount to the almost total exclusion of foreign, and especially of English, practitioners, from France. For there are very few medical students who would venture upon a medical education in France, with the object of commencing practice in one of the fashionable watering-places or health resorts of the country, inasmuch as he would know that those English residents who had been sent to those places for the benefit of their health, and to be under medical supervision, would not be very anxious to consult a young man who had just obtained his degree. One reason why so many English flock to certain French towns celebrated for the salubrity of their climate is, that hitherto they were sure to find on their arrival English medical men, who had a large experience, and who, even in many instances, enjoyed a large reputation.

The fact is, however, the French have not been quite so selfish or impolitic as might be inferred from the remarks of our contemporary. The law which is just now coming into force across the channel will oblige foreigners who wish to practice medicine, to undergo certain examinations in order to convince the French authorities that they possess the same amount of medical knowledge that is demanded from native graduates, or such as their own diplomas represent them to have. And there is every reason to believe that as our own governing boards are always ready to admit to their examinations any foreign medical men who have a respectable foreign diploma, and to modify their examinations according to the value of such diploma, so the French medical authorities will likewise be indulgent to such English candidates as have already obtained a good degree in their own country. It cannot be said, therefore, that the French Government are exacting too much from foreign practitioners desirous of settling in France, or intend to carry the system of protection so far as to altogether prohibit foreigners practising in that country. It is, moreover, to be borne in mind that the principle of free trade has never been carried out on the continent to the extent it has been with us. In Heidelberg, for instance, and other German towns, the number of chemists' shops is restricted by Government, and a medical friend of ours who lived there a few years, informs us that he had the greatest difficulty in obtaining permission to practise, even among his own countrymen. Therefore, had the French law, which has just come into operation, been more exclusive and protective than it really is, it could not be charged with a principle of conservatism that is not to be found elsewhere. But that law does not differ very materially from that which obtains in this country. If a foreigner wish to establish himself as a physician in London, he generally passes some examination at the College of Physicians, or College of Surgeons, and, although there may be no written compulsory law on the subject, we expect him to obtain some English license or diploma, and unless he does so, he cannot be recognised as a legally qualified registered practitioner. Even while we are writing, the Medical Council are issuing circulars to all the Examining Boards, requesting them to inform the Council whether, and under what exemptions, they will admit to their examinations graduates of foreign universities; thus showing that our continental neighbours are not alone in wishing to test for themselves the qualifications of medical men who wish to practise out of their own country.

Besides, it would be acting invidiously and very unfairly to native practitioners, if foreigners were allowed to settle down in some fashionable health-resort, and carry on a lucrative practice (perhaps at the expense of their French *confrères*) without having shown themselves worthy of the confidence reposed in them, and the liberty accorded to them by the French Government. A physician who settles down in a delightful and healthy watering-place, and who—by writing a book in which all the sanitary advantages of the place are dwelt upon in the most glowing terms—attracts to it a large concourse of English visitors, the majority of whom eventually become his patients, must be said (from this point of view) to make a convenience of the place, and to take

the greatest possible advantage of the liberty vouchsafed to him by the French authorities. Under these circumstances, he cannot complain if—with such a prospect before him—he has to undergo the ordeal of a professional examination, and to show that he is something more than an irregular or unlicensed practitioner.

The *Pall Mall Gazette* appears to strengthen their animadversions on the action recently taken by the French Government, by citing a case in which an English student who was not allowed to take part of the necessary hospital instruction in London, notwithstanding he had satisfactorily passed in the French capital the first two years of his studies and examinations. But this only applies to foreign students, and not to foreigners who have already gone through a proper course of studies and hospital practice in their own country, and who have already obtained a licence or degree of an unexceptionable character. As for any English physician being debarred from visiting and prescribing for one of his patients in Paris or at a French watering-place, without first passing the official examinations, we can only say that such a supposition is quite out of the question; nor need we fear that in future either Nice or Mentone, or Pau, or Paris itself will see the influx of English residents in any degree diminished by the operation of this new edict and the scarcity of accomplished and experienced English physicians. Indeed, reasonable (and even liberal) as we have shown the new law to be, it appears that the present French regulations respecting foreign medical men practising in that country are by no means quite settled. According to a full account of the law given in a recent issue of the *Times* by their Paris correspondent, the Minister of Public Instruction is desirous that the question should be submitted to an international commission, which would take into consideration the relative value of the different courses of study pursued in foreign countries, and settle upon certain rules of reciprocity which would work to the mutual advantage of France and other nations.

THE ANTI-VIVISECTIONISTS AGAIN.

We have been favoured with a poetical effort, "The Dog's Appeal," signed J. R., and a tract on Vivisection, being a reprint of a letter of one Morris to the *Record*, with annotations thereon. The verse is well-intentioned, if a little foolish. The tract is a specimen of that sort of deliberate falsehood in which Anti-Vivisectionists, Anti-Contagious Diseases Act fanatics, and Anti-Vaccinationists deal so freely, and which, as it appears, they think they are at liberty to use for the purpose of advancing their views. The letter narrates the vivisection of a dog, described as follows by a medical student, who "did not dare to have his name given:"—

"During a morning lesson a little dog was sent in. It had evidently been a pet. All creatures know when they get into those hells that something dreadful awaits them. The students begged it off. One of them offered to buy it. 'I'll have none of your sentimental humbug,' said ——, in a rage. He seized the wretched animal, fastened it down, tortured it *more excruciatingly than he needed to have done* for the purposes of the lesson, &c., &c."

"This is but an instance, out of *countless thousands* of similar acts which are perpetrated every year in this country by our professors of science, falsely so called."

The following is the commentary on the letter:—

"A young student, to whom a relative expressed her hope that he might not be demoralised and hardened by witnessing or practising vivisection, from which no discovery has ever yet, and never will be obtained to benefit mankind, he replied to her, 'But what can we poor students do? We cannot afford to be plucked again and again, for the Examiners ask us *questions on these very experiments*.'"

Finally, the opinion of the well-known Dr. George Hoggan, is given to the effect that—

"No student can be expected to come forward as a witness (to these atrocities), when he knows that he would be hooted, mobbed, and expelled from among his fellows for doing so, and any rising medical man would achieve professional ruin by a similar course!"

Upon this handbill which, we presume, is but a specimen of many others, we have to observe that, while humanitarians are justified in making use of such facts as they think will prove their case, they are without any excuse when they make public statements which, as a matter of fact, are incredible and, as a matter of testimony, they cannot possibly know anything about. The whole story is plainly a ridiculous exaggeration dressed up by the medical student to suit the sentimentality of the narrator, and it contains four distinct falsehoods which the anti-vivisectionists could have detected if they were disposed to do so. Its writers and disseminators could not possibly know that the dog was tortured "more excruciatingly than was needed for the purposes of the lesson," and the statement is probably untrue. It is a falsehood to say that "countless thousands of similar acts are perpetrated every year;" another falsehood that students are—even as an exception—asked "questions on these very experiments;" and also untrue that "a witness would be hooted, mobbed, and expelled from amongst his fellows."

As we have said, exaggeration may pass unnoticed, but not lying.

PROSECUTION OF QUACKS—MEDICAL AND PHARMACEUTIC.

Some weeks since Mr. Knox, the London magistrate, decided that a quack is not acting illegally if, in calling himself Doctor, which is admittedly in contravention of the Medical Act, he states that he is a doctor of a bogus American college. The decision of Mr. Knox was depended on by a quack named Foulds, prosecuted last week, and it was urged on his behalf that he stated the source of his M.D., and was therefore not liable to punishment. The magistrates, however, did not concur with their London brother, but decided that the quack was in contumacy, and fined him £20 and costs. The point has yet to be settled by the superior courts, and if decided in favour of the medical profession, will very greatly strengthen the 40th section of the Medical Act. If not, an early attempt must be made to amend that miserable abortion of legislation.

In connection with this case we observe that the Council of the Irish Pharmaceutical Society has informed certain petitioners who desired that they might be protected against unlicensed traffic in pharmaceutical products, that they are "not a prosecuting body," and will, in fact,

leave the chemists to fight out the legitimacy of their practice as well as they can. Being aware that the Medical Council had long since adopted this *non possumus* at the instance of Sir Dominic Corrigan, who is also President of the Irish Pharmaceutical Council, we experienced no surprise at this announcement, except that which we shall feel if the pharmaceutical chemists of Ireland submit to such shirking of duty by their own society. By adopting the course which they did, the Medical Council simply escaped an unpleasant part of their functions, and they who were charged by the country with the duty of protecting the public against incompetent practitioners simply refused the trust, and left the public and the profession to the ravages of such harpies. That the prosecution of quacks was and is a part of the business of the Medical Council does not admit of serious dispute, and in our opinion the theory they have hitherto acted upon—*i.e.*, that no part of their funds were applicable to such purpose is an entire fiction concocted for the purpose of escaping responsibility.

The medical profession is obliged to submit because it has no elective control over the Medical Council, but there is no reason why the Irish pharmaceutical chemists should tolerate the shirking of one of the most important functions of their conciliate representatives. They elect their own council, and it is quite open to them to intimate distinctly that they will not vote for the re-election of any of the outgoing members who have joined in the decision to leave the members of the society at the mercy of pharmaceutic quacks. If the members omit to use their electoral privileges they have themselves to blame for the *status quo*.

Notes on Current Topics.

Vaccination from the Scab.

One of our correspondents writing from Queenstown, Ireland, reminds us of a method of vaccination which has never received much encouragement in this country, although it has been extensively employed abroad. Our correspondent goes so far as to say that the protection afforded by vaccination would be much greater than it is if the scabs, which are left by the small-pox pustules, were exercised in performing the operation instead of the fresh or dried lymph. We are also told that, by removing the moist infection, we lessen the virtue and strength of the virus, and that had this method been always adopted in this country we should not hear of such epidemics as that with which we are now visited. This may appear an extraordinary and even absurd statement to those—and they are many—who have never heard of such a plan of vaccination; but, however erroneous such an opinion may be, it, nevertheless, rests upon some basis. So long ago as 1802, Mr. Bryce showed that vaccine-scabs may be used for communicating the disease, and it has been said that this is the most certain mode of transmitting cow-pox to warm climates. It is, moreover, as our correspondent observes, a method that is very generally adopted in America. Dr. Wood, in his *Practice of Medicine*, observes that the scab is certainly efficacious, and is, in his country, almost exclusively employed. He states that he has used it from the commencement of his practice, and remembers only two instances in which he did not succeed with it. One great advantage urged in favour of the scab is, that if properly preserved, it will keep for months, or even for a year or more. To preserve it for a long time it is usual to wrap it up in tin-foil and coat it with wax. When about to be used they should be reduced to a powder, and moistened with a little tepid water. The scab should be umbilicated, of a reddish-brown or garnet colour, translucent, and brittle. Dr. Wood, however, is quite right in saying that in Europe much prejudice exists against the use of the scab, and we doubt whether we shall ever overcome a prejudice which is not altogether an irrational one. It is universally admitted that vaccine-lymph is in its greatest perfection when taken from an eighth day vesicle, and that after that date it deteriorates and becomes less efficacious. We are, therefore, at a loss to account for the success which is said to attend this method, and, at all events, either this success must have been very much exaggerated, or the general opinions respecting the deterioration of the lymph after the eighth day must be an erroneous one. Then again, the scab system of vaccination is certainly a dirty and repulsive one. To vaccinate with matter that is prepared from a scab—and that, perhaps, a dirty one—is not so clean and innocent in appearance as the clear limpid and transparent lymph taken from a vesicle. We are surprised that this plan is popular in America, and it is evident that they have no "anti-vaccination league" in that country. Were we to attempt to introduce this practice into England we should expect to see vaccination put a stop to altogether.

A Good Example from Dublin.

Some time ago we had occasion to notice the zeal which the authorities at Birmingham have shown in taking advantage of the Artisans' Dwellings Improvement Act, and the great improvement that has within the last few years taken place, in the sanitary and social condition of that great town. We are now glad to find that Dublin has been one of the first towns to follow suit in this great work of ameliorating the sanitary condition of the working classes. In a speech which the Recorder of Dublin recently delivered to the grand jury of his court, he announced that St. Stephen's Green would be in future preserved as an ornamental garden for the recreation of all classes; and, what is still more gratifying, that the municipal authorities had resolved to carry out important sanitary improvements, in accordance with the provisions of the Act above mentioned. They propose commencing at once with two of the twelve areas which have been condemned by Dr. Mapother as incapable of being put into a proper condition, except by "comprehensive reconstruction," and probably it will not be long before all the other objectionable districts of Dublin receive the same attention from its municipal authorities, and the whole town be made as healthy as any in England. Besides when the chief metropolis of a country leads the way in any great sanitary movement, it is generally found that other smaller towns follow the good example that has been set them; and therefore, there is every reason to expect that before many years have elapsed, the improvement in the sanitary state of the Irish people will be as

great as that which has taken place in their social condition.

How Contagion is Spread.

THE following very pitiable case is only one of many that have recently occurred to show how difficult it is to prevent the spread of infectious diseases, and how easily the source or media of infection may escape detection. Mary Woodward, married, residing in New Street, Lambeth Walk, was summoned by John Baxter, one of the inspectors of nuisances for the parish, with having transmitted without disinfection, two blankets, which had recently been exposed to an infectious person suffering from the small-pox. Mr. Baxter stated that on the 19th ult., in consequence of information, he went to No. 3 New Street, East Street, Lambeth Walk, in the occupation of the defendant and her husband. He found one of the children suffering from small-pox, and after giving certain necessary directions, gave defendant a copy of an extract from the Public Health Act of 1866. About seven o'clock the same evening the husband of defendant informed witness that his wife had taken two blankets to a pawnbroker and pledged them. Witness immediately proceeded to the pawnbroker's named, and found two blankets had been pledged by the defendant. They were on the dust-hole in the back-yard. He disinfected them. He afterwards spoke to the defendant as to why she had pledged the articles without disinfecting them, and she said she had done it to get food. Witness told her that would not justify her in spreading the disorder wholesale in such a manner. She refused to give him the pawn tickets, and told him to get the blankets as best he could. Witness took the blankets out of pledge, and again had them disinfected. Mr. Ellison said the reason given was not sufficient for her spreading infection over the whole neighbourhood. If her story was true with regard to her husband, and being without food, he could not but commiserate her condition, but he could not shut his eyes to the fact that she had committed a most serious offence. No plea of hunger could be accepted for such conduct, and although he did pity her, he must consider the duty to the public he had to perform. He must, therefore, to check such a practice, impose the fullest penalty the law allowed him, viz., £5, or two months' imprisonment. The defendant said she was pleased at the decision, and thanked his worship, as she would be away in prison from her husband's ill-treatment. In this case it is evident that, but for the confession of the husband, nothing would have been heard of these blankets, other articles of clothing would have contracted the contagion, and when some weeks, and even months afterwards, their owners were attacked with small-pox, the wonder would have been how they could have caught it, considering, perhaps, they had never been anywhere near a small-pox patient. Unfortunately, a great deal of ignorance of the law on this subject exists among all classes of society, and our sanitary authorities could not take a better step than that of leaving at every house, especially in the poorer districts, and among laundresses, needlewomen, tailors, &c., a copy of an extract from the Public Health Act.

Progress of the Small-pox Epidemic in London.

THE deaths from small-pox, which had been 75, 97, and 75, in the three preceding weeks, rose last week to 116, the highest weekly number during the present epidemic; 45 were certified as unvaccinated, 40 as vaccinated, and in the remaining 31 cases the medical certificates did not furnish any information as to vaccination. The 116 fatal cases included 47 in the Metropolitan Asylum Hospitals at Homerton, Stockwell, and Hampstead, 5 in the Highgate Small-pox Hospital, 2 in the North-street Infirmary (Poplar), 1 in an ambulance, and 1 in the House of Correction; the remaining 60, or 52 per cent. of the total cases, occurred in private dwellings. The Metropolitan Asylum Hospitals contained 859 small-pox patients on Saturday last, against numbers increasing steadily from 185 to 823 in the ten preceding weeks; about 200 cases were necessarily refused admission during the week, all the available beds being occupied.

The Metric System in Prescribing.

THE Medical Society of the county of New York has passed a resolution strongly recommending to the profession the adoption of the metric system for their prescriptions. The resolution was adopted without a dissentient voice, and it will probably have much influence in New York. The following simple instructions are given in a New York journal, by which prescribers may readily change their formularies:—

Physicians heretofore accustomed to the old system need not be discouraged by any seeming difficulty. It is not by any means necessary to pedantically translate one system into the other. The rule is to choose the *nearest round number ending in* 0 *or* 5, excepting in the case of very potent remedies. Indeed, by remembering the following two simple rules, the translation becomes exceedingly easy:—

1. In prescribing the equivalent of *drachms or ounces*, *multiply the number of drachms with* 4, and round off the product.

Reckoning a gramme equal to 15 grains, which is in practice correct enough, we would therefore write instead of ℥ss: 2·0 gm.; for ℥i: 4·0; for ℥i ℥ss: 6·0; for ℥ii: 8·0; for ℥ss: 15·0 (rounded off); for ℥i: 30·0 (instead of 31·1).

2. In prescribing the equivalent of *grains*, *multiply the latter by* 6, and round off the product, which is the corresponding quantity in *centigrammes*.

3 grains: 3 × 6 = 18, rounded off 20 ctgrm., or 0·20 gm.
4 grains: 4 × 6 = 24, rounded off 22 ctgrm., or 0·25 gm.
10 grains: 10 × 6 = 60 (instead of 66), or 0·60 gm.

The main attention is to be directed to the preservation of the *relative* quantities of the ingredients in a prescription, and besides, to the fact that liquid medicines, if prepared by weight, and dispensed (as they always will be) by measure, must be adjusted in such a manner that the active ingredient, if its specific weight is much different from that of water, be not prescribed in too large or too small a dose. Of heavy liquids a larger weight, and of light liquids a smaller weight will be required to fill the same measure.

2 fl. ℥ of chloroform weigh nearly 3 ℥ in weight; hence,

in prescribing a heavy liquid like chloroform in the metric system, regard must be had to its specific gravity. The same is the case with liquids lighter than water, as for instance spiritus ætheris comp., of which 1 fl. ʒ weighs only about 40 grains.

The capacity of the ordinary domestic measures, as compared with the metric system, is as follows :—

A wineglassful is equal to about 3 fl. oz., or 100 gm.

A tablespoonful (℥ ʒ) corresponds to 15 gm.

A teaspoonful (1 ʒ) corresponds to 4 gm.

A teaspoonful of vegetable powder is about equal to 15 to 20 grains, or 1 to 1·5 gm. ; and of a mineral or saline powder about 30 to 40 grains, or 2 to 3 gm.

A noticeable exception is calcined magnesia, which is often prescribed to be measured in such a manner; this substance occupies a bulk about six times as large as an equal weight of sugar ; one teaspoonful of the latter weighing 2·0 gm., the same measure of magnesia weighs only about 0·3 gm. (or 5 grains).

The Population of the Twenty Large English Towns in the middle of 1877, as estimated by the Registrar-General.

Population being the basis of all calculated vital statistics, it is of the first importance that trustworthy information as to the numbers of the people should be available. As censuses, or enumerations of the people, are in very few places held more frequently than once in five years, and in the United Kingdom only once in ten years, it is necessary to adopt some system by which approximate estimates of the populations, in the years which intervene between the censuses, may be framed as a basis for mortality and other statistics.

The Registrar-General, unless exceptional circumstances are brought under his notice by local authorities in proof of an abnormal rate of increase or decrease, is under the necessity of adopting the most approved mode of estimating populations in each year between the decennial census enumerations, by assuming that the rate of increase which prevailed during the period between the last two censuses, has been maintained since the most recent enumeration. The census in 1871 proved that this method had produced approximately accurate estimates of the population of England and Wales, of London, and of the different registration divisions and counties in the several years of the decade 1861-71. In many towns, however, the rate of increase in one decade does not afford a reliable indication of what it will be in the next ; hence, in towns, more frequent enumerations are urgently needed, in order that the public confidence in sanitary statistics may not be weakened by distrust of the approximate accuracy of population estimates.

The estimated population of the twenty large English towns, dealt with in the Registrar-General's returns, of which we furnish our readers with a weekly summary, is calculated at 7,055,612 in the middle of 1877, showing an increase of 101,973 or 1·5 per cent. upon the estimate for 1876. During the year 1876 the excess of births over deaths in these twenty towns, including London, was 101,505, and 17,980 more than in 1875.

The estimated population of Registration London in the middle of 1877 is 3,533,484, and exceeds by 11,356 the estimated population of the nineteen provincial towns The estimated increase of population in London between the middle of 1876, and the same period of 1877 is 44,056, and 5,548 less than the excess of births over deaths during 1876. A portion of the natural increase to the population of inner London now flows over its borders into the outer ring of suburban districts. The estimated population of the London outer ring in the middle of 1877 is 834,063, and 36,884 more than the estimate for the middle of 1876.

After London, Liverpool is the largest town in England and Wales, with an estimated population of 527,083; Manchester and Salford together are credited with 500,397, and Birmingham with 377,436 inhabitants. The populations of Leeds, Sheffield, and Bristol range between two and three hundred thousand ; that of seven towns between one and two hundred thousand. In the five other towns the population is less than a hundred thousand, the smallest town in the list being Plymouth, with 72,911 inhabitants. The calculated rate of increase of population in these several towns between 1876 and 1877, based upon the ascertained rate of increase between 1861 and 1871, varies to a marked extent ; it was equal to but 4 and 7 per 1,000 in Manchester and Norwich, whereas it ranged upwards in the other towns to 26 in Sheffield, 32 in Bradford, and 34 in Leicester. In Birmingham, the excess of births over deaths was greater by 1821 than the estimated increase of population ; in Sheffield, however, the estimated increase is greater by 2,595 than the excess of births over deaths in 1876.

"Married off the Strength."

The case of Mary Webster has called forth a great deal of sentiment, much of which is misplaced. Women "off the strength" know perfectly well that the proper person to apply to for medicines or medical attendance is the parish doctor. They are not recognised in the army, whose mobility and efficiency is already seriously affected by its married *impedimenta*. It is not long since a regiment arrived in Dublin with some three hundred women and children. The soldier married "on the strength" receives every indulgence in the shape of special hospitals, medical comforts, medicines, and medical attendance, and under recent arrangements special medical officers. To relax the very salutary rules now enforced would be to open a door to much abuse, and necessitate at the same time a very large increase in the medical and corresponding staff of the army, which a sentimental public might object to when it took the shape of an increased estimate for the medical department, whose cost is so terribly troubling to the economists of the day.

Invalidity of Insurance in Case of Death by Abortion.

The Mutual Insurance Company of New York has just tried out this question. In 1871 the Company issued a policy on the life of a woman who died in consequence of a miscarriage produced by an illegal operation performed upon her. The Company refused to pay the money, and the case was carried to the Superior Court, whence it went to the Supreme Court, which has just given the following decision : "The voluntary act on the part of the assured,

resulting in her death, was of such a character as to preclude the defendants from assuring against the consequences.

Another Fourpenn'orth of Doctoring.

A CONTEMPORARY publishes the following handbill :—

"Self-supporting Dispensary, 72 Worship Street. — Mr. Timothy, L.R.C.P. Lond., L.M.R.C.S. Eng., M.R.C.S. and L.S.A.—Charge fourpence in the morning and sixpence in the evening. A visit to any dispensary patient, within a radius of a mile, before three o'clock in the afternoon, *one shilling*."

On referring to the "Medical Directory," our contemporary finds that P. Vincent Timothy really possesses the qualifications mentioned, and, curiously enough, is the author of "Advertising Propensities of the Medical Fraternity."

Swearing to his own Idiocy.

At a recent will trial in Ohio the defendant, says a New York contemporary, swore that at the time he executed the instrument he was "idiotic and of weak and unsound mind." This is the first case on record in which this very common explanation concerning one's idiocy was ever sworn to. Generally, however, this is not necessary.

Medical Microscopical Society of London

WE are requested to mention that the meeting of this Society will be held in future at the Century Club, 6 Pall Mall Place, W., commencing with the Annual General Meeting on Friday next at 8 p.m.

War-Office Sanitation.

THE War-Office, already distinguished by its medical policy, has achieved sanitary distinction in the London police courts. Last week the summonses taken out by the sanitary authority of Bethnal Green against the owner of the Militia Barracks, requiring the premises to be put in repair and made fit for habitation, came on for hearing. The state of the buildings, it appeared, was such as to render them a nuisance and injurious to health. The worst part of the buildings was, it seemed, the bed-rooms and dwelling-rooms. These were arranged with a sink, the open pipe of which had a direct communication with the common sewer, and, as a consequence, effluvia therefrom mounted into the rooms. The barrack yard and hospital were also in a bad state, and it was stated that there had been several cases of fever and disease among the men of the regiment—the Tower Hamlets Militia. A gentleman said that he appeared as solicitor for the War Department. When the summons was applied for no doubt the magistrate was not informed that the barracks were Government property. Had that been done the summons would probably not have been issued, for it had been decided by no less an authority than the Lord Chief Justice of England, *that the Crown was not bound by the provisions of an Act of Parliament unless such was expressly named therein.* The solicitor, however, felt it right to say that there was no wish on the part of the Government to do anything but what was right and necessary, and matters were now being proceeded with at the barracks. What a confession for a public department! and what a plea for the Government to put in! The War-Office had continually and persistently ignored remonstrance, and neglected the commonest sanitary duties, for infraction of which the law would have punished a subject, and had forced upon the parish the necessity of going to law with it, which being done, it pleads that it is not bound by any law, and cannot be submitted to a penalty. Such a plea is analogous to the plea of statute of limitations against a just debt, and is more discreditable to the department than the admission that they had waited until law-process compelled them before remedying the barrack nuisances.

PROF. MOLESCHOTT, of Turin, has been made a Senator of the Italian Kingdom, a distinction doubly appreciated by a German *savant* who has so identified himself with the interests of Italy. The students presented a congratulatory address to the Professor.

IN a bog in the Co. Monaghan, a very fine and perfect specimen of the elk was discovered lately. The skeleton is complete, every bone being forthcoming. Not an antler is broken, although they measure seven feet six inches across. The animal stood about six feet high, and is perhaps the best specimen in Ireland.

Correspondence.

THE NEW PUBLIC HEALTH BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—As there would seem to be a general concensus of opinion that the forthcoming Health Bill will very likely give the consulting officers greatly increased powers in each union, permit me to suggest that these officers should, as a condition of *ex-officio* appointment, undergo :—

1. A special training of three months.
2. Should pass after that a special examination in hygiene.
3. Should agree to surrender their entire private practice, if at any time required to do so by the Local Government Board.
4. They shall be paid entirely out of the Consolidated Funds.

No untrained official ought to be appointed. It would be unjust that the present officers should be suspended without giving them an alternative.

Yours, &c.,
SANITARIAN.

ANIMAL VACCINATION IN THE UNITED STATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Talking recently, in Boston, with Dr. C. R. Drysdale about vaccination, I referred to the fact that lymph from the heifer was generally used in Massachusetts. He said that your readers would doubtless be glad of a few facts in regard to it. Before coming to England I was connected with one of our largest State institutions. The laws of the State oblige us to vaccinate all who are admitted (within twenty-four hours) who have not been recently vaccinated, or have had small-pox; also children born at the institution. For five years at least we have used lymph from the heifer, which we obtain from Dr. Henry A. Martin and Sons, of Highland District, Boston. The lymph is sent to us by post, on ivory points, done up in cotton wool and oiled silk, or something of the kind. We pay either eight or ten shillings (two dollars, or two, fifty cents), I am not sure which, per dozen. We simply scarify the arm, and rub the point on the little places.

Each side of the point is charged with lymph, and one point often answers for two arms, using one side for each arm. When quite positive that a child is healthy, we sometimes use the lymph from its arm, but not after passing through a second. Dr. Martin and Sons are always very happy to answer any questions with regard to this lymph. I have called on them sometimes to procure it, and have found quite a room-full waiting while a son had gone to their farm for a fresh supply. Besides the points, they have the lymph in an air-tight glass tube, and they supply crusts (all from the heifer), but they unhesitatingly recommend the points as best. Dr. Martin and Sons also do quite a business in vaccinating people at their office.

Children wishing to enter our public schools must obtain a physician's certificate of vaccination.

Yours obediently,

H. MARSH, M.D.,
Boston, Mass., U.S.

London, January 11th, 1877.

HALF-PAY AFTER TEN YEARS' ARMY SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me in your next issue on the following :—An army surgeon of over ten years' full pay service is placed on half-pay through ill-health. Should he be called back on full-pay at the end of two years, would he necessarily at once be made surgeon-major, his twelve years having been completed? Or would he have to make good the time he had been on half-pay?

I am, Sir, your obedient servant,

HALF-PAY.

[Half-pay does not count towards twelve years' full-pay service in the army, the number of years of active service necessary for promotion.—ED. M. P. & C.]

THE MEDICAL DEFENCE ASSOCIATION AND UNQUALIFIED PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Medical Defence Association has opened a campaign against illegal practitioners with perseverance and vigour, and I trust that it may be enabled to carry on its warfare with further success. This will no doubt depend upon the *commissariat*, and their having the sinews of war in the shape of funds.

This is the first combination that has fairly grappled with the evil, and it fully deserves the practical support of the whole profession. This crusade against men who usurp the function of the physician *outside the pale of the profession* is a laudable one, but it will still better serve our interests and elevate our dignity when it is dedicated to internal reform, and when the practice of visiting and prescribing by unqualified men under the sanction of Fellows and Members of our colleges also comes under its notice.

I believe the time has now come to strike a blow at an evil that has developed in our midst in spite of protestations and in defiance of all the laws that have been framed for our own protection. I need hardly say I allude to the practice of employing *unqualified* medical assistants. It is a well-known fact, and we cannot disguise it however much we may desire to do, that there are numbers of men practising our profession who have never undergone a course of medical education or training, and who have less claim to practise than even any one of those whom the Medical Defence Association has already prosecuted.

It becomes a grave question whether we have not ourselves to blame for the existence of quacks by our own toleration within our own ranks of both the old and young men who have never taken out the necessary qualifications required by the laws of our country. It was clearly the intention of the legislature when it granted the Medical Act that none but those who had passed a proper examination and obtained a license should either visit or prescribe.

It would be trivial to enter into the reasons that induced Government to pass such a wise and beneficent law. It is a matter of regret that we have been so forgetful of our own interests and rights that the intention and object of this Act are defeated, and that the law is openly violated, daily and hourly, in every part of England.

I hear it often said that we have a superfluity of medical men, and that the profession is overcrowded. I believe this to be a fallacy. I grant that our ranks are swelled to an inordinate degree by those who have no legitimate connection with us, but that the number of properly-qualified practitioners is in excess of the requirements of the age I deny *in toto*.

It remains for younger members of our profession to take up and ventilate the subject, for it presses with the greatest injustice and severity upon them.

Ireland can teach us a lesson in these matters, as she neither descends to *fourpenny* practice nor tolerates *unqualified practitioners*.

Fas est et ab hoste doceri.

Yours faithfully,

AN ENGLISH PRACTITIONER.

January 13th, 1877.

NOTES FROM OUR EXCHANGES.

"MEDICAL AND SURGICAL REPORTER."

IN the treatment of inflammation of the nervous centres and their appendages, as it occurs in infancy, H. Nye, M.D., Enon Valley, Pennsylvania (Sept. 30th, 1876, page 268), advocates the use of nauseating doses of verat. viridi, hydrate of chloral, and blisters applied to the whole length of the spine, in conjunction with warm bathing, attention to the condition of the bowels, stomach, and gums, worms, and other sources of irritation.

The verat. viridi depresses the heart's action, and diminishes the pulse from 150 to 120, or 70 per minute, and consequently diminishes active inflammatory action. Care must be taken not to push its administration too far, owing to the severe prostration it induces. The blister applied to the spine should be an inch to an inch and a half in breadth.

Posture in Heart Disease.—Dr. Gueneau de Mussy, in a communication to the *Gazette des Hôpitaux* (*Medical and Surgical Reporter*, page 274), points out that one of the most frequent functional signs of cardiac affections is the difficulty that patients experience in preserving the horizontal position during sleep, generally requiring to have the head raised by several pillows. Some, however, do prefer the lying down posture, and these are generally cases of aortic insufficiency. Dr. Gueneau de Mussy's explanation of this fact is as follows :—"When the aortic orifice, incompletely closed by its valves, permits a reflux of blood to the ventricle, the reflux is accomplished under the double influence of the weight of the blood column and the contraction of the aorta. The first of these influences acts to its full extent in the vertical position of the trunk, and is almost annihilated in the horizontal, so that suppressing one of the co-efficients the inconveniences of the lesion are lessened, and a relief produced which instinctively makes the patient seek the horizontal position.

It is otherwise in lesions of the auriculo-ventricular orifices; the vertical position of the trunk renders the reflux of blood into the auricle less easy, and is instinctively chosen by the patient.

Pulling at the Placenta.—A Dr. Zyer, of Peterculter, condemns strongly the habit of dragging in the placenta to aid in the expulsion of the latter. He advocates a period of rest after delivery of the child has taken place, during which, unless there are symptoms of flooding, the uterus should not be grasped, or subjected to pressure. He finds that when allowed to come by the natural efforts of expulsion, the edges of the placenta come first, it being doubled and folded upon itself always in the length and direction of the passages.—(August 26. 1876, page 176.)

Dispersion of Ovarian Cysts by Electricity.—Dr. J. W. von Ehrenstein, of Dresden, has contributed an article to

the *All. Med. Central Zeitung* of June and July, in which he claims remarkable success in the treatment of ovarian cysts by the employment of electricity. (*Med. and Surg. Reporter*, August 26, page 176.)

Cases of Removal of the Spleen.—M. Péau, at the meeting of the Académie de Medicine (*Bulletin*, No. 29), on the 18th of July, exhibited two patients upon whom he had successfully performed ablation of the spleen, in consequence of large tumours of the organ. The health of both patients was very good at the time of exhibition. One of these cases had been operated upon, as far back as 1867; his health during the interval has been excellent. (*M. S. Reporter*, Sept. 23 1876, page 253).

ROTUNDA HOSPITALS.

At a meeting of the Board of Governors of these hospitals, held on the 12th inst., Wm. Hume Hart, M.B. & M.Ch. Dub., was appointed Assistant-Physician in the room of Dr. A. V. Macan, whose term of office had expired. On the same occasion the following vote of thanks was unanimously adopted :—

Resolved—"That the thanks of the Board are due, and are hereby given, to Dr. A. V. Macan for the zealous and efficient manner in which he discharged his duties as Assistant during his term of office, and for his kindness and attention to the patients."

The King and Queen's College of Physicians in Ireland has made arrangements for courses of lectures to be delivered in their College Hall on six successive Mondays, commencing with the 22nd of this month. The first lectures will be two of Professor Emerson Reynolds's on "The Influence of Chemical Constitution on Physiological and Therapeutical Action." He will be followed by Professor Macalister, the subject of whose lectures will be "The Development of the Muscular System in Vertebrates," and "The Intestinal Canal in Man and in the Higher Animals." Dr. Foot will conclude the series with two addresses on "Tuberculosis." The arrangements of admission are stated in our advertising pages.

Obituary.

ALFRED SMEE, F.R.S., F.R.C.S.

It is with much regret that we have to announce the death of Mr. Alfred Smee, at the somewhat early age of fifty-eight. Mr. Smee was the son of a gentleman who held the office of chief accountant of the Bank of England. At an early age he exhibited a liking for scientific pursuits, and when he left school, commenced the study of chemistry, with the view of becoming a chemist; subsequently, the course of events found him the hard-working apprentice of a general practitioner. In 1840 he obtained the diploma of the College of Surgeons; and in 1853 he was elected a Fellow. Mr. Smee was for a time connected with the Aldersgate School of Medicine, where he lectured on Surgery. Subsequently he became Surgeon to the Royal General Dispensary, and on his retirement from this, devoted himself to eye practice. Early in life he married a lady, who brought him a considerable property, and his father's influence obtained for him the appointment of surgeon to the Bank of England. Although he retained his house in Finsbury Circus, he spent the greater part of his days at his country residence in Surrey, described in a book known as "My Garden." In this volume the botanical, zoological, and geological features of interest, not only of his garden, but of the surrounding neighbourhood of Beddington are given and illustrated with considerable care and minuteness. At the early age of twenty-three he was elected a Fellow of the Royal Society for his researches on electro-metallurgy and a very useful and economical battery devised by him, still bears his name. Mr. Smee, being independent of his profession, and free from the drudgery of practice, devoted himself with considerable ardour to scientific book-making. He took up with Electro-Biology, and wrote a book upon it; he investigated the potato disease, which he wrongly attributed to an aphis. This soon brought a book on "The Potato Plant, its Uses and Properties." "Instinct and Reason" next engaged his attention; this was followed by "The Properties of Thought adapted to Words and Language," both of which are devoid of that solid material which is calculated to make the writings of the man of science remembered when he shall have passed from among his fellows. He is said, however, to have devised the present system of printing Bank of England notes; and among his professional writing his book on "Vision in Health and Disease" may be said to possess considerable merit. He aspired to sit in Parliament; and although he had neither a voice to impress the multitude nor powers of oratory, he valiantly stood two contested elections for the city of Rochester, but on each occasion failed in the object of his ambition.

Medical News.

Vital Statistics.—From the Registrar-General's reports we learn that during last week 6,211 births and 3,673 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,538. The mortality from all causes was at the average rate of 24 deaths annually in every 1,000 persons living. The annual death-rate was 25 per 1,000 in Edinburgh, 22 in London, 32 in Dublin, and 26 in Glasgow. In the other large towns the rates were—Plymouth 19, Portsmouth 21, Nottingham 21, Sheffield 20, Bristol 21, Leicester 21, Norwich 14, Brighton 24, Sunderland 28, Birmingham 22, Leeds 22, Wolverhampton 23, Hull 19, Oldham 20, Manchester 29, Salford 30, Bradford 22, Liverpool 27, and Newcastle-upon-Tyne 29. The annual death-rate from the seven principal zymotic diseases averaged 3·6 per 1,000 in these towns. No death from these seven diseases was registered in Norwich, whereas the zymotic rate was equal to 5·1 in Manchester and 7·4 in Salford. The deaths referred to small-pox were 146, against 125 and 104 fn the two preceding weeks; 116 occurred in London, 22 in Liverpool, 6 in Salford, 2 Manchester, and not one in any of the sixteen other large towns.

Liverpool Medical Institution.—At the annual meeting of the Liverpool Medical Institution held on the 9th inst., the following office-bearers were elected :—President, Dr. James Turnbull. Vice-Presidents—Dr. Glynn, Dr. Lyster, Mr. Higginson, Dr. William Carter. Treasurer—Dr. Dickinsou. Hon. Secretary—Dr. Caton. Hon. Secretary of Ordinary Meeting.—Mr. Chauncy Rurzey. Hon. Librarian—Dr. Campbell. Members of Council—Dr. Adam, Dr. Armstrong, Dr. John Cameron, Dr. Pollard, Dr. Rawdon, Mr. George H. Snape, Dr. Alexander, Dr. Braidwood, Dr. T. D. Chalmers, Dr. Finegan, Mr. McCheane, Dr. Samuels. Microscopical Committee—Dr. Braidwood, Dr. William Carter, Dr. Caton, Dr. Davidson, Dr. Glynn, Dr. Lupton, Mr. Newton, Mr. Rushton Packer. Auditors—Dr. Adam and Mr. Frederick W. Lowndes.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader "Subscriber," "Old Subscriber," &c. Much confusion will be spared by at ention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

OUR attention has been called to the conduct of two Poor-law Medical Officers in Ireland which, if the circumstances be truly reported to us, is disgraceful and dishonourable in the highest degree, and such as to disentitle them not only to professional recognition, but to association with any gentleman. One of these practitioners is stated to have obtained his election to a district in the south of Ireland by means of the influence of the preceding medical officer who had resigned. He received that influence upon the faith of a solemn promise by him that his tenure of the dispensary was to be considered as only temporary and that he would resign the office when requested to do so by the medical officer who had exercised his influence to secure the election. That promise was not merely a verbal one—which might have been considered sufficiently binding between gentlemen and brother practitioners—but was reduced to writing, and is now extant in the form of a perfectly explicit letter of undertaking. The circumstances which were to terminate this person's temporary tenure of the dispensary having arisen, he was called upon to fulfil his pledge and resign, upon which, by letter, he announces the fact that he has possession of the district and means to hold it in spite of any promise he may have given to the contrary.

The second instance is that of a medical officer who has accepted an office in defiance of his own written guarantee that he would not do so. A sanitary appointment in a northern county—which had been held by the former occupant at a nominal salary, having become vacant, the medical practitioners within the union met together to consider the course to be pursued, and decided not to accept the office except at an increased remuneration. This determination was expressed perfectly, explicitly, and without any condition in the form of a resolution which all the practitioners then and there signed. For twelve months the office remained vacant, during which time the guardians exhausted every effort to procure a cheap doctor. At length they found one suitable to their views in the person of one of the practitioners whose signature at this moment testifies against him on the face of the resolution. Without notice to his medical brethren, or apology of any sort, this person accepts the office.

The conduct of these practitioners cannot be passed over in silence, but we hesitate to name them or produce the written records which are before us, hoping that some satisfactory explanation or *amende* may be made by them. We await some such communication which we hope may relieve us of the necessity of warning the profession at large against those who might be capable of such proceedings as are here indicated.

A USEFUL INSTITUTION.—A correspondent sends us the fifth annual report of Mrs. Hilton's Crèche, at Stepney Causeway, from which we learn that there are about 150 children in the establishment whose wants and ailments are attended to while their mothers are at work. Mrs. Hilton's praiseworthy endeavours to mitigate the sufferings of the little ones merit every encouragement. The balance-sheet shows an income for the past year of about £700, while the expenditure was kept within the income. The Princess Christian, who is patron of the Institution, has promised her kindly assistance to a bazaar, which is shorty to be held on the premises, in aid of its funds.

THE RAINFALL OF 1876.

MR. STEWARD, Optician to the National Rifle Association, sends us the following statistics which were taken at his Observatory:—

1876.	Inches.	Number of days on which rain fell.	1876.	Inches.	Number of days on which rain fell.
January ..	0.58	5	July	0.57	6
February ..	1.90	15	August ..	1.93	10
March ..	2.54	15	September ..	2.00	21
April	1.35	8	October ..	1.88	12
May	0.87	5	November ..	2.59	15
June	1.02	7	December ..	5.86	21
Total ..	8.26	55	Total ..	14.83	85
Total for the year ..	23.09 inches ..	140 days.			

Rain also fell on the first twelve days of the present month, amounting in the aggregate to 3.40 inches, which is already terribly in advance of the whole of January and February last year.

VACANCIES.

County of Louth Infirmary.—House Surgeon. Salary and other particulars to be obtained on application to the Secretary. (See Advt.)

County of Louth Gaol.—Surgeon. Particulars as to Salary, &c., to be obtained of the Secretary, Dundalk. (See Advt.)

Great Northern Hospital, London, N.—House Surgeon, and an Aural Surgeon. Full particulars of the Secretary.

Newcastle-on-Tyne Dispensary.—Resident Medical Officer. Salary, £200, with residence. Address the Hon. Sec., Grange Street, West, Newcastle.

East Riding Lunatic Asylum.—Medical Superintendent. Salary, £350, with furnished house. Applications to the Clerk to the Committee of Visitors, Beverley.

Cambridge, Addenbrooke's Hospital.—House Physician. Salary, £65, with board and lodging. Also a Dispenser. Salary, £100, with dinner daily. Applications to the Secretary.

Birmingham Midland Free Hospital.—Extra Acting Physician. Honorarium. £60 per annum. Applications to the Medical Committee, Children's Hospital.

Hastings Union.—Medical Officer for the second District. Salary, £85, with extra fees. Applications to the Chairman of the Board of Guardians, Hastings.

St. George's Dispensary, London, W.—Second Surgeon. The Resident Medical Officer will furnish all necessary information.

APPOINTMENTS.

BENT, J. F. V., M.D., Medical Officer and Public Vaccinator for the No. 2 District of the Risbridge Union, Suffolk.

BETTANY, G. T., B.Sc., Lecturer on Botany at Guy's Hospital Medical School.

BOULTON, G. S., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for No. 9 District of the Lincoln Union.

BRIDGES, Dr., an Assistant Physician to the Hospital for Sick Children, Great Ormond Street, W.C.

BROWNE, W. J., L.R.C.P.Ed., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Church Hill, co. Donegal.

CALLAN, M., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Castlebellingham, co. Louth.

CLARK, F. C., M.R.C.S.E., Assistant Medical Officer to the Suffolk Lunatic Asylum, Melton.

DAVIES, Mr. H. H., House Surgeon to the Flintshire Dispensary, Holywell.

DUNCAN, A. T., L.F.P.S.G., Assistant Medical Officer to the Joint Counties Lunatic Asylum, Carmarthen.

FOX, Dr. CORNELIUS, Medical Officer of Health for the Central, Eastern, and Southern Divisions of the County of Essex.

HUGHES, Mr. J. E., Medical Officer and Public Vaccinator for the Llanfihangel District of the Aberystwith Union.

KEMPE, Mr. J. A., Junior House Surgeon to the Hospital for Sick Children, Great Ormond Street, W.C.

KIDD, H., L.R.C.S.I., Medical Officer, Public Vaccinator, &c., for the Tullow Dispensary District of the Carlow Union.

LEWIS, J. R., M.B., C.M., Resident House Surgeon to the Bristol Hospital for Sick Children.

LLOYD, M., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Conwil District of the Carmarthen Rural Sanitary District.

MATHESON, F., M.D., C.M., Assistant Surgeon to the Royal Dispensary for Diseases of the Ear.

MEDWIN, A. G., M.D., M.R.C.S., L.D.S., L.R.C.P.L., Surgeon to the Dental Hospital of London.

NICHOLSON, W. R., M.R.C.S.E., Assistant Medical Officer to the North Riding Lunatic Asylum, Clifton, Yorkshire.

ORMSBY, J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Lower Mitton District of the Kidderminster Union.

POLLARD, F., M.D., Assistant Physician to the Liverpool Infirmary for Children.

PRITCHARD, U., M.D., F.R.C.S., Senior Surgeon to the Royal Dispensary for Diseases of the Ear.

STUDDERT, J. M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Carrigaholt District of the Kilrush Union, co. Clare.

SUTTON, F., M.R.C.S.E., Medical Officer of Health to the Rural Sanitary Authority, Gainsborough Union.

SWETE, H., M.D., Public Analyst for Worcestershire.

TAYLOR, H. E., M.R.C.S.E., an Assistant Resident Medical Officer to the Leeds Public Dispensary.

WARNER, F., M.D., M.R.C.P., Medical Registrar to the London Hospital.

WARNOCK, H. T., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Ballintra, co. Donegal.

WATSON, C. S., M.B., C.M., Resident Medical Officer and Secretary to the Bournemouth General Dispensary and Cottage Hospital.

Marriages.

SECCOMBE—SCARNETT.—On the 11th inst., at Angell Town, Brixton, George Samuel Seccombe, L.R.C.P. Lond., M.R.C.S. Eng., to Martha Elizabeth, only child of the late W. H. Scarnett, Esq., of Brixton.

Deaths.

BEWLEY.—On Jan. 4, at Kingsland Road, Charles Bewley, M.R.C.S.E., aged 56.

MERCER.—On Jan 1., at the East Riding Asylum, Beverley, N. G. Mercer, M.D., Superintendent, aged 35.

PUGH.—On Dec. 31, at Camberwell House, after a short illness, Edgar Joseph Pugh, M.R.C.S., L.S.A., Assistant Medical Officer of Camberwell House Asylum, aged 35.

SHARP.—On Jan. 4, suddenly, at Cullen, Scotland, Hugh Sharp, A.M., M.R.C.S.E., aged 66.

SILLAR.—On Jan. 3, at his residence, Bath House, Sydenham, Zechariah Sillar, M.D., and J.P. for the county of Lancaster, aged 81.

SMEE.—On Jan. 11, at his residence, Finsbury Circus, E.C., Alfred Smee, F.R.S., F.R.C.S., Surgeon to the Bank of England, aged 58.

TAYLOR.—On Dec. 24, at Uttoxeter, Herbert Taylor, M.D., aged 26.

THOMSON.—On Dec. 17, at St. Andrews, Andrew Thomson, M.D., aged 81.

WIDDUP.—On Dec. 14, on board the Royal Mail Steamer *Paria*, Wm. Cæsar Sutton Widdup, M.D., L.R.C.S.I., eldest and beloved son of John Widdup, M.D., of Penzance, co. Wexford.

WINZAR.—On Dec. 23, John Winzar, M.R.C.S., L.S.A., Medical Officer of Health for Salisbury, aged 71.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1877.

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Pathological Anatomy of the Brain— LOCALISATION IN CEREBRAL DISEASE. (a)

By Prof. Charcot.

Chapter XII.

II. But before entering in detail into the description of these vessels, it is quite necessary, gentlemen, to examine more closely than we have hitherto done the parts to which they are distributed.

In the last demonstration we have, so to speak, neglected *these* parts, and have indicated in a summary manner the general features of their configuration. That survey is now insufficient; we must enter into minuter details, in order to acquire more exact anatomical knowledge of the parts.

I need not insist on the fact that we are concerned with parts most interesting as regards cerebral localisation—viz., the thalamus opticus, the nucleus caudatus, the nucleus lenticularis, and the internal capsule. These are the different parts which combine to form the *central* system, as opposed to the *cortical* system.

Recall the way in which the crus cerebri, rounded until it reaches the thalamus opticus, is flattened out after it has passed it from within outwards, while it enlarges from before backwards, like a fan. On that fan, to keep up the simile, the nuclei of grey matter are disposed as follows:—within and behind, the *optic thalamus;* still internal, but farther forward and beneath, is the *nucleus caudatus.* Beyond the "fan," and under the optic thalamus, and the *nucleus caudatus,* is the *lenticular nucleus,* which stretches forwards, almost as far as the head of the *corpus striatum,* and backwards very nearly to the posterior end of the *optic thalamus.*

I wish merely to sketch the form and chief relations of the grey nuclei which I have enumerated—

1. The *thalamus opticus* has the form of a flattened ovoid; of its two surfaces, the upper appears in the lateral ventricle, and the inferior (also internal) faces the middle ventricle. On account of its close and numerous connections, it is difficult to separate it by dissection from the contiguous parts.

2. The *nucleus caudatus* is in the form of a cone, or a pyramid, the larger end being directed forwards and inwards, the tail upwards and outwards. The upper surface projects into the ventricle; the internal surface is in great part attached to the upper end of the internal capsule. This nucleus is easily detached by dissection; still, it is necessary, in order to isolate it, to break the numerous fasciculi which it receives from the internal capsule.

3. The *lenticular nucleus,* though its whole circumference is curved over, can be easily isolated from the neighbouring parts, as we shall see. Its general form is ovoid, having its ends anterior and posterior. We find in it two parts—(*a*) the anterior third—the more obtuse—formed of a mass of grey matter, much mixed up in front with the intra-ventricular nucleus of the corpus striatum; (*b*) the second part, consisting of the posterior two-thirds of the lenticular nucleus, is flattened vertically.

The inner and upper surface is intimately connected with the internal capsule; and the lower surface is parallel to the base of the brain. The outer surface is in contact with the external capsule. The "island" indirectly covers its whole surface. It is a very interesting preparation to make, to raise with great care, necessarily, the grey matter of the convolutions of the "island," of the anterior wall, and of the external capsule.

Lastly, one lights on the outer surface of the lenticular nucleus.

With hardened portions of brain one can very easily separate the external capsule from the exterior of the lenticular nucleus. The fact is that there are no medullary bundles—and you will see that there are no vessels either—connecting the external capsule with the third segment of the nucleus.

One may say, from the relations just described, that the three nuclei, or grey central masses—the thalamus,

(a) Translated from *Le Progrès Médical.*

caudate, and lenticular nuclei—are, as Foville has said, appended like cotyledons to the internal capsule, the prolongation of the cerebral peduncles.

On the ventricular side, the thalamus and the caudate nuclei are isolated ; and the lenticular nucleus is isolated in the direction of the insula.

These nuclei of grey matter form a system distinct from the other parts of the brain—by their connections, and by their vascular supply.

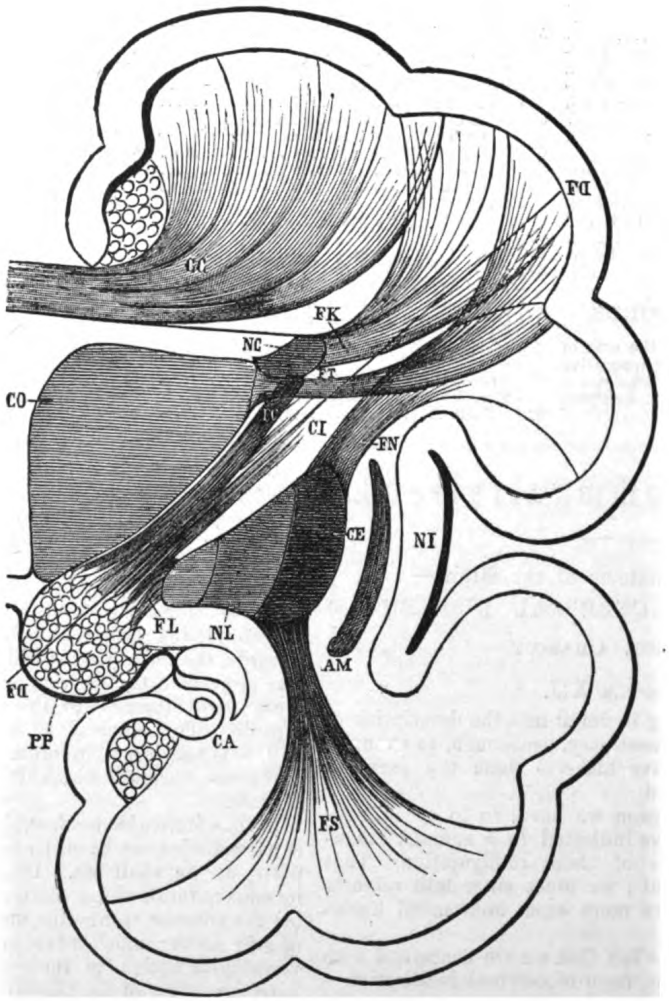
By vertical sections you will easily understand the relations of the central parts. I will not at present insist on the different details of structure of the various nuclei. I will return to them when necessary.

But I must now explain the constitution of the internal capsule.

The internal capsule is, at least a part—a prolongation of a portion of the cerebral peduncle—the *crusta*, or *inferior* layer. The *tegmentum*, or upper layer, which is separated from the crusta by the *locus niger*, is especially connected with the *corpora quadrigemina*, and the *thalamus*, but does not directly contribute to the formation of the internal capsule.

An old theory regarded the internal capsule as completely and directly emanating from the foot of the peduncle.

FIG. 12.



NC, Caudate Nucleus ; CO, Optic Thalamus ; NL, Lenticular Nucleus with its three segments ; AM, Anterior Wall ; CE, External Capsule ; CI, Internal Capsule ; PP, Foot of the Peduncle ; CA, Cornu of Ammon ; IN, Island of Reil ; FL, Fibres of the Peduncle destined for the Lenticular Nucleus ; FC, Fibres of the Peduncle destined for the Caudate Nucleus ; FS, Fibres from the Lenticular Nucleus which are lost in the Sphenoidal Lobe ; FN, Fibres of the Lenticular Nucleus which pass to the periphery ; FR, Fibres of the Caudate Nucleus which pass to the periphery ; FT, Fibres of the Optic Thalamus which pass to the periphery ; FD, Straight Fibres.

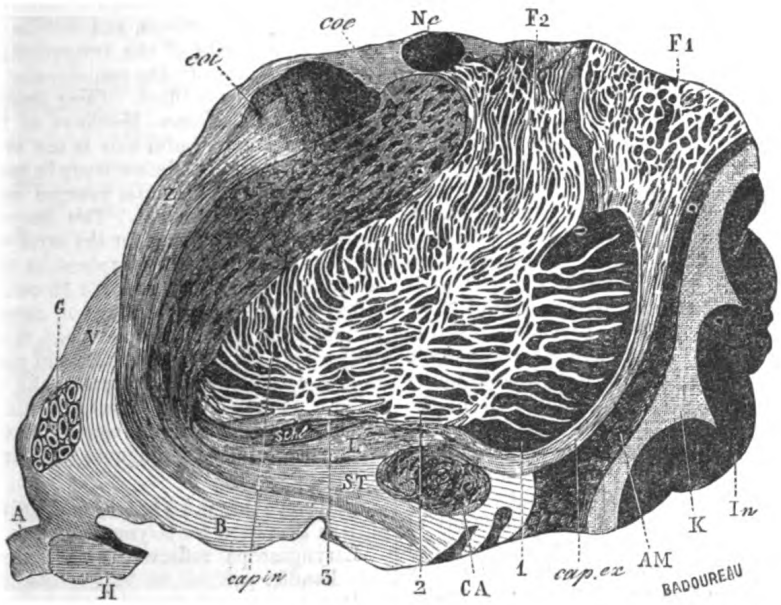
This error has been removed by MM. Luys and Kölliker. These authors have shown that some of the fibres, starting from the "foot," stop on their way to enter the various nuclei. Still, I think they have gone too far in saying that the internal capsule is entirely made up of—(1) fibres of the peduncle, ending in the ganglia ; (2) and of fibres running from the ganglia to the radiating corona.

MM. Meynert, Henle, and Broadbent are of opinion that there is a *third* class of fibres, which are, on the one hand, directly continuous with the "corona," and on the other side with the grey cortex, and the "crusta" of the peduncle.

We shall see that the existence of these last fasciculi rests on a certain number of pathological facts. Among others are certain cases of descending degeneration observed by M. Vulpian and myself.

In the cases to which I allude, we have to do with yellow patches, which had destroyed a large extent of the median convolutions, without any corresponding alteration of the corpus striatum, and had

FIG. 13.



1, 2, 3, Lenticular Nucleus; B, Basilar Portion of the Caudate Nucleus; IV, the Island; K, White Substance between the Island and the Grey Matter; AM, Anterior Wall; Caps. ex, External Capsule; Caps. in, Internal Capsule; CA, Anterior Commissure; H, Optic Nerve and Optic Ganglion; A, Commissure in the Central Cavity of the Mass of Grey Matter; V, Grey Substance of the Third Ventricle; Col and Coe, Internal and External part of the Optic Thalamus; NC, Caudate Nucleus; F, Fibres emanating from the Tapetum; F2, Fibres emanating from the two Internal Segments of the Lenticular Ganglion; ST, L, Schl, and Z, the four layers of the Substantia Innominata.

given place to a descending degeneration, which could be followed through the isthmus, to the lowest parts of the spinal cord.

We are indebted to M. Gudden for a series of confirmatory cases.

Henle probably goes too far when he writes, in his description of the nervous system, that the internal capsule is *especially* composed of fibres prolonging those of the foot. The facts, both pathological and experimental, in favour of the existence of these fibres are numerous and important. We shall be able to demonstrate further on that some of the fibres (the anterior ones) are centrifugal, and are connected with movement of the limbs, while the posterior ones have to do with the transmission of sensory impressions.

According to modern researches, the internal capsule is composed of—

(1) Of direct fasciculi from the peduncles, which traverse the capsule (without stopping) to the ganglia.

(2) Of indirect peduncular fasciculi, some of which run to the corpora striata, approaching them by the lower surface; others go to the lenticular nuclei, penetrating the first segment. Very numerous in the first, they are less and less so in the second and third segments, and it is to this fact that the difference in colour in the three parts of the nucleus is due.

We have nothing to do with peduncular fibres starting from the *foot* of the corona, to the thalamus, as this latter only receives fasciculi from the tegmentum of the cerebral peduncles.

These fasciculi, which pass from the crusta of the peduncle to the grey central nuclei, are succeeded in the upper part of the internal capsule by fasciculi, which, having origin in the grey nuclei, coalesce for the formation of the *corona radiata*, and pass towards the grey cortical substance. These fasciculi are known as "radiating fasciculi."

We must distinguish (1st) the radiating fasciculi of the corpus striatum, (2nd) those of the thalamus opticus, (3rd) those issuing from the lenticular nucleus, which start chiefly from the upper edge of the second and third segments.

It follows from this exposition that four kinds of fasciculi enter into the composition of the corona radiata, and connect the internal capsule with the cortex of the convolutions. These are—

1. The radiating fasciculi of the thalamus.
2. Those of the corpus striatum.
3. Those of the lenticular nucleus.

(These three kinds connect the grey cortex with the central nuclei.)

4. The direct fasciculi which pass from the crusta of the peduncle to the grey cortex without stopping in the grey nuclei.

In the internal capsule itself, and even in the crusta of the corona radiata, one may perceive these arrangements of fibres in their hardened sections slightly magnified—truly the examination is not easy. A little above this point all the fasciculi intermix and cross in all directions, giving rise to an inextricable network called the central white matter.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. MACNAUGHTON JONES, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

Introductory Remarks.

MANY years have gone by since Sir William Wilde drew attention to the general ignorance which exists amongst medical men on the subject of aural disease. Yet to the present day how few medical men do we find who do not view interference with any aural complication, save the simple blocking-up of the meatus with cerumen, as "meddlesome" and dangerous? How constantly do we hear physicians, well informed on other matters, speak of

any interference with the ear as "poking" and "meddling." The cause of this is not far to seek. To the same source of ignorance is attributable the want of knowledge of ophthalmic and laryngeal affections. The teaching of all the three organs—eye, ear, and throat, is too much neglected in the schools generally. An accurate knowledge of their diseases and pathology is not sufficiently insisted on. Students are satisfied with the most superficial idea of these special branches. Certainly, in this respect the term "speciality" is an unfortunate one. Most students view what they are pleased to regard, and are taught to look on, as special studies, as outside the pale of general surgery. They calculate that at most a question or two in an examination is all they have to fear. They know that most examiners in general surgery are themselves devoid of an accurate special knowledge of these branches. Hence comes neglect in the study of them, and the deplorable result that yearly the great majority of men are obtaining qualifications to practise who are totally ignorant of the advances which have been made in recent years in the diagnosis and treatment of the diseases of three of the most important organs in the body. The remedy is simple and obvious. Students should be practically taught the stress which the examining bodies lay on a sufficient study of these parts. They can only be brought to feel this by a practical examination in all three branches before they obtain their licence. This would speedily cause a greater interest in, and result in a more diffused knowledge of, these subjects. We should not then, as is now frequently the case, have men starting in practice, who have never seen an ophthalmoscope, never looked through an aural speculum, and have never applied a laryngoscopic mirror. To return to the particular organ under discussion, it is my object in these remarks to furnish the student and general practitioner with some brief, but practical, hints on the diagnosis and treatment of aural affections. The many valuable treatises now published on the ear are of course replete with information on this branch of surgery. But from several years' experience, and from constant consultation with medical men I find that such are not carefully or widely read, and hardly at all by students. Hence, through the medium of this journal some concise rules for practice, and useful hints on treatment, may be acceptable both to the practitioner and student. In order to do this I shall endeavour to make these observations as simple as possible, and deal principally with those diseases of every day occurrence, for the treatment of which all practitioners are being constantly consulted. It will not be necessary for this purpose to enter into vexed questions as yet unsettled, but simply to point out the leading principles which should guide the surgeon in arriving at a quick and safe diagnosis in any aural case. Nor is it necessary to distract attention by repeated reference to authorities. The mode of examination which I follow and detail is that usually pursued by aural surgeons; but more especially is that line of practice recommended which was adopted by unquestionably the leading English aurist since Toynbee's death, the late James Hinton. His zeal in the cause of aural surgery, and his anxiety for the spread of knowledge in this department, have attracted many to labour in this field. It was through this same disinterested kindness on the part of Mr. Hinton that I was, many years since, first brought to take an interest in aural surgery, and to feel, in his own words, "that very few fields of practice afford subjects of greater interest to study, or give a larger reward to the exercise of skill."

Those who desire a more extended knowledge of the subject, I would refer to the works and papers of Hinton, especially his "Questions of Aural Surgery," published in 1874, and those of Toynbee, Von Tröltsch, Dalby, St. John Roosas, Turnbull, and others. It is not here necessary to spend time on the anatomy of the organ. Those who are deficient in knowledge on this point had better make good their deficiency before they attempt the treatment of affections of the middle and internal ear. This, however, they can readily do from any standard work on anatomy, in which study they will be materially assisted by models, and the prepared sections of the petrous portion of the temporal bone: 1. The section showing the meatus, membrana tympani, ossicles, and middle ear; 2. The section showing the cavity of the tympanum, and its openings; the internal ear with the semi-circular canals, and cochlea, and the various orifices. These temporal bones may be obtained from Messrs. Matthews, of London, and will be found extremely useful aids in the study of the anatomy of the ear. It must be necessary in many cases to combine the treatment of the nasal passages and throat with that for affections of the ear. This frequently happens, and therefore it is necessary for the aural surgeon to have some special apparatus for the exploration of the nose, the posterior nasal orifices, and the throat. In fact, when we reflect on the large percentage of cases of deafness caused by unhealthy throat complications, it is apparent that one of the main points in the successful management of such is to look carefully to and correct any morbid state of the latter. It may be well here to mention, in order, the apparatus which it is essential should be possessed by all who wish successfully to diagnose and treat affections of the ear.

Bull's eye argand burner, and universal bracket (same as that used for laryngoscope).
Laryngoscope reflector, with spectacle frame, or on handle.
Double otoscope.
Aural specula (three sizes).
Tuning forks.
Pneumatic speculum.
Eustachian catheters (three sizes).
Two of Noyes' catheters (right and left).
Bougies.
Politzer's bags.
Ear syringes.
Small syringe for Eustachian catheter.
Ear forceps.
" Toynbee's lever ring.
" Toynbee's rectangular.
" Hinton's rectangular.
Knife for incising membrane.
Iris hook.
Turnbull's Eustachian forceps.
Wilde's snare for polypus.
Turnbull's rheophore.
Artificial membranes.
Absorbent cotton wool.
Tongue depressor.
Nasal specula.
Nasal douches (syphon and bag).
Laryngeal mirrors.
Mirror for rhinoscopy.
Laryngeal brushes.
Tonsil guillotine.

Though this to some may appear a formidable list, it must be remembered that it includes nearly every instrument requisite for the treatment of any aural affection, certainly most that would be required in ordinary practice.

With a speculum, tuning fork, otoscope, Eustachian catheter, and Politzer's bag, the great majority of aural lesions may be diagnosed with comparative certainty. The remaining instruments are not so much diagnostic as therapeutical, and for the purpose of treatment. We shall consider the method of employment of, and the most improved form of each of these instruments as we are dealing with the various states necessitating their use. We now pass to the best plan of examination, and the steps in consecutive order, which it is necessary to take in proceeding to form a diagnosis. The following method of examination is the one I usually adopt:—

1. History of case.
2. Present symptoms.
3. Hereditary influences.
4. Hearing distance (HD).
5. External meatus (EM).
6. Membrana tympani (MT).

7. Tuning fork (TF).
8. Eustachian tube (E T).
9. Throat.
10. Past treatment.

This can be done in tabular form thus :—

No. of Case—Name—Age.
History, &c.
Symptoms.

	Right ear.	Left.
HD	"	"
EM	"	"
MT	"	"
TF	"	"
ET	"	"
Throat.		

We will now take a given case of deafness and investigate the mode of ascertaining the condition of the various parts of the organ of hearing above tabulated.

(To be continued.)

NOTES ON DIPHTHERIA. (a)

By H. Kennedy, M.B.

As the author did not intend to do more than speak of his own experience of the disease, he, in the first instance, drew attention to the fact that diphtheria prevailed in England for some months previous to its appearance here, just as had occurred with the cholera in 1832, and with the great fever epidemic of 1847-48, the origin of which the public originally attributed to the famine in this country, whereas the truth was that fever had existed in England far above the averages for months previous to its appearance in Ireland. The author then detailed the first case of diphtheria which came under his notice. It occurred in a woman of 40, labouring at the time under a very severe attack of typhus fever. The great feature which struck him in this case was the marked change which took place in the fever when the diphtheria appeared, and more particularly in the pulse, which became full and bounding. After a severe struggle this case recovered. He then drew attention to the fact that cases had come under his notice where no exudation showed itself, and yet the sore-throat was diphtheria, for other children of the same family, and at the same time, had the exudation. This he thought important, for it was clear that in these cases the diagnosis might very readily be erroneous, and that this did sometimes occur he knew as a matter of experience. In a case he had seen with Dr. Wyse, where dysphagia and inability to put out the tongue were the only striking symptoms present, the diagnosis was very obscure, nor could any history of a previous attack of diphtheria be made out. Yet these symptoms were most probably due to this disease, for almost at the same time a second child in the family exhibited diphtheria in a well marked form. The author then drew attention to the complications which might occur with diphtheria. He had often met it in both typhus and typhoid fevers. Murchison had noticed it in the latter, but it occurred in both, nor did he (the author) consider it a very fatal complication. Diphtheria seemed also to have some very close connection with scarlatina, though it was by no means unusual to see only some of the members of the same family exhibiting the specific exudation at a time when all were ill of scarlatina.

But the chief point the author wished to notice was the question of the identity or non-identity of diphtheria and croup, on which a great discussion had lately taken place in London, and the conclusion being that they were the same disease. In this view the author could not at all agree. He considered one essentially a constitutional disease, and attended very constantly by marked asthenic symptoms, whilst he looked on the other as a simple inflammation of the larynx and trachea, and occasionally the bronchial tubes. He had not seen diphtheria begin in the larynx, nor in any case which he regarded as croup had he seen the inner throat engaged, or the glands of the neck. He further drew attention to the different ways in which death occurred in the two affections, and to the marked contrast of the treatment suitable to each, as well as to the fact that out of nearly twenty specimens of croup in the museum of the College of Surgeons two only were spoken of as being diphtheric, the inner throat being healthy in the others. He stated further, too, that in Cheyne's description of croup it was expressly noticed that the internal fauces were healthy. For all these reasons he could arrive at no other conclusion but that the two affections were essentially different. Speaking of the treatment of diphtheria, the author observed the little advantage which was derived from the use of poultices, as contrasted with other affections of the throat. He had also found that in many cases the throat was unusually slow in getting well, and in these he had used the Fowlers solution with very striking benefit.

(a) Abstract of a paper read before the Dublin Obstetrical Society, Dec. 9, 1876. The discussion will be found at page 67.

NOTES OF, AND REMARKS ON, CASES OF CARDIAC DISEASE.

By James Barr, M.B., L.R.C.S.Ed.,
Late House Surgeon, Northern Hospital, Liverpool.

I.—*Case of Peri- and Endo-Carditis—Dilated Hypertrophy of both Ventricles—Death—Autopsy.*

In your issue of November 15th I published two undoubted cases of *idiopathic* pericarditis, and in some respects the following one might seem worthy of a similar appelation, but the history of injury in the case, and the fact of the pericarditis being associated with endocarditis make me hesitate to rank it in the same category.

J. P., æt. 9, admitted under the care of Dr. Dickinson, October 7th, 1875, with very urgent cardiac dyspnœa. His lips and face are pale ; countenance very anxious and distressed ; he requires to be propped up in bed, lies on his left side, and appears to suffer intensely from severe orthopnœa. Respirations 60 ; pulse 120, small and easily compressed.

There is bulging of the cardiac region, and the percussion dulness is very much increased, extending from the right of sternum to 2½ inches beyond the left nipple line, and measuring transversely 7½ inches. A diffuse heaving impulse is felt over the greater part of the dull area. The heart's rhythm is regular ; the sounds are obscure ; and at several points over the cardiac area there is heard a fine double creaking friction murmur, and also along the left cardiac limit there is much louder and coarser friction corresponding with the respiratory rhythm. At the apex there is a soft blowing ventricular systolic murmur (mitral regurgitant).

His mother states that about two months ago he fell from a high wall and injured his left side, and to that she ascribes his present complaint, which she says dates from that time. She says he never had rheumatism.

Oct. 8th.—Face livid ; there is great distress, and orthopnœa is very urgent. Respirations 72 ; pulse 120, very small and weak. The physical signs are as before noted, but in addition there is very loud snoring-rhonchus heard all over both lungs, which obscures the cardiac murmurs.

Paracentesis pericardii being determined on, it was performed in the fourth left interspace with a fine needle of Dieulafoy's aspirator, but nothing came away, except a few drops of blood.

Died this evening. At the autopsy, seventeen hours after death, the pericardial surfaces were found adherent over the whole anterior and greater part of the posterior surface by a soft gelatinous material. The pericardium contained about four ounces of fluid, which was chiefly located in two pouches, one along the right cardiac margin behind the sternum, and the other behind the left ven-

tricle. The walls of both ventricles—especially the left—were hypertrophied and their cavities dilated. The right ventricle was filled with dark clotted blood, and extending into the pulmonary artery there was a large semi-decolorized clot. The left cavities were almost empty. The border of the mitral valve was covered on its ventricular surface with fine fibrinous vegetations. At the commencemencement of the aorta there were several small atheromatous patches. The heart weighed 16 ounces. Lungs very œdematous. Liver, spleen, and kidneys normal.

Remarks.—The etiology of this case is obscure, and notwithstanding the definite history of a fall on the left side yet it is very doubtful if such was the cause of the complaint, for in that instance we would have expected some local evidence of the injury sustained, but there was none present. The fact of there being also endocarditis would lead us to seek for the *origo mali* in some diathetic condition of the system, but there was no history of any general disease. However, as every effect must have its cause, and in this case the cause was most probably not a local one we are led to the conclusion that the pericarditis and endocarditis were local expressions of a general disease, most probably a low form of subacute rheumatism, whose local manifestations were limited to the serous membranes of the heart, or, if more general, were, in other respects, unobserved. Dr. Stokes saw a case of pericarditis precede rheumatic arthritis by ten days, and Dr. Graves saw one where it preceded the joint affection by five days, the pericardial symptoms subsiding before joint affection began.

Not only was this case interesting from an etiological point of view, but also from the nature of the lymph effused into the pericardium, which was of a jelly-like appearance, and quite different in its physical qualities from the more firm honey-combed lymph ordinarily found in recent cases of pericarditis. Dr. Blakiston says, the former variety of lymph—to which he has given the name "gelatiniforni"—"is usually found in the milder forms of inflammation. It is highly organisable, and for this reason being rapidly filled with blood-vessels, it soon forms a connection, partial or general, between the visceral and parietal layers of the pericardium. The similarity between this effusion and that observed by Bizot as the forerunner of horny deposit on the lining membrane of the arteries is striking.'

The cause of failure of the paracentesis was very evident at the autopsy, but the condition which was then revealed could not be foreseen during life.

II.—*Case of Sub-Acute Rheumatism—Mitral Incompetency and Choreic Movements of the Right Upper Extremity.*

D. M., admitted under the care of Dr. Dickinson, November 10th, 1874, with swelling of the knee-joints of three weeks' standing, evidently due to a low sub-acute attack of rheumatism. He has also a mitral regurgitant murmur and choreic twitchings of the right hand and arm. These movements have not been noticed by the patient or his relatives until their attention is now drawn to them.

He has never been a stout boy, and when only ten weeks old had abscesses in the neck. At the age of two years he suffered from scarlet-fever.

His mother is an anæmic-looking woman, who says she had rheumatism when a child, but never chorea. She is not aware of any of their relations having ever suffered from this or heart disease. She says her husband is healthy. This boy is the eldest of six children, two of whom died of "decline," and the others are rather delicate.

His knee-joints are much swollen, painful and tender on pressure. Temperature moderately febrile. Tongue slightly furred; appetite fair. He has a scrofulous appearance, but there is no glandular swelling. The upper incisor teeth are distinctly notched. The choreic movements are limited to the right hand and forearm, and are most marked in the thumb, fore, and middle fingers.

The heart's apex is situated in the fourth interspace within the nipple line. Transverse dulness, 2¾ inches. There is a loud mitral systolic murmur, and the second sound is accentuated at the pulmonic cartilage. Pulse 100, weak. Urine normal.

He was ordered cod-liver oil, with syrup of the iodide of iron; a liberal diet; and had iodine ointment rubbed on his knee-joints.

Dec. 4th.—He is better of the rheumatic symptoms, but there is some swelling of the thyroid gland to-day, for which he is to have that painted with tincture of iodine.

Jan. 20th.—He is now pretty well, but the choreic twitchings and mitral murmur still remain. He was sent to-day to the Convalescent Institution for three weeks.

Remarks.—This case is very interesting as presenting three diseases at the same time, which have been long known to have some peculiar relation to one another. Opinions have differed as to the nature of the association and as to the order of the sequence, some hold that the chorea succeeds the heart affection, while others ascribe the mitral regurgitation to choreic or irregular contraction of the papillary muscles. This latter hypothesis is too absurd to require any comment.

If, with Dr. Hughlings Jackson, we believe chorea to be due to embolic lesions, then we have a ready interpretation of the phenomena in this case; but my purpose here is not to enter into a discussion on the subject, but merely to state the facts as I observed them.

A CASE OF POST-PARTUM SMALL-POX.

By W. T. Greene, M.A., M.D., &c.

On the 23rd of December, 1876, I was sent for to see Mrs. B—, pregnant with her first child, and who expected to be confined about the end of the month. The nurse stated that the patient had been in labour all night, but on making an examination I found the os uteri quite closed, and that the woman had barely completed eight months of her time. I prescribed an anodyne mixture, and thought I should hear no more of the case for some weeks. The pains, however, continued more or less, chiefly in the back, until the evening of the 26th of December, when they assumed the character of true labour pains, and the patinnt was delivered on the following morning, about nine o'clock. In the evening she was very feverish, passed a bad night, and next morning I found her covered thickly with a papular eruption, unmistakeably variolous. The room was very warm, and the patient delirious. I at once had the fire put out, and ordered half the blankets to be removed from the bed; the delirium vanished as if by magic, and the patient made an excellent recovery. The eruption began to fade on the fourth day, and had quite disappeared by the end of a fortnight.

I vaccinated the infant on the second day (not having been able to obtain any lymph before), but small-pox appeared with the vaccination vesicles; the two diseases ran their course, *pari passu*, and the child died exhausted on the tenth day from its birth.

Clinical Records.

ST. MARY'S HOSPITAL.

Under the care of Dr. Handfield Jones.

Suppurating Arachnitis resulting from long-standing Disease of the Ear—Death.

Reported by Swain Scriven, L.S.A.

No. 933.—M. A. C., æt. 19, was admitted into St. Mary's Hospital on the evening of Dec. 4, 1876. Female, single, domestic servant. Had had a discharge from the left ear since childhood. A fortnight before admission she became suddenly faint, and would have fallen, but a fellow-servant caught her; she fainted, and also had rigors several times subsequent to this and prior to admission. Suffered a good deal from head-ache, and talking

or looking at a candle gave her great pain; she also complained of throbbing in the head and double vision, and said that formerly she had strabismus.

On admission, has severe head-ache, feels sick, and has pain over the second cervical vertebra, great pain below left ear and pain above left pinna. Chest normal on percussion and auscultation. Bowels confined. Temp. 101·4. Sees double, complains of general pains, but no want of co-ordination of muscles, and moves limbs with ease. The left ear was syringed out with tepid water, containing one grain of carbolic acid to the ounce. A blister applied over painful part of neck and hydrag. sub-chlori. one grain, and pulv. opii, one-sixth of a grain ordered every two hours.

During the night patient was wandering and slightly delirious, complaining of great pain in the head. The wandering ceased a little before eight o'clock on the morning of the 5th December, and she talked rationally; her tongue was now brown, and coated with thick fur. At half-past eight a.m., the sister in charge of the ward gave her some milk, which she drank. She then spoke rationally to the sister, who on turning away to put down the cup, had scarcely reached the table, when she was recalled by the nurse to find the patient dying.

A *post-mortem* examination was held 28 hours after death, when the following points were made out. Head.—Scalp and calvarium normal; the left lateral sinus, at the point nearest the mastoid cells, where it is curving round, was distended by ante-mortem clot. No clot in internal jugular vein. On removing the dura mater the bone corresponding to the clot was found discoloured and somewhat softened. On opening the ear pus and cheesy material were found in the middle ear, and extending backwards into the mastoid cells, where the bone was much softened. The brain weighed 2lb. 11oz. Pus was seen oozing over the surface of the brain; on raising it out of its bed, the pus was found to come from the under surface of the tentorium cerebelli. There was a layer of lymph, with extreme congestion on the surface of the brain immediately below it, *i.e.*, on the upper surface of the lobes of the cerebellum, the part in direct contact with the inflamed tentorium. The inflammation was localised, not spreading over the base, where the membranes were normal. The brain tissue was normal throughout, except a little softening about the velum interpositum and septum lucidum; inflammation having apparently extended along the membranes from the adjacent spot of disease, and turned into the ventricles.

Enlarged glands were found on each side of the trachea and outside the sheath of carotid arteries and jugular veins, the chain extending down into the thorax, and at lower end of the trachea several cretaceous and cheesy glands were found.

The thoracic and abdominal viscera were normal except as follows:—The left side of the heart was very firmly contracted. A calcareous gland was found in the mesentery. The capsule of the liver was thickened and dulled. The liver was much increased in size, weighed 4lb. 2oz., was congested and rather mottled, soft, apparently fatty, but did not burn with a flame. Spleen was much enlarged, weight 15 oz., and excessively soft, breaking down with its own weight. Kidneys extremely congested, weight 14½ oz. Supra-renal capsules: in one was a cheesy nodule, size of a marble, destroying the cortical and medullary part. At left lower lung there were some few old and slight adhesions of pleura.

In this case there was no violence to account for the arachnitis. The disease of the ear was an old standing one, dating from childhood. Yet the patient, though suffering from head-ache, &c., as shown above, was able to continue to discharge her duties as a housemaid till within a fortnight before her death. It was evident that the brain mischief was only of recent date, and it may also be noteworthy that she wandered in her mind at times only on the night preceding her death, whilst a few seconds before she died she was talking rationally to the sister.

Students' Column.

LECTURES ON HUMAN ANATOMY—DESCRIPTIVE AND SURGICAL.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,
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Lecture XI.—(*Concluded from* Medical Press and Circular, *Dec.* 16, 1874.)

Specimens of Curvatures of the Spine; Fractures of the Ribs and Sternum.—There are several specimens in the Museum which illustrate the alterations which occur in the thorax as the result of curvatures of the spine. Here is a specimen marked Fb. 25. It is an angular curvature, taken from the body of a female. The portion of the spinal column above and below the seat of disease form an acute angle with each other, and the apex of the angle is at the spinous process of the 10th dorsal vertebra. There appears to have been a destruction of the bodies of the dorsal vertebræ from the 7th to the 11th or 12th, and the remains of these vertebræ have united to each other. It is a little difficult to determine precisely the limits of destruction in a dried specimen like this, but it is evident that the ravages of disease have been considerable. The alteration in the shape of the thorax is very striking. It looks as if the ribs had been forcibly compressed laterally between the hands, so as to straighten them, and to cause a considerable decrease of the transverse diameter of the chest and a corresponding increase of the antero posterior. The sternum, including the ensiform cartilage, measures rather more than 6½ inches, and is much arched forwards, the highest point of the arch being about 1⅞ inches. In consequence of the projection forwards of the cervical vertebræ, the upper opening of the thorax is very much contracted, measuring less than an inch in the centre from the top of the sternum to the 4th cervical vertebra. The 1st, 2nd, and 3rd ribs curve upwards, so that their anterior ends are considerably higher than their posterior. All the ribs are very close together, and on the left side the 2nd, 3rd, 4th, and 5th ride over each other from want of room in front of their angles. The costal cartilages are but little affected. The chief change consists in a flattening of the upper ribs, from a point near the angles to the cartilages, and of the lower ribs from the tubercles to the cartilages. The 11th ribs run down and rest on the crests of the ilia. The antero posterior diameter of the chest from the hollow formed by the destruction of the bodies of the vertebræ to the sternum, between the 4th costal cartilages, measures nearly 7 inches—the transverse diameter measures 6 inches. The longest antero posterior diameter is from the hollow at the side of the bodies of the vertebræ to the cartilages of the ribs, and in the centre of the chest reaches 8 inches.

I take next the specimen marked Fb. 44. It is a posterior curvature of the spine, apparently from a male subject, the result of the disease known as mollities ossium, or softening of the bones. Unfortunately, there is no further history or description, for it is an interesting and venerable specimen, used for many years by the distinguished men who taught surgery in the London Hospital School for the illustration of their lectures. In this specimen the dorsal vertebræ form a rounded curve backwards. Just such a curve as might result from an exaggeration of the natural curve in this region. Accompanying the posterior curve is a lateral curvature of the bodies of some of the middle dorsal vertebræ to the right, the spinous processes and the right transverse processes being turned towards the left side. There is no caries or breach of surface: the vertebræ are simply compressed in front and at the sides. The ribs are much distorted: the prevailing alteration in shape is similar to that seen in the last specimen. It is a lateral flattening, but in combination with irregular indentations. The transverse diameter of the chest is reduced much more than in the last case. It measures about 4 inches only, whereas the antero posterior diameter is 8 or 9 inches. The sternum is much arched and distorted. The manubrium is bent backwards at the lower part, the gladiolus and ensiform cartilage project, and the cartilages of the ribs are pressed backwards and inwards. The upper opening of the chest measures an inch and three-quarters, and the lower opening is much altered in shape by the cartilages of the false ribs being drawn inwards towards each other.

Some of the ribs have the appearance in places of union after fracture. The costal cartilages of the 9th and 10th right ribs, and the 10th left rib, are free and curled at their

extremities. On the whole it seems as if the distortion of the ribs in this case had arisen chiefly from the action of the diaphragm on bones deficient in earthy matter. The pelvis is also distorted. Several specimens illustrate lateral curvature both in slight and in extreme degrees.

Fb. 45 is a slight case. The ribs are cut off short, but it is easy to see that the bodies of the vertebræ are rotated towards the convexities of the curves, that this involves a deflection of the spines to the opposite side and that in the dorsal region the transverse processes and ribs on the right side where the convexity of the dorsal curve appears, are thrown back and project beyond the corresponding parts on the left side. In Fb. 47, which is a more severe example, the bodies of the dorsal vertebræ are rotated so much to the right side, that some of the ribs are in contact with them; on the left side the ribs are very close together. This rotation of the vertebræ and projection of the ribs further back on one side than on the other, causes generally a corresponding obliquity of the sternum. The costal cartilages and edge of the sternum on the side of the convexity of the dorsal curve are further back than on the other where the similar parts form an unnatural projection.

Fb. 46 is a very interesting specimen. It is a link between a lateral and angular curvature. As in the lateral curvature, there is no caries of the bodies of the vertebræ, but there is rotation of the vertebræ to an extreme degree. As in the angular curvature, there is a sharp bending backwards of the spine in the dorsal region. The apex of the curve is at the 8th dorsal vertebra. Compression and absorption of the sides of the bodies of the 7th, 8th, and 9th vertebræ are apparent. Unlike the ordinary lateral curvature, there is no corresponding curve in the lumbar region; and unlike the angular curvature there is rotation and bending to the left side. During life this deformity would probably have been mistaken for a true angular curvature resulting from caries of the bodies of the vertebræ.

Fractures of the ribs may result either from direct or indirect violence. Fractures from direct violence occur at the seat of injury; fractures from indirect violence, as for instance, when the patient has been squeezed between two bodies, will commonly be found at or near the angles. The ribs most liable to fracture are the fourth, fifth, sixth, and seventh. The first rib is so well protected by its natural strength, its depth below the surface, and by the superjacent structures, especially the clavicle, that it is rarely broken except in severe injuries, such as the passage of a cart over the chest, or the fall of a heavy weight on to the back. Gbd. 4 is a fracture of the first rib, caused by the wheel of a vehicle. There is an irregular fracture about the middle of the bone, and it was associated with fractures of several of the other ribs. Fractures of the ribs are only dangerous accidents when they result from great violence, and are associated with wounds of the pleura and lungs, caused by the broken ends of the bones. The patient from whom the specimen Gbd. 5 in our museum was taken, died of acute pleurisy, the consequence of laceration of the pleura by the sharp ends of the last rib. In this case the 10th, 11th, and 12th ribs were broken by direct violence 3 inches from the spine. One or two similar cases have occurred under my notice at the hospital. It is not uncommon to find bridges or buttresses of bone stretching across between ribs which have undergone fracture. Such is the specimen in the museum marked Gbd. 2, and showing portions of 2 ribs which had been fractured transversely, about 2 inches from the sternum, and are well united by bone. The 2 ribs are three-quarters of an inch apart, but at the site of fracture a strong bridge of bone a quarter of an inch thick, passes obliquely from one to the other, and joins them both most firmly together.

The costal cartilages may be broken by the same violence which fractures the ribs. Union sometimes occurs by means of bands of fibrous tissue, and false joints may be formed. Gbd. 3 is an excellent instance of the repair of fractured cartilage. It is a transverse fracture of one of the costal cartilages on the left side, about half an inch from the end of the rib. "The costal extremity has been displaced in front of the sternal one, which it overlaps for a third of an inch. The displaced portions are firmly bound together by fibrous bands, and a sort of false joint is left, which, however, permits of but little motion. No bone has been deposited, and there has been no absorption of cartilage." Sometimes these fractures remain ununited, and the two ends of the cartilages continue freely movable. For an example you may refer to Gbd. 7, a specimen presented by Mr. Hutchinson, and showing an ununited fracture of the fifth costal cartilage which had taken place ten years previously to the patient's death. In this case also the costal end of the cartilage is displaced forward. This is interesting because Hamilton states that the anterior or sternal end is generally found in front of the posterior or "spinal," a remark not improbably made on insufficient data. The proper method of union is by bone and not by cartilage or fibrous tissue; but failure of bony union is certainly not uncommon. Hamilton gives one case which he had seen at the end of a year. "The fracture had occurred in the united cartilages of the tenth and eleventh ribs," and in this case also "the posterior fragment overlapped the anterior, and they played freely over each other at each act of inspiration and expiration."

The costal cartilages may be divided by cutting instruments, and so may the ribs themselves. Gbd. 6, presented by Mr. Curling, is an excellent example. The seventh rib has been cleanly divided. The injury was a suicidal stab made with a shoemaker's knife, and the wound in the skin was only an inch in length. The diaphragm was wounded at the same time.

Fractures of the Sternum are not of very common occurrence, but they are met with either separately or in conjunction with fractures and dislocations of the spine. Under the head of fractures some would include the separation of the manubrium from the gladiolus, which is a frequent form which injury to the sternum assumes. The ordinary condition of parts found in displacements of the first two segments of the sternum is riding of the upper end of the gladiolus over the lower end of the manubrium. For examples of this accident you may refer to the specimens marked Gbe. 5, and Gbd. 8. Gbe. 5, was taken from a man who fell into a pit from a great height and fractured his spine. The manubrium is displaced backwards, and overlapped by the gladiolus as much as half an inch, and the ligamentous structures both in front and behind remain entire. In other cases the anterior ligament is torn, whilst the posterior remains entire. The 2nd pair of ribs is generally found attached to the manubrium, and the posterior ligament is stripped up from the sternum as low as the level of the third pair of ribs. These peculiarities result from the anatomical disposition of the parts. You may remember that the salient angle or spur of the cartilage of the first rib is united to the cartilage covering the lower end of the manubrium, and that the union of the 2nd rib with the manubrium is stronger than it is with the gladiolus. Hence the 2nd rib accompanies the manubrium in displacements. The periosteum is not stripped up below the level of the 3rd ribs, because its fibres are more intimately connected with the bone at that spot than they are above it. In those cases in which a diarthrodal joint has existed between the manubrium and the gladiolus, you will find the ends of these segments each covered by a distinct layer of cartilage.

The sternum may be broken in any part. The weakest part of the bone is in the immediate neighbourhood of the third costal cartilages, and fracture is most common in this situation. For examples of fracture you may refer to Gbe. 2 and Gbe. 3.

Fractures and displacement of the sternum may be caused either by direct or indirect violence. Examples of direct violence are—gunshot wounds, falls of heavy bodies and severe blows on the bone, the passage of a cart over the chest, and (as some suppose) the forcible descent of the chin on to the manubrium from blows or falls on the head. Instances of fractured sternum, in connection with fractured spine, will be found in specimens Gbe. 2, 3, 4, and 5.

Examples of indirect violence are—falls on the feet and nates, falls and blows on the back. It is not easy to understand how a mere fall on the feet or nates could fracture the sternum, when we consider the slight flexibility of the dorsal region of the spine and the firmness with which the ribs are fastened to the bodies and transverse processes of the vertebræ. Nor is it necessary to accept such a cause, for in some of the recorded cases, at any rate, the patients rolled on to their backs after alighting on the feet or nates. A rigid analysis would probably succeed in reducing most, if not all, cases of indirect violence into force applied directly to the dorsal vertebræ. David, Sabatier, and Roland have each described a case of a fall on to the back resulting in fracture of the sternum. David's case was that of a mason who fell from a height on to a crossbar; and the explanation given of the fracture (which was situated between the upper and middle portions of the sternum) is the stretching to which the sternum was subjected between the sterno-mastoid

muscles above and the abdominal muscles below. I am inclined to think that this explanation is not entirely sufficient. A man was admitted, under my care, in the hospital with a separation of the manubrium from the gladiolus. A heavy bag of seed had fallen from a height, and struck the patient's back between the scapulæ. At the post-mortem we found the six upper ribs on the left side broken beyond the transverse processes, the spinous processes of several of the upper dorsal vertebræ detached, and the bodies of the vertebræ fractured. In this case, it is evident that the force of the blow was conveyed through the ribs to the sternum. The manubrium being comparatively immovable, and the upper ribs shorter and less efficient as levers than the lower, the gladiolus would be driven more forcibly and further forward than the manubrium, and thus the displacement would be caused. The fixation of the two ends of the sternum by the muscles attached to them would act as auxiliary forces. This I believe to be a more correct explanation of the occurrence of displacenent or fracture than mere stretching between the muscles. I do not, however, absolutely deny that the sternum *may* be fractured by muscular action in other instances. Cases are related of fracture from the expulsive exertions of women in labour, and from sudden action of the muscles in the opposite sex. In these cases, however, the muscles were manifestly in violent action, whereas in falls from a height it is by no means certain that they do more than oppose a passive resistance, insufficient, probably, to cause the injury.

The ensiform cartilage may be broken or driven inwardly by a direct blow. Hamilton relates a remarkable instance. A man, twenty-eight years of age, fell forwards and struck the lower end of his sternum upon the top of a candlestick. The xiphoid cartilage was driven backwards, and remained permanently displaced and pointing towards the spine. For two years after the accident the patient suffered from violent and distressing attacks of vomiting, which occurred every five or six days. Excision of the cartilage was recommended by his medical advisers, but declined by the patient. Ultimately he recovered perfectly (*a*).

Mr. Hilton has drawn special attention to the immunity of the costo-vertebral articulations from injury and disease. Isolated disease or isolated ankylosis of these joints is of exceedingly rare occurrence. A case of complete anchylosis and immobility of the ribs, due to a blow on the lower part of the cervical region of the spine, in what manner is not at all clear, was met with by Mr. Hilton. The subject of it lived twelve years after the ribs became fixed, and was actively engaged in business. The work of respiration was carried on solely by the diaphragm and abdominal muscles. Mr. Hilton attributes the immunity of the costo-vertebral joints from disease to their immunity from injury, and to their enjoying rest during sleep. The immunity strikes us the more when we reflect on the number of times that these articular surfaces are rubbed upon each other during respiration. I have, says Mr. Hilton, in his beautiful volume on "Rest and Pain," taken the case of a child five years old, and the number of respirations at thirty in a minute (about twenty-six is said to be the number); this would give 1,800 in an hour, 43,200 in a day, and the enormous amount of 15,768,000 respirations in a year. Every respiration consists of two movements—inspiration (ascending), and expiration (descending), so that the friction must be double. Consequently, at five years of age the number of movements is about 31,536,000 in the year, and yet these joints are never diseased.

Rare also is disease between the manubrium and gladiolus. When it occurs it may generally be traced to previous injury. An instructive case is related by Mr. Hilton in the work just quoted. Ankylosis at an early age in this joint is not nearly so uncommon as has been supposed. I have met with several examples.

I cannot conclude this lecture without briefly referring to the advantage which the surgeon takes of the elasticity of the ribs and costal cartilages to preserve the lives of those threatened with death from apnœa. Artificial respiration, as it is termed, is carried out in one of three ways, the manual method, the method of Marshall Hall, and the method of Silvester. The manual method is based on the familiar fact that air may be expelled from the thorax by pressure on the chest. When the pressure ceases air rushes into the lungs in consequence of the elastic recoil of the osseo-cartilaginous hoops which form the wall of the chest. The pressure should be applied rythmically to the lower part of the chest wall, and to the abdomen. Dr. Marshall Hall imitated the movements of respiration by alternately moving the body into the prone and lateral positions; motion from the lateral to the prone position representing expiration, and motion in the other direction inspiration. Silvester imitated inspiration by extending the arms upwards by the side of the head, the muscles passing from the arm to the chest elevating the ribs; and expiration by bringing the arms down again to the side of the chest. Silvester's plan is considered superior to Marshall Hall's, and has received some unimportant modifications at the hands of Professor Pasini and Dr. Bain. The application of either of these methods to rescue our fellow-creatures from death by drowning or suffocation from other causes is practical anatomy and physiology in the highest sense of the words.

(*a*) "Hamilton on Fractures and Dislocations." Fourth Edition, p. 167.

Transactions of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

President's Address.

Dr. Murchison, the newly elected President, said. The remarks which I have to make in taking the chair for the first time will be so brief as not, I hope, materially to interfere with the success of the experiment to be made to-night of a new mode of conducting our business. My first duty is to return my thanks for the great honour which I feel you have conferred upon me by electing me President of the Pathological Society. I am deeply sensible of the responsibility which is involved in the endeavour to tread in the steps of the distinguished men who have preceded me, and to discharge satisfactorily the duties of this office at the present stage of the Society's history. This feeling of responsibility is enhanced by knowing the ability and urbanity with which my immediate predecessor has presided over you, and by the conviction that many others might have filled this chair with greater distinction and advantage to the Society than myself. More than thirty years have elapsed since the first meeting of this Society was held on October 13th, 1846, at 21 Regent Street, under the presidency of one of the foremost pathologists of the day, Dr. C. J. B. Williams. Since its foundation, its career has been one of continued prosperity. You have only to read the account of the first meeting to see that the founders of this Society who survive are now leaders of the profession; and, from the first, it may be said that this Society has been the nursery of our rising physicians and surgeons. It is here that they have imbibed that love for pathology which must be the foundation of successful diagnosis in practice, and to the prosecution of which we mainly look for progress in our art. It is not only true that an experienced pathologist can rarely attend the meetings of the Society without learning something new to him; but the very existence of the Society has indirectly contributed to stimulate, outside its precincts, a line of investigation which, before its foundation, was disregarded to an extent that few of our younger members would readily believe. The fashion of treating symptoms, rather than in the first place of endeavouring to discover their cause, has been exploded in a great measure by the labours of the Pathological Society, which has thus been the means of effecting a great revolution in therapeutics. *Nec silet mors* was the expressive motto adopted by our founders, and for thirty years the dead body has been invoked to reveal every fact bearing upon the pathological process which has terminated life. It has been a characteristic feature of this Society that its labours have been restricted to the rigid investigation and record of facts, and that no communication has been received unaccompanied by drawings, microscopic preparations, casts or models of the morbid appearance, or by the actual specimens themselves; while the statements of exhibitors have constantly been subjected to confirmation or correction by duly qualified committees. The result of our labours has been twenty-seven volumes of *Transactions*, which embody the most important facts observed in the dead-houses of our metropolitan schools, and which have obtained a world-wide reputation. Our present danger is that of an embarrassment of riches, and a multiplication of specimens differing little, if at all, from those already exhibited and recorded. The result is that, in order to get through the list in the short time allotted to our meetings, the discussion

on really interesting and important specimens is often choked; and there is thus a want of life in our meetings. To obviate this inconvenience, the Society has more than once been advised to make a selection from the specimens offered for exhibition. This, however, would not only be a very invidious duty for the Council or the Secretaries to undertake, but, after some experience of the practical working of the Society, I have no hesitation in saying that I believe such a plan would be fatal to its popularity and its best interests. The remedy rests with the members rather than with the office-bearers. Our junior members more especially ought to bear in mind that specimens which are interesting to them may not be calculated to advance pathological science at its present stage, and if so, are not fitted for exhibition to this Society, or for being recorded in its *Transactions*. On the other hand, a specimen which is a very ordinary one from a purely anatomical point of view, may acquire great importance from the history, or from observations made during the life of the patient, or may be of great interest in reference to prognosis. The clinical features of the cases, so far as they bear upon the specimens exhibited, come strictly within the province of this Society, but are sometimes lost sight of. It has also often struck me as remarkable, how deficient medical literature still is in a careful record of well authenticated cases, illustrating the possible duration of various anatomical lesions, and how far they are compatible with life and a fair amount of health; and, yet, a large number of cases of this sort are necessary for the foundation of the still neglected department of prognosis. This is a want which the Pathological Society might well supply, by a record of specimens exhibited in this room where the history has left no doubt as to the duration of the lesion before death. It is to those of our members engaged in family practice that we mainly look for assistance in this matter. But what I especially wish to call attention to, is the desirability of each member, before he brings forward the specimen, asking himself whether it is calculated to advance our knowledge of pathology. In the event of his being satisfied on this point, he ought in the next place to keep in view the main object that he has in bringing it forward—what, in fact, it illustrates—what previous statement it confirms or refutes, and that object he ought to state to the meeting clearly and prominently, and yet concisely; avoiding, as far as possible, newly-coined German words, and using language which will be intelligible to his seniors. Long anatomical and microscopical descriptions are better reserved for publication in the *Transactions*. In endeavouring to follow them at the meeting, the audience often loses the point of the case, and consequently there is no discussion. If each exhibitor would prepare himself beforehand to give the pith of his case, he would save the time of the meeting, and he would be repaid by the greater attention bestowed on his communication. With the object of promoting discussion, the Council has of late years set apart certain evenings for debates on special pathological subjects; and that they did not misinterpret the feeling of the Society is shown by the great success which attended the debates on tubercle, cancer, and bacteria, and that the contagion of syphilis, introduced respectively by Dr. Wilson Fox, the late Mr. Campbell de Morgan (whose recent loss we deeply deplore), Dr. Bastian, and Mr. Jonathan Hutchinson. They are now making an attempt to classify certain specimens by setting apart special meetings for the purpose of bringing up from different sources a number of specimens of the same class of pathological lesions, so as to facilitate comparison, and to elicit remarks from those who have paid particular attention to the subject in question. The first experiment will be made to-night by exhibiting a series of specimens illustrative of visceral syphilis, a subject the knowledge of which (thanks to the labours of Dr. Wilks and others) may be said to have originated and grown in this Society. From the list before us, the experiment bids fair to be a great success. Due notice will be given of other subjects to be treated in a similar manner. While this improvement in the mode of conducting our business must, in a great measure depend upon individual members, the Council have not been unmindful of their duty in the matter. From the remarks I have made, it must not be inferred that the work for which the Pathological Society was founded is well-nigh completed. On the contrary, notwithstanding all that has been done, we are but on the threshold of pathological knowledge. The volumes of our *Transactions* contain the replies which death has made in thousands of instances to the inquiries put to her; but in the large majority of diseases she has been hitherto silent as to the cause. Indeed, very often the morbid appearances which we do find in a dead body, and which are exhibited to this Society, are merely the coarse anatomical results, and not the intimate course of the morbid process which has terminated life. We are still in the dark as to the mode and the origin of these morbid processes, as to the beginnings of the disease. In a still larger number of cases, as, for example, in the whole class of the acute infective diseases, death also has not yet revealed either the origin or the mode of operation of the pathological process which has led to the fatal result. Students of our *Transactions* will see that the microscope, to which we are so much indebted for our knowledge of the minute structure of the coarser pathological lesions, has of late years greatly assisted us in unravelling the mysterious changes by which healthy is converted into diseased tissue. Nevertheless, for disclosing to us the intimate pathology of most diseases, we must look for assistance to chemistry and experimental pathology, and it must be confessed that in this direction our Society has as yet done little. Some years ago the Council appointed a Chemical Committee, for analysing and reporting on such specimens as might be submitted to it. Various reasons may be assigned for the fact that its labours have been hitherto few: but the chief has been the difficulty of obtaining material in a condition fit for successful investigation. With death the chemical processes of disease end, and those of dead matter begin, and hence, before the morbid tissues are brought to this Society, they are too often useless for chemical investigation. It may, therefore, be worthy of the consideration of the Council how far it would be possible to assist members, either by a grant of money, or by the assistance of the Chemical Committee, in determining the chemical nature of secretions or morbid tissues in certain cases of importance before they are submitted to the Society. The chemical or some special committee might also be requested by the Council, from time to time, to undertake certain pathological investigations involving chemical research, which it would be difficult for individuals to carry out. It is, however, to experimental pathology that we mainly look for progress in our knowledge of many of those diseases respecting which death has hitherto been silent. It is certainly a matter of regret that few of those brilliant researches in experimental pathology, which of late years have been made in this country by Dr. Burdon Sanderson, Dr. Klein, Professor Lister, Dr. Bastian, Dr. Richardson, Dr. Kirkwood, and others, have been communicated to this Society. In fact, if we except the valuable communications on artificial tuberculosis made by Mr. Simon, Dr. Burdon Sanderson, and Dr. Wilson Fox, that of Dr. Burdon Sanderson on infective agents in pyæmia, those of Dr. Bastian on the migration of blood-corpuscles through the walls of the blood-vessels, those by Dr. Cobbold on the production by experiment of cystic entozoa, and those by Mr. William Adams on the reparative process in the tendons of rabbits after division by subcutaneous or open wounds—if, I say, we except these, our Society has contributed little towards the advancement of what, without fear of contradiction, I may call the most important branch of modern pathology. It might possibly promote researches of this nature among its members, were the Society to institute a medal to be awarded once in two or three years, to the gentleman who, in the interval had communicated the most valuable results obtained from such researches. I throw this out as a suggestion, without any authority from the Council; but it seems to me that the very existence of such a medal would be a standing evidence of the desire of this Society to encourage investigations of the description I have referred to. At all events, of this I am sure, that many of our members are thoroughly competent to undertake and carry to a successful issue such investigations. And now that laboratories for practical chemistry and physiology exist in most of our medical schools, I trust that the Society will no longer incur the reproach of lagging in the rear in this matter; and that, before long, we shall have communications before us which will reflect lasting honour on the contributors, and redound to the credit of the Society. Meanwhile, I am glad to be able to inform you that a commencement has already been made in the direction I have indicated. The Council have to-night decided to apply to the Government Scientific Grant Committee for a grant of money, to enable the Council of this Society to undertake and organise investigations into the intimate pathology of the morbid processes commonly designated pyæmia, septicæmia, and purulent infection, having special reference to their various causes. Should the scheme be carried out, we have

reason to anticipate results of the highest possible importance. After reading the list of the papers to be brought before the Society during the present session, the President said: In conclusion, I feel confident that this Society, which in the past has done so much to advance our knowledge of pathology, will continue to do so in the future; that it will maintain its claim to be, not merely a society for the prosecution of morbid anatomy, but to be truly, as its name implies, The Pathological Society; and, more especially, that it will not be unmindful of its mission to promote the elucidation of those important problems, which are not only the most important and interesting in modern pathology, but the solution of which is of surpassing importance as fraught with incalculable benefit to the human race; so that, in time to come, when most of us have perhaps passed away, it may truly be said of all diseases, *Nec silet mors.*

SURGICAL SOCIETY OF IRELAND.

THE Third Meeting of the Session of this Society was held on Friday, January 7th, 1877.

In the absence of the President and Vice-President, the chair was occupied by Professor STOKES, Senior Member of the Council present, and then by Mr. HENRY TYRRELL.

OPERATION FOR THE RESTORATION OF THE LOWER LIP.

Mr. TYRRELL made a communication to the Society on the restoration of the lower lip, when the old lip has been entirely destroyed by ulceration. He did not pretend to say that he had anything original to communicate, but he thought that the method he had devised would tend to render the operation capable of being more easily performed, and, perhaps, done with greater precision. Mr. Tyrrell exhibited two photographs of a patient, sixty years of age (one taken before, and the other after the operation), who was admitted for treatment into the Mater Misericordiæ Hospital during last summer. He had been the subject of epithelioma of the lip for three years, and had been under the care of several quacks, who applied blisters, &c., to it, and at the time of his admission to hospital the entire lip, from commissure to commissure, was destroyed, and before any operation could be effected, the square portion constituting the entire face from the lip to the chin should be removed, otherwise there would have been no use in operating, and he thought at first it would be very difficult to restore the lip. In the operation that was most frequently done, Symes' operation, in those cases of extensive disease, he advised the surgeon to make a triangular incision from the commissure of the lip, on either side, down to the chin, and then to prolong it upwards, but it was quite evident in this case that no triangular incision that could be made would include the entire of the disease, or that that operation was not to be commended. Then Buchanan's operation, of which his (Mr. Tyrrell's) was somewhat of a modification, as the Society were aware, consisted in making two incisions, but that operation, also, would not answer in this case, as sufficient of the soft parts would not have been procured to fill up the enormous gap. The breadth of the lip was three inches, and he naturally had to obtain sufficient to cover the teeth, so that he made a vertical incision, first having removed the entire of the diseased part from commissure to commissure, towards the bone, and it struck him that the length of the incision should be half the breadth of the lip. The point, therefore, that he wished to insist upon was that, in order accurately to determine the length of the vertical incision, it should be half the breadth of the lip, because the two halves made a whole, and when those two halves were applied (refers to diagram) they would exactly form the proper size. The operation was completed after Buchanan's method, there being, as he had before observed, a single vertical incision, the length being half the breadth of the lip, and then continuing it outwards, right and left, and dissecting the flaps, they were turned round to the two points (diagram), so that the lip was formed. That the operation succeeded was evident from an examination of the photographs, which showed that it was very successful indeed. If the incision were made too short in the first instance, it could not be rectified, inasmuch as it had been prolonged outwards, and if they made it too long, they did more than was necessary. Six months prior to this case he had a very similar one, in which he performed Buchanan's operation, but the mouth in that case was too small. He wished to remark that that operation, although an admirable one, and one which should be undertaken, was, after all, a very poor one; that was to say, that although they might call it restoration of the lower lip, it was indeed so in a very limited sense. If they could get sufficient of the soft parts to cover the teeth, and to prevent saliva and food from dribbling over the mouth and chin, that was all they could effect. They could not have a lip in the true sense; it would not be a muscle of expression, it would be fixed and not expressive of emotion. Such was the fact in the case that he had now brought before the Society. Before the operation he took care to ascertain that the glands below were not engaged, and that it was a case in which some operation should be attempted. He had looked into the books for information bearing on the cases as far as he could, but he did not find any reference to this mode of proceeding; and he had also asked one whom they all knew was an authority, Mr. B. W. Richardson, one of the hon. secretaries of the Society, and he, too, was not aware that this peculiar mode of operating had been brought before the profession previously. He desired to take that opportunity of mentioning that he had written a paper upon what he called needle guards. He wished to state that he did not now believe they were worth anything. When needles were difficult to remove they disturbed the wound in cutting the needles with the ordinary pliers. In the Mater Misericordiæ Hospital he had used a very simple method of breaking needles, which any practitioner without additional instrument could effect. The needle which they used for hair lips and these plastic operations was the ordinary triangular spear-shaped needle, which he believed was acknowledged to be the best, and if they took and transfixed a piece of chamois leather to represent an ordinary suture, of course the object was to cut it off sufficiently short without disturbing the soft part, all they had to do was to grasp the needle at one end, or seize it with an ordinary forceps, and by the method he recommended to break it off with another forceps, in which it remained.

The CHAIRMAN said that there were no operations in surgery in which the ingenuity of surgeons had been so much engaged as these plastic operations; and the one that Mr. Tyrrell had brought before the Society appeared to be a new one that was given them in addition to the large number already existing. Unquestionably, the photographs showed the result of the operation to be most satisfactory.

Mr. TUFNELL asked did Mr. Tyrrell find the exposed surfaces to contract and manifest a disposition to draw down the mouth?

Mr. TYRRELL replied that when the parts were brought up there was no tension.

Mr. RICHARDSON could corroborate everything that Mr. Tyrrell had said regarding the advantages of this operation, having seen the man in the Mater Misericordiæ Hospital. He never saw a better artificial lip, if he might use the expression, than this one.

(To be continued.)

DUBLIN OBSTETRICAL SOCIETY.

THE Second Meeting of the Session was held on Saturday, December 9th, 1876, the President, Dr. DARBY, being in the Chair.

Dr. HENRY KENNEDY read some Notes on Diphtheria, which will be found on page 61.

Dr. M'SWINEY said they had in England, France, Italy, and Germany a pretty general consensus to the statement of the identity of pseudo-membraneous croup and tracheal diphtheria; but the physicians of those countries were careful to discriminate when they spoke of croup and said they meant the disease, the pseudo-membranous exudation from the mucous membrane. On the question of the identity of inflammatory laryngitis with true exudative croup, the supporters of that theory were challenged to produce a single example of exudation, the result of inflammation of the larynx. Sir William Jenner asserted that no anatomist could by possibility discover the smallest difference between the false membrane of diphtheria and the so-called exudation of inflammatory croup. Notwithstanding these facts, Dr. Kennedy had manfully come forward to sustain the opposite view, and verify the statements of Dr. West, a distinguished authority, who maintained with Dr. Kennedy that they were two distinct affections.

Dr. MONTGOMERY said that a member of his family, a boy, 11 years of age, when in the fourth week of an attack of

typhoid fever, was affected with diphtheria. He had distinct aphonia for a long time afterwards. and his recovery was very slow. The liquid extract of yellow bark was used in that case, and he (Dr. Montgomery) thought that might be looked on as a very favourable preparation given in proper doses. On a review of the case he thought that though the appearance of the diphtheria was very alarming, certainly after its appearance the severe symptoms of the fever began more or less rapidly to subside.

After some observations from Dr Byrne, Dr. Kennedy replied.

MEDICAL MICROSCOPICAL SOCIETY OF LONDON.

At the last meeting of the Medical Microscopical Society, Mr. Golding-Bird read a paper

ON RODENT ULCER,

illustrated by drawings and specimens. Having reminded his hearers of the generally-accepted clinical characters ascribed to the disease, he proceeded to analyse the cases published by the principal writers upon the subject from the time (1827) of Dr. Jacob, of Dublin. Referring only briefly to their clinical aspect, he dwelt upon the descriptions given of the histological appearances; but it was much to be regretted that so few of the large number of cases reported had been submitted to reliable microscopical investigation. From this he, however, concluded that the principal English authorities are agreed now upon the disease being non-cancerous and non-epithelial, but a small-celled growth comparable to the edge of an ulcer rather than to anything else. Some observers make a special arrangement of the cells into columns or circular aggregations, considering this latter essential. With this the author of the paper did not agree; he did not think such a precise arrangement essential, but rather accidental—or, if essential to some varieties of the disease, we did not know yet what clinical distinctions corresponded to them. Dr. Warren, of America, Billroth in Germany, and Ranvier in France, all class the disease under cancers, and describe the presence in greater or less degree of epithelial infiltration. Such a view the writer had, from microscopic investigation, not been able to uphold; and he thought that everything—at least from the clinical aspect—militated against it. Dr. Warren was the only writer, as far as he knew, that had insisted upon a peculiar arrangement of the fibrous tissue. This he had also noticed. Mr. Golding-Bird then gave a detailed account of three cases, in one of which there were two returns of the growth after extirpation, and in these he had found an excessive infiltration of small round cells, similar to those of ordinary inflammation rather than to true epithelium; no definite arrangement of the cells; no transition between them and the epidermis, and no projection unduly of the latter down into the cellular tissue; a great abundance of fibrous tissue, formed apparently from the intercellular material; it lay as much under the granulating part of the ulcer as under the skin around; its direction was mostly ascending towards and at right angles to the free surface. It seemed to come from bundles, that threw out bold curves of the tissue on either side, so that under a low power almost a tree-like appearance was seen. It is this that is referred to and figured by Warren. In all cases the great excess of fibrous tissue making its way where the induration extends, even close under the free surface of the granulations, was remarkable. In short, he agreed with English observers generally in the non-epitheliomatous character of rodent ulcer, but thought that the great excess and peculiar situation of fibrous tissue as much a distinctive mark as any peculiar grouping of the cells, and ventured to suggest that the so-called nests of epithelium described by some writers may only have been normal epithelium—*e.g.*, of hair follicles, very obliquely cut.

Mr. Fred. Durham expressed his belief in rodent ulcer being a small-celled growth and non-epitheliomatous.

Mr. Giles quoted an instance of normal epithelium having been mistaken for nests of epithelium in a sarcomatous growth.

Mr. Henry Morris, rather from the clinical aspect of the disease, considered rodent ulcer as quite distinct from epithelioma, though not able to say what microscopic diagnostic character it might possess. He had only that day examined a case of thirteen years' duration that had excavated the face, and he had found a markedly tabular arrangement of the cells, similar to the cases described by Mr. Hulke and referred to in the paper.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1877.

UNQUALIFIED MEDICAL ASSISTANTS.

We, and the profession generally, may thank our correspondent, "An English Practitioner," for drawing attention to a subject which has now been for a long time treated with a great deal of neglect; so much so, indeed, that the evil to which we refer is the same now as it was many years ago, when it, as we well remember, excited much discussion among members of the profession. The scandal attached to the practice of medicine by unqualified assistants is to be particularly deprecated at a time when not only illegal and irregular practitioners are being called to account and prosecuted more than they have ever been before, but so much is being done to raise the standard of medical education, and to guarantee the qualifications of those into whose hands the health of the public is to be entrusted.

Recently, as our columns have shown, the Medical Defence Association has attracted much attention, and obtained much credit for the persistency with which it is ferreting out some of the more notorious quack and medical impostors who, in this and other large towns, are for ever trading upon the ignorance and credulity of the masses. But as our correspondent very justly observes, however laudable it may be to carry on a crusade against men who usurp the functions of the physician, *outside the pale of the profession*, it will still better serve our interests and elevate our dignity, when it is dedicated to internal reform, and when the practice of visiting and prescribing by unqualified men, under the sanction of Fellows and Members of our Colleges." Although we hope there are not many practitioners who engage assistants who have not so much as undergone a course of medical education, we have only to look over the advertisements in the different medical journals to see what a number of men there are practising our profession, who have no more claim to practise it than any one of those

who have been recently prosecuted under the Medical Act. Nor can this system of engaging as assistants unlicensed practitioners be defended on the plea that these assistants only act under the supervision of their employers, and that therefore patients run little risk of suffering through their ignorance or neglect. The practice of medicine is one of those arts in which a great deal of mischief may be done in a very short time. It is only necessary for the principal to be absent or professionally engaged, to give the assistant an opportunity of displaying his inability to take charge of the patients entrusted to his care, or of committing some great blunder that may jeopardise not only his own reputation, but that of his employer also. Many years ago we heard of an assistant prescribing two or three grains of elaterium, but, fortunately, the prescription was seen by the principal in the day-book before it was made up. In this case the assistant was actually a M.R.C.S. In another instance, we recollect five grains of powdered squills being ordered for a parish patient, a mistake which was followed by alarming symptoms. Besides, it should not be forgotten that very great responsibilities often attach to the position of a medical assistant. He may have a difficult case of midwifery under his care, and far away from any help. He may have to take the entire charge of the practice during the temporary absence or illness of his employer ; and, what is of more frequent occurrence, many of the parish and club patients are placed almost entirely under his care.

It follows, therefore, that there is a large class of men practising medicine in this country with little or no qualification, and who, nevertheless, are not only not interfered with, but are really protected by the very members of the profession who are ready to bring down all the vengeance of the law upon certain illegal and irregular "Drs." practising on their own account. The inconsistency of this conduct on the part of the profession, their apathy in the matter, and still more the apathy and indifference of the great medical corporations, are to be much regretted; and we perfectly agree with "An English Practitioner" in thinking that the time has now come to strike a blow at an evil that has developed in our midst in spite of protestations, and in defiance of all the laws that have been framed for our own protection.

The question, however, is how best to put a stop to the system complained of. The subject is a difficult one to deal with, and, in our opinion, the difficulty must be surmounted either by the voluntary action of medical principals themselves or by the interference of the Government. One reason why there are so many unqualified assistants abroad is the difficulty of getting fully qualified assistants, and the comparatively low salary at which unqualified men may be engaged. Considering, however, the large income of most practitioners who are in the habit of keeping assistants, there is no reason why the salary of a fully qualified man should not be much higher than it is ; especially as the increased outlay on the part of the principal would be amply compensated for by the greater liberty he would enjoy. Hundreds of country practitioners are now prevented from ever taking a holiday and recruiting their severely taxed frames through not having a qualified assistant in whose abilities and good faith they can put implicit confidence. If, however, our country *confrères* make no move in the matter, in all probability it will not be long before the Government will be induced to take some steps to remedy the evil. It was, as our correspondent observes, clearly the intention of the legislature, when it granted the Medical Act, that none but those who had passed a proper examination and obtained a licence should either visit or prescribe. Nevertheless, even were there any one—as we very much doubt—disposed to do so, none of these unqualified assistants could be prosecuted under the Medical Act. The law is quite silent on the subject of medical assistants, and the words "who wilfully and falsely pretend to be . . . a practitioner in medicine, &c.," would not apply to them. It is, however, to be hoped that there will be no need of any Government interference, and that through the representations of the medical press, or the influence of the Medical Council and other medical corporations, members of our profession will be induced to forego altogether the employment of unqualified assistants, and will no longer connive at a practice which they condemn in others, which is attended with much mischief to their patients and inconvenience to themselves, and which, moreover, is of so derogatory a nature as to bring medicine down to the level of a trade, instead of raising it to the dignity of a science.

PROFESSOR TYNDALL'S MOTES AND GERMS.

On Friday evening last, Professor Tyndall once more indulged the members of the Royal Institution with a discourse on "Motes and Germs." On a previous occasion he stated that, besides repeating the experiments of others, and taking such additional precautions as suggested themselves to him to ensure reliable results, the principal apparatus on which he should rely was that in which his tubes containing the infusions were placed in boxes with their insides smeared with glycerine, which caught and retained the "motes" as they settled. Glass windows in the sides of the boxes allowed the passage of a beam of light from an electric lamp. This was the test employed for the purity of the air, there being no trace of the beam through the box when there were no "motes." In all cases the air was allowed time to purify itself by the settlement of the "motes" before the infusions were introduced by a pipette into the tubes inserted in the bottom of the boxes. Five of the cases of tubes shown last year (containing pheasant, herring, pork, beef, and mutton) were now exhibited and appeared to be as perfect in clearness as they were a year ago.

Another series of experiments was commenced in September last consisting essentially of repetitions of last year's experiments, but, to the professor's great astonishment, all the earlier ones produced very unexpected results. The first referred to were infusions of fungi collected by "two members of the institution" in Heathfield Park. The infusions were made with the usual precautions on Oct. 30, and they all showed turbidity, and immediately after were swarming with animal life. Of infusions made on Nov. 1 some remained clear, others went bad. Cucumber and beet-root were tried on Nov. 7, and in three days all went

bad; they were turbid and covered with a fatty scum. On Nov. 20, infusions of cucumber, beet-root, turnip, and parsnip were prepared upstairs in another room, and the additional precautions of filtering the turnip and beet-root through 24 layers of filter-paper, the cucumber through 120 layers, and the parsnip of 300 layers, were adopted. For convenience, however, the boiling with the oil-bath was performed in the laboratory. Soon all the tubes were swarming with life. Again, on Nov. 25, experiments were repeated, with the additional precaution that the boiling was also done in the upper room, still all went bad. Again, the process of calcining with platinum was adopted, with increased heat and greater time than usual, with a like result.

Results so diametrically opposed to those of last year were sorely puzzling, and Professor Tyndall at once looked for the cause in the impurities of the air of his laboratory. Closer investigation also showed that there was a risk of air entering the tubes with the liquid. The usual pipettes were therefore discarded, and a modification of what is known as Robert's tubes was adopted. No bubbles of air were allowed to pass, and then the infusions remained good. A point of interest about the investigation was that the air of the laboratory was found to be full of dried particles of old hay—hay that had been used during the last twelve months; and direct experiment proved that the time found sufficient for boiling infusions of new hay is not sufficient to render sterile the "motes" of dry old hay. Here was the explanation of the difficulty. The air of the laboratory was infested with germs from the old hay.

To make quite sure of his facts, Professor Tyndall had his experiments repeated at the new house at Kew and elsewhere, and these so far proved confirmatory of former results. It is not, however, for a moment contended by his opponents, as he seemed to insinuate, that he has prejudices against the doctrine of spontaneous generation. Neither is it a matter of dispute that hermetically sealed boxes or tubes do remain an indefinite time entirely free from all liability to change, but it is doubted whether Professor Tyndall's beam of light shows that in his opinions spontaneous generation will not take place, and whether the motes and germs he lays so much stress upon are a necessary element in the production of life. It is pretty evident that other proof than that afforded by his searching beam of electrical light must be forthcoming before it demolishes the experiments and theory of Bastian.

CERTIFICATES OF DEATH FROM SMALL-POX.

In one of his last official Reports the Registrar-General asks:—To what extent has vaccination, as it is usually performed, protected the population of London against death by small-pox? The returns of the year 1876 answer this question to a certain extent. 735 persons of all ages died of the dire disease; 325 were returned in the medical certificates as unvaccinated, 219 as vaccinated, while of 191 the fact is not spoken to. Thus, in 544 deaths the proportions in every 100 were found to be, 60 of persons unvaccinated, 40 of persons vaccinated. The proportions of the unvaccinated were greater in the hospitals, where every case was classified; so that out of 735, including the due proportion of the uncertified, 439 or more were unvaccinated, and 296 were vaccinated at some time, and in some way or other. If the numbers unvaccinated and vaccinated among the living were known, it would be easy to determine the mortality of the two classes; but in the absence of an actual enumeration of the vaccinated, all that can be asserted is, that out of a comparatively small number of persons unvaccinated 439 died, while out of the great mass of the vaccinated population 296 died.

With regard to these observations, we shall in the first place remark that the bare statement that a certain number of "persons vaccinated" contracted and died from small-pox, says very little against the protective power of vaccination, unless it were shown that in nearly all the cases the younger patients had been properly vaccinated in infancy, and that those who had arrived at adult age had been also re-vaccinated. This fact, and the possible fallacy it involves, show the necessity of ascertaining more exactly the degree of protection which our patients apparently enjoyed at the time they were fatally attacked with the disease.

Then, again, the large number of cases always "unaccounted for," should be deserving of serious consideration, more especially as this failing in our medical statistics is made a handle of by the anti-vaccinators to bring the operation altogether into disrepute. Thus in the 35th Annual Report of the Registrar-General, it is stated that 19,094 persons died of small-pox, and that 1,888 were vaccinated, and 3,782 unvaccinated, thus leaving 13,424 cases unaccounted for. In reply to this fact, which has been retorted by the Anti-Vaccination League, the Registrar-General replies that this large number is unaccounted for simply because he had no information on the subject. But this unavoidable defect in the Registrar-General's statistics is stigmatised by the League as a "bare-faced fraud, which discredits not only the Registrar-General himself, but the whole body of medical vaccination statistics, trumpeted abroad in defence of a murderous law!" The insolence and absurdity of such a charge are so evident that it would be a waste of time and trouble to refute it. The above quotation is to be found in a handbill which the "President of the National Anti-Compulsory Vaccination League," a clergyman of the Church of England, has allowed his wife to sign; and as this precious handbill is said to be doing harm among the ignorant people in the neighbourhood in which it is circulated, the Registrar-General has been urged to prosecute the woman who wrote it. He very properly, however, declines to do anything of the sort, or to do more than to bring it under the notice of her Majesty's Government.

If we had no better proof of the efficacy of vaccination than that afforded by the imperfect certificates of death made out during great epidemics of small-pox, the anti-vaccinators might have some reason to complain. Fortunately, however, the proof of the all but perfect protection afforded by vaccination and re-vaccination, rests upon other evidence of so strong and convincing a nature, as to render the imperfection of these certificates, and the want of information complained of by the Registrar-General of much less moment than might be supposed. Nevertheless, inasmuch as the more recent the evidence, the greater influence does it have on the mind of the

people, especially at a time when hundreds are dying from the disease, the careless manner in which certificates of death are made out is much to be regretted. Not one weekly return of the mortality due to small-pox has been published since the commencement of the present epidemic, but there has been a large number of cases in which there was no information given as to whether the unfortunate patient had been vaccinated or not. We are therefore glad to see that in his last Report the Registrar-General strongly urges medical practitioners to append to their certificates of death after small-pox, whether the deceased had or had not been vaccinated. Our confidence in the protection afforded by vaccination is too great to fear the most searching inquiry that can be made on the subject, and therefore, it is to be hoped that both in this, and in future epidemics, every member of the profession will comply with the above very reasonable request. And indeed, not only should it be stated whether the deceased had been vaccinated, but in the case of adults, whether they had been *re-vaccinated;* and, further, whether the "marks" of vaccination were, or were not, of a satisfactory nature. In cases where there is any doubt about the matter, such doubt should be duly registered. By this means, we hope to have in time a large body of reliable statistics, which would not only be a further proof of the protection afforded by vaccination, but would also show to what extent, and with what efficiency, the operation, voluntary or compulsory, was practised throughout the kingdom.

Notes on Current Topics.

Army Medical Department.

THE future of the Medical Service of the Army is now hanging in the balance and must soon be decided, to end in a bright future or premature and undeserved decay. The importance of a contented, united, and efficient medical corps is too well known to require comment from us. To reconcile the different views held by officers of various grades on the best form of its organisation we will not attempt, but of one thing we are assured, that no staff corps will be accepted by the service or the profession which does not grant to the officers of the department every privilege, pecuniary allowance, and honour of the corresponding relative rank in the army. The day is rapidly passing away when members of the medical profession will consent to be placed in positions of inferiority to boys just out of their teens, or to others whose only claim to social position is their combatant commission. The Army Medical Department numbers amongst its members many amiable and estimable men, and others who in any walk of life would have succeeded to positions not inferior to the most brilliant which have been accorded to many of their civil contemporaries. There are, of course, the tares, who are neither an ornament nor an advantage to their department. On the whole comparatively few they soon sink to the level best suited to their tastes and acquirement. For such discontented spirits we have little sympathy, and it would be an immense advantage to the army, in our minds, if they were allowed to leave the service with a recompense proportionate to their merits, to make a fresh start in more congenial spheres. As to the many officers who are endeavouring by their example and work to bring their department to the front, we would wish them every success and encouragement in their efforts, for upon its professional status the department must stand or fall in the estimation of the army.

We concur in every expression of a contemporary as to the causes which have conduced towards making the Army Medical Department unpopular. The causes lay with the Horse Guards and War Office to a very great extent. Numerous warrants granting privileges with one hand while taking away with another. Miserable, misplaced, and petty economies, impeding efficiency, and leading only to discontent. A niggard distribution of honorary distinctions, which the surgeon was equally entitled to with the combatant. No increase of pay to the senior officers, nor inducement to retire at an earlier period. Half-pay before an officer has had time to recover from the effect of some serious disease contracted in and by the service; and last, though not least, a salary contemptible for an officer holding the high and responsible position of Director-General of the Medical Department of the Army, and we should not forget to add the non-command of their own corps subordinates, the charge of stores which might be more suitably delegated to commissaries of hospitals. We would commend these facts to the War Office, and advise a speedy return to the wise and generous policy of sixteen years ago, if they wish to obtain medical candidates for Her Majesty's service.

Munificent Bequest for a New Hospital in Paris.

M. EMMANUEL MOIANA, lately deceased, has bequeathed to the city of Paris the sum of one million francs (£40,000), 500,000 to be devoted to the construction of a hospital, 500,000 to be invested for its endowment. Commenting upon this, the editor of *Le Paris Medical* thinks the money would have been better employed in founding a free school of medicine, to which the name of Moïana would have been everlastingly attached. As, however, M. Moïana has not done so, he hopes some other rich and generous millionaire may adopt the suggestion.

An Adulterator's View of Anti-Adulteration Law.

A CORRESPONDENT of the *Chemist and Druggist* designates the existing method of detecting frauds as "one of the most degrading, inquisitorial and odious social organisations in this country, viz., that of public analysts." This is the most forcible testimony we have yet had to the good effect of Mr. Sclater Booth's Bill, and a sad instance of ingratitude to that gentleman who certainly exerted his ingenuity to frame a measure which would give the dealers in falsified goods very little trouble.

THE death-rate has not been so low in London for several years past as at the present time, notwithstanding the great increase of small-pox. Probably, no large city or town in the world has so low a death-rate as 20 per 1,000 at this season of the year, thanks to its sanitary administration.

Medical Council Blundering.

THE Medical Council is certainly erecting for itself an edifice of professional disapproval the grandeur of which few public bodies have ever emulated. It is absolutely without a friend, and while—in professional circles—the mention of the august body is sure to evoke a chorus of sneers and abuse, not even the most lenient critic is heard to say a word in its defence. Truly it does not deserve an advocate; and that it exists at all is due to the fact that the profession has no power to abolish it, but is bestridden by its Old Man of the Sea, and, *multa gemens*, must carry him. The Medical Council seems to court unpopularity. Recently it had a little office to give away, and a concourse of capable medical candidates from whom to select, yet it insulted its own principles and the medical profession by passing over the whole of them in favour of a schoolmaster. Still more lately it has acquired fame by its discreditable conduct towards the Defence Association. This Association applied to the Council to give up its claim to the fines which might be recovered from quacks in order that these sums might go towards the cost of prosecution. The Medical Council benevolently conceded the point, and the Association proceeded with more numerous and more expensive prosecutions on the strength of the concession. Having incurred heavy expenses, it again appealed to the Council for the money, when it discovered that the Council is not entitled to the fines at all, and *that the Council knew that fact at the time the promise was made.*

A Cure for Dipsomania.

UNDER this heading, the *Globe* calls attention to a remedy for drunkenness, which a correspondent of the *Manchester Courier* declares he has personally employed on his own spouse with the very best results. Having found rougher treatment (especially what is called by his countrymen in Yorkshire "puncing") to be of little use, he bethought himself of an expedient which would have done credit to much wiser heads than his. He neither whipped, nor kicked, nor otherwise brutally assaulted his better (?) half. He merely procured a pot of black paint, with which he so thoroughly besmeared her face as to convert her at once into a negress. This had the desired effect. She, who had previously been so incorrigible and had resisted all attempts at reformation, remained sober for a whole month. Whenever the woman has a relapse he administers another dose of the same specific, and he reports that it never fails to secure him the same period of domestic happiness. With respect to this ludicrous, yet happy, expedient, the *Globe* suggests that it would be well if the law stepped in to paint the faces of drunken husbands; but our contemporary must have forgotten for the moment that such a punishment would act very unequally in the two cases, and that what would be most acutely felt in the one case would be only laughed at in the other. Our rough, but honest, Yorkshireman had evidently a keen knowledge of human nature, and especially of the little weaknesses of the fair sex, when he planned this excellent manœuvre. The vanity of women, charming as it often is, is a feature of their character which is daily taken advantage of in more ways than one; but that a knowledge of this frailty should be made use of in such a low and prosaic matter as that of drunkenness is a novel episode in the checquered history of modern society. To disfigure a woman's face, even for a time, is an offence which she will not readily forgive, or a punishment which she can scarcely bear; and if all cases of dipsomania in the female sex went so far as to produce insensibility to such an operation, we should soon hear the last of those distressing cases which are bad enough in men, but which are still more deplorable in women.

Sanitation at Cambridge.

IF we may judge from a report of a recent meeting of the Cambridge Improvement Commissioners, held at Guildhall, the authorities of that town are quite alive to the necessity of doing all in their power to improve its sanitary condition. Their Sanitary Committee reported that the surveyor had laid before them amended plans for disinfecting-house, apparatus, and sheds, proposed to be erected at a cost of about £500. Moreover (according to the report of Mr. Anningson, the medical officer of health), Cambridge is just now fairly salubrious. The total number of deaths for the quarter ending Dec. 31st was 135. Exclusive of members of colleges, this gave a death-rate of 16·4 per thousand, which may be considered very satisfactory, considering that the average death-rate of towns of similar size is about 19·37 per thousand.

The Water Supply of London.

IT might have been confidently predicted that the serious inundations of the past month would produce some dangerous contamination of the water drawn, for domestic purposes, from the Thames and other rivers by the several water companies. We are, therefore, not surprised to learn, from Major Bolton's report, that the state of the water in the Thames and Lea was very bad during the month of December. From an examination of the River-books kept at the intakes from the Thames, it appears that this is the worst flood that has occurred in that river for many years. While these floods prevail the water companies unprovided with sufficient storage reservoirs are compelled to take in dirty water, and distribute such as they can get through their filter-beds, imperfectly filtered; there is a considerable amount of solid matter in the water, and as it is too fine to settle, removal by filtration alone becomes a difficult matter, as the impurity can *only practically be got rid of by subsidence previous to filtration.*

The reports by Dr. Frankland during the past year tend to show that the deterioration of the waters of the Thames and Lea by sewage pollution continues, and point to the necessity of measures being adopted to prevent the contamination of these rivers and their tributaries by the people living on the upper reaches, who now treat the tributary streams, as well as the rivers, as common sewers, both at their sources and during their course. The Thames was in high flood during the whole of December, and its water was loaded with organic impurities of the most disgusting origin. The Southwark and Vauxhall Water Company are, it appears, adding insult to injury in their dealings with a large

suburb of the metropolis. The Richmond Vestry, it will be remembered, objected to pay for dirty water, and protested against the unfair way in which the company treated the inhabitants. The directors were indignant, and threatened to stop the supply; and this has actually been carried into effect during the past week. The papers teem with letters of complaint, but all to no purpose; for the great water company has determined to turn the water down the public sewers rather than that the people of Richmond shall partake of it. Such arbitrary conduct on the part of a water company plainly shows that the water supply of towns should not a day longer be left in the hands of private speculators, and of those who care far less for the public health than for dividends.

Poor-law Medical Officers' Association.

We are sorry to see that this excellent Association is not prospering so well as might have been expected; want of contributions and of unanimity amongst Poor-law medical officers, apathy, and the fear of offending authorities being the alleged cause of the want of success. The objects of the association are :—The adoption of the dispensary system in all large towns and rural districts; compulsory superannuation after twenty-five years' continuous service, and increased remuneration for services where clearly called for. The Association also forms a board of reference in all cases of oppression on the part of authorities. For convenience of their provincial members, they have secured 3 Bolt Court, Fleet Street (the rooms of the first Medical Society of London), where members (whose subscriptions are only 5s. per annum) can meet each other from twelve to five, and where Council and General Meetings will be held at stated intervals.

Medical Aspects of Drug Adulteration.

The very indiscreet palliation of drug adulteration by the *Lancet* in its recent editorial remarks upon the "milk of sulphur" frauds has been speedily seized upon by the *Chemist and Druggist* and the *Pharmaceutical Journal*, the special organs of the adulterators, and placarded in their columns as the opinion of the medical profession. "Medical opinion," says the former journal, "if the *Lancet* is to be taken as an authority, has at last veered round." We venture to assert, and to appeal for proof to the dictum of all other professional and scientific journals, that the *Lancet* is *not* to be taken as an authority in the matter, and we believe we may state that the views of our contemporary are entirely at variance with the feeling of medical men upon this subject. All medical practitioners, except the residuum of the old drug-and-drench, gratis-advice-and-dear-medicine school, are agreed that precision in prescribing is above all things to be cultivated, and, setting aside altogether the morality of such a trade, the profession discourages all drugs on which it cannot depend, and of which it does not certainly know the constituents. Thus, tincture of hyosciamus, laurel water, and sarsaparilla are being gradually dropped out of use, and we believe that such a mixture as "milk of sulphur" is never thought of by a physician of any intelligence. The *Lancet*, therefore, does not speak the mind of the profession on the subject, and the adulterators need not suppose that they have any party amongst competent medical practitioners.

Sanitary Improvements in London.

We are glad to see that the provisions of the Artisans' Dwellings Act are soon to be carried out in some of the most unhealthy districts of the City. A deputation from the City Commissioners of Sewers had an interview with the Home Secretary recently, respecting the mode in which they proposed to carry out the provisions of the Artisans' Dwellings Act in the City. Mr. F. Cox, chairman of the Commissioners, laid before Mr. Cross proposals for bringing under the Act three different areas. The first proposal had reference to Fetter Lane, which would deal with houses accommodating 260 persons, at a cost of £32,000. The second referred to St. Luke's district, and would remove houses that accommodated 1,230 persons at a cost of £90,000. The third scheme would deal with property in the district of Whitechapel, removing houses that accommodated 1,150 persons, the cost of which was estimated at £162,000. These three areas would entail an ultimate cost to the City of £284,000. In a long speech, which he made in reply to the deputation, Mr. Cross showed the great and active interest he takes in the matter. He has himself gone over and closely inspected the special localities which the Metropolitan Board of Works proposed to deal with, and he did not think there was a single corner in the City scheme, or in that of the Metropolitan Board, which he had not personally visited. In conclusion, he repeated what he had said in Parliament —that he believed the City of London would set an example to other corporations, and in a few years would show there was not a single place the medical officer could put his finger on that could be termed a plague-spot.

Metropolitan Hospital Sunday Fund.

At a meeting of the Council of this Fund, held at the Mansion House on Friday last, the Lord Mayor presiding, the following noblemen and gentlemen were unanimously elected as the managing body for the current year :—Committee of Distribution—The President; Sir Sydney H. Waterlow, Bart, M.P.; Vice-Presidents, Lord Ashley, Messrs. Alderman McArthur, M.P., Thomas Hankey, M.P., Samuel Morley, M.P., G. W. Callender, F.R.C.S., W. S. Saunders, M.D., J. Smith, and T. Turner. General Purposes Committee—The President and Vice-President, *ex officio;* Bishop Claughton, Cardinal Manning, the Revs. Canon Miller, J. Thain Davidson, J. Kennedy, Professor Marks, G. Bowden, J. F. Kitto, and R. H. Marten; the Earl Cadogan, the Hon. R. Capel, Sir R. Alcock, Mr. Alderman Finnis; Messrs. J. Boodle, H. Brooks, R. B. Carter, F.R.S., S. Hoare, Jabez Hogg, F.R.C.S., J. G Pitcairn, W. S. Saunders, M.D., and E. H. Scott. Hon. Secretaries—Sir E. H. Currie and Mr. R. B. Martin. Secretary—Mr. H. N. Custance. Dr. Glover expressed his opinion that the sums hitherto collected annually in aid of the fund were altogether unequal to the amount that could be desired from all metropolitan churches and chapels, and proposed the following resolution :—"That it be an instruction from this Council to the General Purposes Committee to consider whether any, and if so what,

means can be taken to excite the interest and co-operation in this fund of congregations which have never yet contributed to it, and to increase the interest already kindly displayed in it by the great majority of London churches."

Hospital Accommodation for Small-pox Patients.

ACTING upon a recommendation of Dr. Thomas Stevenson, who some weeks ago, in his capacity as medical officer of health for St. Pancras, reported that there was a deficiency of accommodation for small-pox patients of the non-pauper class, and it was desired that isolation should be carried out to its fullest extent, the sanitary committee took prompt measures to meet the difficulty, by the conversion of a building in Cambridge Street, Agar Town, into a non-pauper small-pox hospital. A sub-committee was appointed to accept tenders for the fitting up of the building, to engage a staff of officers, make arrangements for removals, &c., who carried out their functions with despatch, and on Saturday the building was formally opened by the entire committee inspecting the whole arrangements, which appeared to be of a very satisfactory and adequate character. The necessary preparations for the reception of 40 patients are complete, the nurses and other officers being already in residence. Dr. Harley, of Haverstock Hill, has been appointed medical officer to the hospital, which opened its doors to patients on Monday. A shed for the shelter of infected clothes brought to the disinfecting chamber, to be covered with felt, is to be erected, Dr. Stevenson stating that the present reduction in the number of small-pox cases in the parish was due not only to prompt removals to hospitals, but to the means adopted for disinfection. It is believed the accommodation for non-paupers will now be ample.

A New Theory of Whooping-Cough.

AT the last sitting of the French Academy of Medicine, M. Gueneau de Mussy broached a new theory of the nature of whooping-cough. He considers it an exanthematous fever, the eruption taking place on the mucous membrane of larynx, trachea, and bronchi, causing tumefaction of bronchial ganglia. These ganglia compress and irritate pneumogastric nerves, producing the characteristic convulsive cough. He assigns the persistence of the cough after the *pyrexia* has subsided, to the continuance of the ganglionic engorgement. The vomiting that so often accompanies this disease is also assigned to this cause. He supports his theory by the fact that enlargement of the bronchial ganglia from other causes also produces a convulsive cough analogous to that of pertussis.

We have had many theories on this malady; unfortunately, we have not one remedy.

The French Medical Protection Bill.

THE *Times*, commenting on the measure which is before the French Senate to exclude English doctors from practising in France, says :—

"The system of protection is to be introduced into that which ought to be one of the most liberal of professions, and, as medical men of position will scarcely consent to go to school again and prepare for a foreign examination, medical skill will become practically a prohibited import in France. In fact, we can have little doubt that the ultimate result of such a law as is in contemplation would be to drive, at all events, English visitors away from French watering-places to similar resorts in other countries, where no such oppressive and unreasonable restrictions were imposed on them. Italy and Spain are not so inaccessible as to render Nice and Cannes indispensable. The rights of practitioners already established are said to be respected by the proposed regulations; but when these rights have expired, and when submission to the treatment of none but French physicians becomes a condition of residence in the south of France, there can be little doubt the popularity of this favourite region would soon fade—at least, with English visitors. Such a law would, in fact, like all protective laws, sacrifice the interest of a community to a class; it would ruin places like Cannes and Nice, in order to furnish a delusive gain to the French medical profession."

Magisterial Decisions in Favour of Quacks.

THE quacks must indeed live "in clover" at the present time. Our readers are familiar with the recent decisions in the London police courts in favour of bogus diploma holders. As might be expected, provincial magistrates have followed the lead of their metropolitan *confrères*, by dismissing the charges as soon as they are brought before them. Another instance of this was adduced at the Burnley Police Court last week, when William Brown, of Burnley, was summoned for having wilfully and falsely called himself a doctor of medicine, he being at the same time an unqualified practitioner. The offence was alleged to have been committed on the 11th December last. Mr. Richardson, of Bolton, defended, and showed that the defendant had diplomas from the Pennsylvanian Medical School and the British Medical Reform Association. He was styled in his diploma from the former place as a doctor of medicine, and did not profess to be a member of the Royal College of Surgeons of England, or to be registered under the Medical Act of 1858. The case of Ellis *v.* Kelly, heard before Mr. Knox, at the Marlborough Street Police Court, with the decision upon it, and also the decision in the case of Dr. Hamilton, were quoted to show that the defendant was not liable to a penalty for calling himself a doctor under a foreign diploma, that the case might have been different if he had been summoned under the Pharmacopœia Act.

Following such precedents, there was no alternative but to dismiss the case. It needs but little foresight to predict what terrible consequences will result to the general public by these daily recurring decisions, unless Parliament at once steps in to amend the Medical Act, which is found to be so utterly useless.

Suicide by Poison.

READERS of the daily press cannot fail to have noticed the alarming increase of late, of suicides by poison, especially in London. When the restrictions on the sale of drugs first came into force, deaths from this class of violence occurred so seldom that it was hoped that legislation had at last successfully grappled with the terrible evil. But, unfortunately, that portion of the public bent on suicide soon found means to gratify their propensity; a loophole in an otherwise beneficent Act was discovered, and plenty of shopkeepers were ready to "turn

an honest penny," regardless of the tragic end. In a six-penny packet of "vermin killer" the deadly dose can be bought with impunity, and the seller is not bound by any but a moral law, to ask of the purchaser questions as to its destination. Can it be longer tolerated that five suicides by poison in London alone in almost as many hours should be again possible, as was the case last week? And since suicide is made so easy by enterprising manufacturers and obliging tradesmen, other deaths than self-inflicted ones suggest themselves with an awful significance. So long as vermin exists means will naturally be resorted to for its destruction, but as an unlimited sale of the remedy has hitherto resulted in a terrible cost of human life, "vermin killer" should, as soon as Parliament meets, be placed under the restrictions imposed by the Sale of Poisons Act, and its procuration made as difficult as any of those deadly drugs mentioned in the Schedule.

Mr. Glaisher states that the total fall of rain during the month of December was 5.92 inches, and that there is no instance since 1815 when the fall in tha- month was so large.

There were one hundred deaths from small-pox in London last week; forty-eight of which occurred in the special hospitals, and fifty-two in private houses. These deaths were fewer by sixteen than the previous week.

A monument is to be erected to Linnæus in Stockholm, and will be unveiled on January 10th, 1878, the centenary of the great naturalist's death. The sum of 36,000 crowns has been collected.

The appeal of the English Chemists and Druggists' Trades Union against the judgment of the magistrates in the "milk of sulphur cases" was called on at the Knutsford Quarter Sessions a fortnight since. It was, however, remitted to the Spring Sessions, and will probably not be tried before April.

A "prescribing" chemist, named Frederick Nicholls, of Green Street, Victoria Park, has been fined £20 under the Apothecaries' Act. The defence was that the chemist was acting for a registered medical practitioner, but the evidence was insufficient.

The Home Secretary, replying to a memorial from the British National Association of Spiritualists, urging the "withdrawal of State aid" from the prosecution of Dr. Slade, says, that he can see no reason for altering the usual practice in Dr. Slade's case, and declines to receive a deputation on a question arising out of a criminal case still in progress. Another spiritualist was sentenced to three months' imprisonment, last week, for obtaining money by fraud.

Owing to the prevalence of excessive moisture over pasture-land throughout Europe, cattle plague has again broken out in several countries. In Germany the outbreak is officially confirmed, and the necessary measures to prevent its spreading have been ordered by the sanitary authorities. Cattle exports have been forbidden in many of the Danubian and Austrian provinces, with the hope of limiting and localising the disease.

The preliminary statement of the gross statistics of the Irish Poor-law which has just been issued by the Local Government Board gives the figures for the year ending September 29th. There was a decrease of £2,743 in the total poor relief expenditure, *i.e.*, the workhouse relief exclusive of the dispensary and sanitary expenses. Including these latter items, the total outlay from the rates was £1,049,464, or an increase of £74,420 on last year. Of this very large increase of expenditure nearly £60,000 is to be debited to national school teachers' payments, under the Act of 1875, the remaining £24,000 being almost altogether incurred for extensions of tee sanitary system, the Cattle Plague Act, the Burial Ground Acts, and so forth. The cost of the dispensary, vaccination, and registration systems were slightly less than that of last year, but there was an increase of £1,194 in the item of superannuation. The total amount of superannuation to medical men in the year 1875 was £5,719, so that it would seem that the grant has increased by nearly one-fourth in the past year. There was a decrease during 1876 of 26,000 paupers relieved within workhouses, while those voted out-door help increased by 2,286.

Literature.

MECHANICAL TECHNOLOGY. (a)

The first part of "The Practical Dictionary of Mechanics" is in keeping with the numerous ventures of the firm who issue it—admirably done. There is in it, necessarily, much that is not new, and much that is not true in a practical mechanical sense, but it is clear, comprehensive, and liberally well illustrated. It is in all senses a dictionary, and the present part commences with the "Abacus" and ends with "Air-Compressing Machines," intermediate between which titles we find many forms of instruments for various uses, including Aerators, Abdominal Supporters, Military Knapsacks and Accoutrements, Achromatic Lenses, Acoustic Instruments, and so forth. Should later numbers justify the promise of the first, the subscribers to the issue will have occasion to be well pleased.

Correspondence.

THE ANTI-VIVISECTIONISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the last number of your journal there appears an article, entitled "The Antivivisectionists Again," in which you are pleased to mention my name, in connection with an opinion of mine which you quote and characterise as "untrue," following this up with the further statement "exaggeration may pass unnoticed, but not lying."

It is not my intention here to point out how far beyond the limits of legitimate journalism your article goes, when, without asking my reasons for such an opinion, or giving your own in contradiction of it, you give me the lie in the most offensive terms.

When I wrote the opinion quoted by you as follows:—"No student can be expected to come forward as a witness

(a) "The Practical Dictionary of Mechanics." By Edward H. Knight. Part I. London: Cassell, Petter, and Galpin. Pp. 32. Royal 8vo. 1877.

(to these atrocities) when he knows that he would be hooted, mobbed, and expelled from amongst his fellows for doing so," I did so openly and honestly, taking the greatest care to avoid any personality, and with what I considered to be good reasons for my opinion; but while every one was free to differ from me, to suggest that I was mistaken, or to ask me to give my reasons, I was still entitled to expect respectful opposition.

Moreover, by the addition of the words "(to these atrocities)" you connect my opinion in an unauthorised manner with certain exaggerations which I deplore, perhaps, even more than you do, and if, instead of demanding curtly that reparation to which I consider myself entitled, I vouchsafe the reasons I had for expressing myself as quoted, I shall none the less expect the *amende honorable* to be made.

On three different occasions, during my student days, it was my lot to experience treatment such as I have depicted for having dared to give shape to opinions at variance with those of the worst part of my fellow students.

The first occasion was when I remonstrated strongly with some of them against the unmanliness of pelting women and children during a snowball riot.

The second was when I organised and directed a vigilance committee, for the purpose of protecting a most worthy but too amiable professor from the pelting with peas, paper arrows, and even squibs, with which the rowdy portion of our fellow classmates used to annoy him.

The third occasion was while escorting the lady students home through the first great riot in Edinburgh to which they were subjected by their gentlemanly classmates. On this present occasion the treatment referred to was supplemented by a severe kick, administered to me, as I afterwards learnt, by a famous University athlete, who chose the dark, a crowd, and a position behind my back for his purpose, (by a strange coincidence he afterwards died in the Royal Infirmary from the effects of a kick).

Each of these cases would form an interesting historiette if related at length, and, although I feel proud of them and certain that they (as they did in the past) would meet the full approval of the mature members of the profession, they would by no means tend to raise the general character of a large part of the body of medical students.

After such an experience, few unprejudiced persons would hesitate to admit that I had good warrant for the opinion I gave, and in the time which has elapsed since then, things have happened which fully confirm it.

Within the past year I have received several letters from students giving me certain information about cruel vivisection, but begging that neither their names nor the precise cases should be mentioned for reasons similar to those quoted by you. Without, however, insisting on these, I shall offer a good case in point, which happened only a few months ago, and was reported and commented upon by the public press at the time.

Last month Mr. Childs, an F.R.C.S. of England, went to Edinburgh to deliver two lectures against vivisection. The first came off very well and harmoniously, a fact which seems to have attracted the notice of the medical students in that city, for on the occasion of the second lecture, on the 20th of the month, they assembled in force to prevent it. Then ensued one of those disgraceful scenes with which the citizens of Edinburgh are periodically furnished. A howling, hooting mob of students held possession of the hall, and in spite of the entreaties of the venerable Dr. Duff and of Mr. MacLaren, M.P. for the city, who occupied the chair, they refused to allow the lecturer to proceed, and he was forced to leave the hall with his lecture undelivered and unheard.

I therefore submit that I was fully justified in expressing myself as I did, and that the term "*distinct falsehood*," which you have applied to my remark, is utterly inexcusable.

If, instead of referring the matter at once to the proper tribunal, I have taken the trouble to justify my own opinion in your columns by requesting you to insert this letter, I must request that you will give it the same publicity as was given to the libel complained of, and that you will further add to it such an apology as will fully compensate for what was at once an outrage against professional etiquette and medical journalism.

I have the honour to be, Sir,

Your obedient Servant,

GEORGE HOGGAN, M.B. and C.M. Edin.

7, Trevor Terrace, Rutland Gate, London, S.W.

20th January, 1877.

[In justice to Dr. Hoggan we insert the foregoing letter, as we have no reason to doubt the accuracy of his statements. Readers of this Journal will bear us out that we never refuse a hearing to both sides of a question, however much we in our public capacity may feel compelled to condemn the one or the other. We doubted and have reason still to doubt the accuracy of nine-tenths of the statements put forward by the anti-vivisectionists, and we are glad to hear that such exaggerations are quite as strongly deprecated by Dr. Hoggan as by ourselves. We have Dr. Hoggan's assurance that what he has expressed is his opinion and the truth, we therefore willingly withdraw all imputations so far as he is concerned, and regret having mentioned his name in connection with the subject.—ED. M.P. and C.

THE MEDICAL DEFENCE ASSOCIATION AND UNQUALIFIED PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 17th inst. "An English Practitioner" speaks in a very kind manner of the Medical Defence Association, and I am desirous of thanking him for so doing, but he is mistaken in supposing that our operations are directed only against those who are "outside the pale of the profession." We are alive to the necessity of internal reform, and have endeavoured in several instances to put a stop to the practices of those among us who encourage unqualified men in usurping the function of the physician. For instance, we have remonstrated with some medical men who allow unqualified assistants to have sole charge of branch practices, dispensaries, &c., and in cases where persons die who have been attended in their last illness by unqualified assistants, we endeavour to bring about a coroner's inquiry. In one case where a qualified man was in the habit of signing death certificates in cases solely attended by his unqualified assistant, we prosecuted him for issuing a false certificate, but were unable to obtain a conviction. We believe, however that the prosecution has had a very wholesome effect not only on the defendant in the case, but on others who were in the habit of giving similar false certificates.

"An English Practitioner" is quite right in supposing that we ourselves are much to blame for the existence of quacks. They would undoubtedly soon have to seek for the means of subsistence in some other calling than that of medicine, were it not for the encouragement and support they receive from members of our profession. I trust that the day is not far distant when medical men generally will recognise and fulfil the duty they owe to themselves, the profession, and the public in the matter of employing unqualified assistants.

I am, sir, your obedient servant,

GEORGE BROWN, M.R.C.S.,

Hon. Secretary, Medical Defence Association

12 Colebrooke Row, N., Jan. 22, 1877.

Medical News.

Royal College of Surgeons of England. — The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Board of Examiners on January 15th, 16th, and 17th :—D. A. Gomes, Bombay; W. Forrest, A. M. Easton, J. C. Baxter, S. M. C. Higgens, J. H. C. Mac and J. Pointon, Liverpool; E. Godson, J. W. Riley, J. W. Moore, and T. W. Colbourn, Birmingham; J. C. Saunders, Sheffield; W. A. Norman, Cambridge; A. W. Gibbs, Bristol; H. C. Shann and R. B. Morley, Leeds; P. Poett, Dublin; R. J. Dearden and S. Hampson, Manchester; J. Wishart, A. H. Wright, D. Fraser, and F. R. Eccl Toronto and St. Thomas's Hospital; W. M'Geagh, Belfast and London Hospital; H. W. Seager, F. D. W. Wheat and L. C. N. Nicod, St. Mary's Hospital; G. H. Russ Guy's Hospital; L. W. Stevens, J. Hartley, and F. Smi Middlesex Hospital; R. D. R. Sweeting, London Hospit H. H. C. Murray, Charing Cross Hospital; F. C. Gibbs, Thomas's Hospital; G. M'W. Henry and J. J. Lloyd, U versity College; J. Brunt and M. J. B. Anderson, St. B tholomew's Hospital; G. N. Stathers, L. E. Williams, Saunders, Thos. Buxton, A. S. Norman, H. J. Barnes, A. Evans, and D. C. Embleton, University College; H. B. M Ronald Ross, and W. A. Sykes, St. Bartholomew's Hospi

T. G. Clabburn, R. C. Stewart, J. W. Jervine, W. H. Addison, W. H. Norman, J. M. Martin, and T. F. Clarke, King's College; H. B. Curll, St. Mary's Hospital; J. P. Pearce, J. M. L. Davies, and C. J. Wills, Middlesex Hospital; G. A. Roper, Cambridge and St. Thomas's Hospital; George Pilkington, Howard Hawkins, and C. J. Fooks, Guy's Hospital; J. H. Henchey, St. Thomas's Hospital and Laval University; A. Fordham, London Hospital; Oswald Roberts and S. C. B. Robinson, St. Thomas's Hospital.

The Clinical Society of London.—At the annual meeting of this Society, held on the 12th inst, the following office-bearers were elected for the ensuing year:—President—G. W. Callender, F.R.S. Vice-Presidents—Herbert Davies, M.D., C. Murchison, M.D., F.R.S., H. Thompson, M.D., R. Barwell, F.R.C.S., T. Bryant, F.R.C.S., C. Heath, F.R.C.S., Treasurer—E. H. Greenhow, M.D., F.R.S. Council—H. C. Bastian, M.D., F.R.S., G. Buchanan, M.D., A. Clark, M.D., D. Duckworth, M.D., C. H. Fagge, M.D., T. H. Green, M.D., J. B. Hicks, M.D., F.R.S., A. J. Pollock, M.D., R. Southey, M.D., C. T. Williams, M.D., W. H. Brace, M.D., F. H. Gant, F.R.C.S., J. W. Haward, F.R.C.S., W. MacCormac, F.R.C.S., F. H. Marsh, F.R.C.S., A. B. R. Myers, F.R.C.S., M. W. Rice, M.D., J. Rouse, F.R.C.S., E. Venning, F.R.C.S., J. S. Wells, M.D. Honorary Secretaries—W. Cayley, M.D., T. P. Pick, F.R.C.S. Cordial votes of thanks were accorded to Sir Wm. Jenner, on the motion of Dr. Patrick Stewart, seconded by Dr. Broadbent, for his services to the Society as President during the past year. Similar votes were also passed to the retiring Vice-Presidents and Secretaries.

Society for Relief of Widows and Orphans of Medical Men.—A Quarterly Court of the Directors of this Society was held on Wednesday, January 10th, in the rooms of the Royal Medico-Chirurgical Society. In the unavoidable absence of the President the chair was taken at 3 o'clock by Dr. Pitman, V.P. The treasurers reported that there were 58 widows and 11 children applicants for relief from the general fund, and 4 children from the Copeland fund. A sum of £1,257 10s. 0d. was voted to be distributed among them. The expenses of the quarter were £65 15s. 9d. The deaths of two widows were reported by the Secretary; one had been receiving grants since December, 1828, and the other since September, 1847. One fresh application from a widow was considered and admitted. At Christmas last a sum of £323 had been distributed as a present out of the surplus income amongst the widows and orphans, and 15 guineas were presented to the secretary as a compliment for his exertions in collecting the subscriptions of the members. Five new members were elected.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

"MEDICAL PRESS" DEFENCE FUND.

The Honorary Treasurers beg to acknowledge with thanks the following contributions to this Fund, which they have received since the publication of the last list in our columns:—

	£	s.	d.
Dr. Clapton, London	1	1	0
Mr. Curling, F.R.S., London	1	1	0
Mr. A. B. R. Myers, Coldstream Guards	1	1	0
Dr. J. Langdon Down, London..	1	1	0
Mr. Critchett, London	1	1	0
Dr. G. M. Dickinson, Pailton, Rugby	0	10	6

Dr. Dolan, Halifax.—Many thanks.

Dr. L.—We are afraid such a communication would hardly be suitable for our columns were you to send it.

"When Doctors disagree, &c"—Blood-poisoning is becoming common in the Melbourne Hospital. Nothing else can be expected from over-crowding, bad ventilation, and defective drainage. The members of the hospital committee are too busy bickering with each other. They have no time to think of the welfare of the patients; it is therefore quite proper that they should die.—*Melbourne Medical Record.*

"FOURPENNY DOCTORING."

To the Editor of the Medical Press and Circular.

Sir,—I shall be glad if you will allow me to state in explanation of what appeared in your last.

I disposed of my interest in the dispensary practice of 72 Worship Street, London, in May, 1875, to Dr. George Fearon, of 42 Craven Hill Gardens, Hyde Park. He has no authority from me to issue or circulate any handbill bearing my name. It is a pity he should derive any benefit from a style of practice which he has not the courage to acknowledge. My only way of arresting this would be through the rascally bill of costs of some attorney. You can confirm the accuracy of my statement by a reference to the Medical Directories of 1876 and 1877.

If you will give me space I shall be glad to place all the arguments in favour of the dispensary system before the profession, and exhibit to them the only true bulwarks against the gratuitous prescriber, the prescribing chemists, and Government nostrum-vendors.

Yours faithfully,

P. V. Timothy, L.R.C.P. Lond.

The Countess of Ebersburg.—Her ladyship must pardon our declining to insert her article for the following reasons: We only accept editorials by our recognised writers. We have never seen the "Food" or its "valuable effects in consumption," and cannot, therefore, stamp with our editorial authority that about which we know nothing. The article is an excellently drawn advertisement for the maker of the Food, to whom we commend it for advertising purposes.

Clinical Society of London.—On Friday evening next, at 8.30 Mr. Callender, F.R.S., the newly-elected President, will deliver his inaugural address, after which, Mr. Brodhurst will bring forward a case "Cases of Subcutaneous Section of the Neck of the Thigh-bone."—Dr. Greenfield, a "Case of Hydatid of the Lung;" and Mr. Pugin Thornton, a "Case of Tracheotomy thrice performed."

Unqualified Assistants.—Referring to the letter which appeared in our last, a correspondent suggests the publication of the names or numbers of *unqualified assistants* in all the towns and villages of England and Wales in order to stop their employment by members of the profession, and for the better protection of the public. The idea is a good one, but the difficulty of carrying it out would be almost insurmountable.

Communications, Enclosures, &c., have been received from—Dr. McGregor, Weaverham. Mr. Anningham, Cambridge. Mr. J. Netten Radcliffe, Local Government Board. Dr. Greene, London. Dr. Balthazar Foster, Birmingham. Mr. John Gorham, Tunbridge. Mr. Gibbings, London. Dr. Winslow, London. Mr. Francis Vacher, Birkenhead. Mr. J. Wickham Barnes, London. Dr. Symonds, Ormskirk. Dr. Dolan, Halifax. Mr. W. Jones, Liverpool Royal Southern Hospital. Dr. Croft, London. Dr. Macnamara, Dublin. Mr. Hornibrook, London. Mr. Macilwam, Gloucester. The Registrar-General. Mr. Grooves, London. Dr. Winn, London. Mr. Lennox Browne, London. Dr. Ogle, Derby. Dr. Kerr, Preston. Dr. Kiernan, Cardiff. Dr. Lowder, Ryde. Dr. Duncan, Glasgow. Mr. Pritchard, London. Mr. Jabez Hogg, London. Dr. Caton, Liverpool. Mr. Croft, London. Mr. Thicke, Westminster. Dr. Cornelius Fox, Chelmsford. Mr. Evans, London. Dr. Woltenden, Burton-on-Trent. Mr. James Dunne, Dublin. Dr. Lionel Smith, Royton. Mr. George Brown, Hon. Sec. to the Medical Defence Association. Mr Timothy, Barrow-in-Furness. Dr. Lane, Isle of Man. Dr. Hoggan, London. Mr. Lubbuck, &c., &c.

VACANCIES.

Baltinglass Union, Rathvilly Dispensary.—Medical Officer. Salary, £120. Further particulars from Hon. Sec.

Carlow Union.—Medical Officer. Salary, £100. Further particulars from the Clerk.

County of Louth Infirmary.—House Surgeon. Salary and other particulars to be obtained on application to the Secretary.

County of Louth Gaol.—Surgeon. Particulars as to Salary, &c., to be obtained of the Secretary, Dundalk.

Salford Hospital, Manchester.—House Surgeon. Salary, £120, with board and lodging. Applications to the Secretary.

Birmingham Dispensary.—A Resident Surgeon. Salary commencing at £13', with £30 for cab-hire; furnished apartments but not board found. Address the Secretary.

Flintshire Dispensary.—House Surgeon. Salary, £100; must understand the Welsh language. Applications to the Hon. Sec., Holywell, Flints.

Dover Union.—Medical Officer and Public Vaccinator. Salary, £40, with extra fees. Applications to the Clerk of the Union, Dover.

APPOINTMENTS.

Gibbings, Ashley, M.R.C.S., L.D.S., Assistant Surgeon to the Dental Hospital of London.

Hutchinson, S. J., M.R.C.S., L.D.S., Assistant Surgeon to the Dental Hospital of London.

Marriages.

Dixon—Cooke.—On the 18th inst., at Holy Trinity Church, Eastbourne, E. L. Dixon, M.D., M.R.C.P., of Preston, to Elizabeth Anne, caughter of the late Swinhoe Cooke, of Liverpool.

Lloyd—Williams.—On the 18th inst., at Trinity Church, Rhyl, E. J. Lloyd, M.D., of Bangor, to Mary, widow of O. T. Williams, M.R.C.S.

Webb—Cottrell.—On the 17th inst., at the Cathedral, Sydney, Australia, Dr. E. R. Webb, eldest son of Dr. Webb, of Eccleston Square, London, to Catherine Eliza (Kate), eldest daughter of James Mashall Cottrell, Brixton, S.W. (by telegram).

Deaths.

Adams.—On Jan. 18, at 2 Vanbrugh Park Road West, Blackheath, John Adams, F.R.C.S., Consulting Surgeon to the London Hospital, aged 71.

Bellyse.—On Jan 11, at Audlem, Cheshire, Richard Baker Bellyse, M.R.C.S.E., aged 67

Butter.—On Jan. 13, at Plymouth, John Butter, M.D., aged 85.

Cawley.—On Jan. 4, at Brailes, Warwickshire, John Cawley, L.S.A.L. aged 81.

Clarke.—On Jan. 2, at Barwickstead, Cumberland, William Barwick Clarke, M.R.C.S.E., aged 65.

Davies.—On Jan. 12, Henry J. Davies, M.D., eldest surviving son of the late Rev. Henry Davies, of Regency Square, Brighton, formerly of Devonshire Place, London, aged 62.

Hulme.—On Nov. 28, at Dunedin, Otago, New Zealand, Edward Hulme, M.D.

Lawrie.—On Jan. 1, at Bradford, Yorkshire, John Douglas Laurie, M.R.C.S.E., aged 34.

ARMY MEDICAL DEPARTMENT.

18th January, 1877.

AN EXAMINATION of CANDIDATES for COMMISSIONS in the Medical Department of Her Majesty's Army will be held in London, on the 12th FEBRUARY, 1877 and the following days: -

1. Candidates having two qualifications—one to practise Medicine, and the other Surgery- under the Medical Act, and who are not under 21 nor above 32 years of age, at the date of the London Examination, are eligible to attend.
2. Those gentlemen who may be selected for appointment will receive £250 per annum, and allowances in addition, after passing the Examination at the Army Medical School at Netley.
3. The tenure of appointment will be limited to ten years, and on the completion of that period of commisioned service, surgeons, unless they be specially selected for further employment in the Department, will be entitled to receive, in lieu of all pension on retirement (pension for wounds excepted) the sum of £1.000.
4. Application for admission to the Examination should be made in writing, without delay, to "The Director-General of the Army Medical Department, London," by whom a printed schedule containing further particulars will be furnished.
5. There will be fifty appointments offered for competition.
6. The list will be finally closed on Saturday, 3rd February next.

Signed, W. M. MUIR, Director-General.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

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W. O'NEILL, Secretary

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The present rate of interest allowed on Deposit Receipts is 3½ per cent. per annum.

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Remittances may be made by cheque or bank order, payable to the undersigned.

Prospectuses and every information will be forwarded, post free, on application to ALFRED H. MERCER, Secretary.

Established 1848.

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The business of the Professional Agency is based upon the general principle, that no charge is made unless work has been done and services rendered.

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LOCUM TENENS.—Dr. Langley has now organised a thoroughly reliable Staff of suitable Gentlemen to take full Charge of any Practice which may require it in the absence of the principal, at fees from £2 12s. 6d. upwards, according to age, experience, qualifications, &c. One of these gentlemen can be despatched by an early train after receipt of telegram or letter stating duties and terms. Office fee 10s. 6d., payable by the principal.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in Dr Langley's List, which is sent post free on application).

A 264. IRELAND. Safe Transferable PRACTICE, specially suited for a doubly-qualified Catholic gentleman. Receipts, upwards of £600 a year. Patients, good middle class. Midwifery fees, £1 1s. to £3 3s. Visits £1 1s. No bad debts. Residence contains 11 rooms with good stabling, &c. Rent, £36. Great scope for increase. A good introduction will be given.

A 263. LONDON SUBURBAN NUCLEUS. In a most Desirable Situation, a rapidly increasing Nucleus yielding about £250 a year. Ten roomed corner house in a main thoroughfare. Rent, £50. Illness the sole cause of retirement. Furniture taken as it stands.

A 262. First-Class COUNTRY PRACTICE, within 6 miles of London. Receipts, £680 a year. Appointments, upwyrds of £200. Six months' introduction desired. Large house, with gardens, stabling, land &c. Rent, £57. No opposition. Railway station within half a mile. Premium, £700.

A 261. SUBURBAN NUCLEUS, producing £300 a-year. The connection is believed to be wholly transferable. Premium, £200, including surgery, fixtures, and drugs.

A 260. WILTS. Unopposed FAMILY PRACTICE yielding £400 a year. Appointments, £200. District agriculture. Expenses low. Premium, 1 year's purchase, half down.

A 258. First-class Suburban Partnership. There is a Vacancy for a Gentleman, with high class qualification in a PRACTICE yielding £300 a year. A Six Share is offered for £1,000, with option of further purchase at the end of the 5th year. Midwifery fees £5 5s. to £10 10s. Patients very good class.

A 257. CASH PRACTICE yielding £1,000 a year. No bills. No midwifery or night work. Patients, middle class. The Practice is carried on in a rapidly increasing town in the North of England. Introduction, months. Present Incumbent is going abroad.

NOTICE—DR. LANGLEY'S LIST OF SELECT PRACTICES AND PARTNERSHIPS FOR JANUARY IS NOW READY. Sent Post free on application.

IRISH POOR-LAW INTELLIGENCE.

DUNGARVAN GUARDIANS.

THE WORKHOUSE MASTER'S AUTHORITY IN DISPOSING OF PATIENTS.

THE medical officer reported last board day that the master sent for treatment to the fever hospital a patient named Thomas Dee, suffering from gout, a non-infectious disease, thus imposing additional duty on the fever hospital nurse, whose duties were in her own department sufficiently laborious, and also subverting the use for which the fever hospital was built. The necessity for reporting the occurrence, he stated, was rendered more urgent by the fact that on the same day a case of fever was sent to the house hospital, producing, as may be imagined, a very considerable amount of inconvenience and dissatisfaction to the occupiers of the ward in which the patient was placed.

The report was referred to the master, who sent in the following explanation :—

The patient was thought to be suffering from rheumatic fever (to which he is known to be subject). At his own request and that of Dr. Anthony, who attended him, he was placed in a vacant ward in the fever hospital. There is only one child sick there at present, so that the hardships to the nurse, who has three able-bodied assistants, could not be very great in the case, and the one patient in another ward necessitated the doctor's visit to the hospital. In the second case a patient came to the workhouce and presented a ticket, which stated that he was to be admitted to the hospital, being suffering from rheumatism. He was admitted to the general hospital, where the doctor saw him on the following morning, and pronounced him in fever. The medical officer, however, instead of ordering his immediate removal to the fever hospital on the workhouse grounds, thought it right to leave the patient in the wrong hospital, and report the master (or rather the dispensary doctor) for not being infallible. As the greater number of patients come into the hospital after the hour of the doctor's daily visits, the master and other officers act according to the best of their judgment as to the disposal and treatment of such patients till the doctor's next visit. He has not found fault with with this arrangement before, though a mistake as to the nature of the disease may have occurred from time to time. If he is dissatisfied now, or if he holds the master responsible for the life and death of patients admitted in his absence, there is only one remedy—viz., to send for the medical officer without delay, as in any case I believe I am bound to do, and let himself or the proper authority give directions in each case.

Both report and explanation were referred to the Local Government Board for their opinion.

SANITARY ADMINISTRATORS FOR IRELAND.

GUARDIANS OF NUISANCES.

AT the meeting of the Gorey Guardians last week Mr. Palmer reported that he inspected a quantity of herrings on the premises of Mr. Redmond, and considering them unfit for food, reported same to the sanitary officer, Dr. Webb, who also inspected them, and certified in writing that the fish was unsound and unfit for human food. He then brought the case under the notice of J. S. Scott, Esq. J.P., who declined to make any order on it, as he considered the certificate not sufficient,

Mr. Redmond said that probably the owner would buy more herrings and mix them with these herrings and sell them.

The Clerk read the Sanitary Act, and said from the Act and circumstances of this case, the sanitary board was open to a prosecution if they would not order the destruction of the herrings.

Mr. Morris—We have no proof that they are exposed for sale.

Clerk—But they are unsound and unfit for human food, and if ever they are offered for sale the board could be prosecuted.

Mr. Wolahan—In this very house herrings two years' old were boiled up for the paupers.

Mr. Morris—If these things occurred five years ago there would be nothing about it.

A Voice—You had not the Sanitary Act five years ago.

Mr. Morris—*It is a great mistake you ever had the Sanitary Act. It is the greatest piece of nonsence that ever was imposed upon us (cries of hear, hear).*

Mr. Creighton—That Act is in force ten years.

Chairman—If Mr. Palmer allows these herrings to be removed we are liable to a prosecution.

INCREASE OF POOR-LAW SALARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 20th December, 1876, and 17th January, 1877, I read with pleasure two letters referring respectively, in pleasing terms, to my letter of December 13th, signed "One of the Ill-paid."

Both these letters appear to me to contain very valuable suggestions ; but do even the most sanguine of our dispirited brethren hope to reach the good goal intimated, within any reasonable space of time? Verily, if we pull together with *that* object, many of us will die of starvation in the attempt before it is attained.

Are we then to do nothing?

I am far from undervaluing the importance of even remote improvements in our condition, but I do believe that our present efforts should be directed towards getting an *immediate increase of salary.* We cannot change existing laws without much trouble and *delay*, nor can we get rid of our liability to unnecessary "calls" and other hardships, but we can reasonably demand, and we might fairly expect, such increase of salary as would enable us to meet our calls and discharge our duties.

I cannot believe but that the Local Government Board, if reasoned with by our representative body, would give a favourable hearing to any reasonable request on our behalf, and I think it would greatly strengthen the hands of that body if we would unanimously call on them to take this step.

An official circular from the Local Government Board requesting Guardians to grant a minimum salary (with perhaps few exceptions) of £150 a year, would in many cases be sufficient, and a "sealed order" would readily complete the process.

If we aim at this, and this, *at present*, we ought to

succeed, and I venture to recommend that the matter be organised and tested without delay.

I am, Sir, yours truly,

"ONE OF THE ILL-PAID, AGAIN."

EXTRACTS FROM REGISTRARS' NOTES

For the Last Quarter.

BANBRIDGE; *Tanderagee.*—Fever had been very prevalent in this district during the previous quarter. There are a few cases of scarlatina in the neighbourhood at present. There are a considerable number of cases of whooping-cough about. The waters of the public pumps in Tanderagee have been lately analysed, and the majority of them have been pronounced bad.

BELFAST; *Castlereagh*, No. 1.—Whooping-cough was prevalent during early part of quarter. Some few cases of fever occurred in different localities.

COLERAINE; *Articlave.*—The sanitary condition of the district is vastly improved, all nuisances reporten to the sanitary board being removed immediately, and in many cases it is not necessary to make a report to the sanitary authority at all, as the offending parties are quite willing to remove the nuisance as soon as their attention is directed to it by the medical officer. The health of the district very satisfactory.

DOWNPATRICK; *Portaferry.*—I find that persons when "noticed" under the Sanitary Act to remove nuisances in the shape of manure heaps at their doorsteps, obey the letter of the law, but at the first opportunity renew the offensive collection.

KILKEEL; *Rostrevor.*—Out of the 14 deaths, 8 were caused by pulmonary consumption. Many cases of this disease seek in the sheltered village an alleviation of their symptoms. Thus the death rate is unduly loaded from this cause.

LURGAN; *Moira.*—The sanitary condition of the district is very good as far as relates to external nuisances; but the houses of the poor are still in such a wretched condition that, were it not for the mild weather, the death rate must be high. There has been no death registered from, and, as far as I am aware, no case of zymotic disease occurred within the last quarter in my district. Still there is want of power to enforce the necessary improvements to the dwellings: but we must hope that time will remedy this.

INISHOWN; *Malin.*—A child, aged 3 years, was burned or rather I should say roasted. It lived a few hours; there was no inquest or magisterial inquiry. A man went to fish in his usual health and was found dead on the weir; cause of death not known. No inquest or magisterial inquiry.

IRVINESTOWN; *Irvinestown*, No. 2.—Whooping-cough was extensively prevalent during the past two quarters; hardly a child in the district who had not formerly suffered from it escaped.

MILLFORD; *Rossgull.*—Fever very prevalent, but only one death caused by it. Diphtheria is again making its appearance, and, as usual, fatal almost in every instance.

OMAGH; *Dromore.*—The sanitary arrangements in the district are greatly improved under the recent Act, and it is now healthy and free from any epidemic disease, and the deaths registered during the quarter below the average.

SLIGO, *Carney*, No. 2.—The people comply with the sanitary laws in all cases. The district is perfectly free from any epidemic.

SLIGO; *Collooney.*—Sanitary state of district very bad. Not a single person has been prosecuted under the Sanitary Act.

SLIGO; *Riverstown.*—Scarlatina and fever (typhus very prevalent in this district. Sanitary condition of district improving rapidly.

(To be continued.)

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 13, 1877.

Total registered deaths in Dublin and suburbs *		...	169
Ten years average of same week	... ...	...	190
Decrease of mortality below average	... ...	...	21
Ratio of deaths, suburb of Rathmines	...	19·5	per 1,000
" " " Donnybrook †		14·0	"
" " " Blackrock	...	14·4	"
" " " Kingstown	...	14·0	"
" " Entire Dublin district	...	27·9	"
COMPARATIVE RATIOS—London	... ...	20·1	"
" " Glasgow...	...	23·5	"
" " Edinburgh	...	21·4	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 26; average number in the corresponding week of the previous ten years, 39·7. The deaths from these diseases registered last week include 1 from small-pox, 6 from fever, (1 typhus, 4 typhoid, and 1 simple continued fever), 8 from measles, 4 from icarlet fever, 1 each frem diphtheria, croup, erysipelas, diarrhœa, &c.

Five children died from convulsions.

Bronchitis caused 34 deaths, pneumonia 7, and lung diseases unspecified 2.

Eight deaths resulted from heart disease, 1 from aneurism, 4 from apoplexy, 3 each from cephalitis and brain disease unspecified, 2 each from paralysis and epileysy, 2 from jaundice, 5 from liver disease, 1 from nephritis, 2 from Bright's disease, and 3 from kidney disease unspecified.

Twenty persons died from phthisis, 3 from mesenteric disease, 2 from scrofula, and 4 from cancer.

Five accidental deaths were registered, viz., 3 from fractures and contusions, and 2 from drowning.

Eleven deaths from whooping-cough, 4 from measles, 3 each from fever and scarlatina, and 1 each from diphtheria and diarrhœa were registered in Belfast during the week.

Quarterly Return.

Births.—In the Dublin district, the ratio of births registered during the quarter was 26·4 in every 1,000 of the population.

The ratio of births in the city was 27·6 in every 1,000 of the population; and in the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, only 22·2.

There was registered in London, during the same period, an annual birth rate of 36·6 in every 1,000; in Glasgow, 36·8 per 1,000; and in Edinburgh, 31·1 in every 1,000.

Deaths.—The number of deaths in the Dublin district during the quarter amounted to 1,759, affording an annual ratio of 22·4 in every 1,000 of the population; the average number in the fourth quarter of the previous ten years was 2,036. Omitting the deaths (55) of persons admitted into public institutions from localities outside the district, the rate for last quarter was 21·7 per 1,000.

The deaths north of the Liffey were 642, or 23·8 in every 1,000; south of the river, 732, or 21·3 in every 1,000 of the population. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, 330, or 19·0 in every 1,000.

The number of deaths registered in London during the same period was 18,799, or 21·5 in every 1,000; in Glasgow, 23·1 in every 1,000; and in Edinburgh, 18·2.

Diseases. Dublin Registration District.—The deaths from zymotics were 345, or 19·6 per cent. of the total deaths, and equal to an annual rate of 4·4 in every 1,000. Those during the corresponding quarter of 1875 were 426.

Diarrhœa proved fatal in 48 instances: in the corre-

sponding quarter of 1875 the deaths from this disease numbered 83.

Fever caused 94 deaths (20 typhus, 59 typhoid, and 15 simple continued fever); scarlatina was fatal in 46 instances; measles in 39; croup in 19; whooping cough in 26, against 76 in the corresponding quarter of the previous year.

Erysipelas was the cause of 10 deaths.

Eight deaths resulted from small-pox; there was one death from this disease registered during the previous quarter.

Convulsions proved fatal in 131 instances, or 7·4 per cent. of the total deaths registered: in the fourth quarter of the previous year 151 deaths were ascribed to convulsions.

Bronchitis caused 253 deaths, or 14·4 per cent. of the total deaths registered—in the corresponding quarter of the previous year 335 deaths were ascribed to this disease; pneumonia caused 43 deaths; pleurisy, 7; astnma, 2; inflammation of the windpipe, 1; and lung disease unspecified. 26.

Twenty-six deaths were ascribed to apoplexy; 32 to paralysis; 12 to cephalitis; 5 to epilepsy; and 40 to brain disease unspecified.

To diseases of the liver were ascribed 31 deaths, including 2 from hepatitis, and 1 from jaundice; 8 deaths were ascribed to gastritis; 8 to enteritis; 5 to peritonitis; 2 to ascites; 5 to hernia; 3 to ileus; 1 each to intussusception and stricture of intestines, and 10 to stomach disease unspecified; disease of the spleen caused 2 deaths.

Bright's disease proved fatal in 10 instances; inflammation of the kidneys, diabetes, and cystitis each in 1; and kidney disease unspecified in 27.

Phthisis was the cause of 188 deaths, or 10·7 per cent. of the total deaths; cancer of 46; hydrocephalus of 27; scrofula of 15; mesenteric disease of 14; dropsy of 11; gout and mortification of 3 each; and noma of 2.

Fifty-three accidental deaths, 2 cases of manslaughter, and 2 of suicide, were registered.

Provincial Towns.—The following zymotic diseases proved fatal in Belfast during the quarter:—Whooping-cough in 57 instances, diarrhœa in 45, fever in 39, scarlatina in 33, measles in 7, and diphtheria in 3. There were 31 violent deaths. The annual rate of mortality afforded by the deaths registered in Belfast during the quarter was 23 per 1,000 inhabitants.

In Cork 16 deaths were caused by diarrhœa, 8 by fever, 3 by scarlatina, and 2 each by measles, diphtheria, and whooping-cough. The total deaths registered amounted to 519, representing an annual rate of mortality of 23 per 1,000.

There were 9 deaths from scarlatina, 10 from diarrhœa, 7 from fever, and 2 from whooping-cough registered in Limerick during the quarter. The annual death-rate represented by the number of deaths registered was 21 per 1,000.

In Londonderry the death-rate represented by the *registered* deaths was only 14 per 1,000; in Waterford the rate was 19; in Galway, 17; and in Sligo, 17. With the exception of 8 deaths from fever in Waterford, the deaths from zymotic diseases in those towns were few.

TWENTY-FIFTH REPORT ON THE DISTRICT, CRIMINAL, & PRIVATE LUNATIC ASYLUMS.

Abstract—continued.

At Cork the hospitals and adjoining airing courts authorised by Order in Council, July, 1873, were completed at a cost of £5,776; while the raising of portion of the boundary wall and means for securing a perfect water supply, were authorised in our report, at an estimated expense of £1,600.

At the Carlow asylum farm-offices were completed and structural alterations and repairs in part of the old asylum in progress, under an Order in Council, at a probable cost of £2,000, making a total expenditure on the institution at large of about £23,000 since the new buildings were commenced in 1873.

At Clonmel, the formation of a connecting tunnelled passage between the two asylums, separated by a public road, and improvements connected with the laundries and out-offices were authorised by an Order in Council, at an estimated cost of £1,995.

At Ennis sheds for patients and farm purposes have been completed, at a cost of £364 7s. 6d.

At Killarney fresh provision for 100 patients, with new dining hall, under an Order in Council, was commenced, on plans prepared by our own architect, the estimated cost being £10,000.

The detached hospitals at Letterkenny have been finished, the outlay being £4,955 5s. 9d.

At Limerick additional accommodation for 100 patients, with refectories and improved day-rooms, in the old structure, as planned by the architect of the Commissioners, were commenced—on contract for £14,500.

The abandonment of the present asylum at Londonderry many years ago had been recommended by the inspectors to the Executive, and constantly urged by them on the local board. At the last summer assizes the governor and grand jurors ofthe district finally, and all but unanimously, acceded to the proposition, with the sanction of his Gracet he Lord Lieutenant. The selection of a suitable site remains in abeyance, the citizens of Derry being anxious to have it near the town, while the great majority of the landed proprietors wish it in a more central position, and one of easier access for the benefit of the county at large.

The provision in the new asylum being intended for at least 320 patients, the cost of erection, furniture, &c., with the purchase of land, will probably amount to £48,000, less the value of the existing structure, and the highly desirable ground for building purposes, eighteen acres belonging to it, worth perhaps a third of the sum named. The progress of the city seaward, or in its most useful direction, has been hitherto barred by the institution, so a double benefit will accrue from the projected arrangements.

Plans have been prepared for enlarging and improving the laundries and kitchens at Maryboro', by the board's architect, at an estimated outlay of £2,000.

The late purchase of land has not been as yet enclosed, the govenors still objecting to incur the expense of erecting a suitable boundary wall along the public roads at either side, the necessity of which is obvious.

In the Mullingar Asylum two commodious dining-halls have been in process of erection, under an Order in Council of the 30th June, 1875, on an outlay of £2,000. The inspectors regard such adjuncts essential to the well-organised institution for the insane.

At the Richmond certain unfinished portions of the boundary walls were completed, and alterations in the lavatories with a view to a continuous supply of water undertaken, at an expense, under Privy Council order, of £800.

Increased provision for 100 beds with other necessary works was authorised by Order in Council, on the 22nd October, at the Sligo Asylum, the estimated outlay being £14,000. The plans, prepared by the architect to the govenors, were minutely examined by the Commissioners and in part modified.

The same order extended to the purchase of forty-eight acres of land valued at £4,580.

At Waterford also additional accommodation for 100 patients with some alterations in the principal buildings, according to plans drawn out and submitted by the architect of the Commissioners, was ratified by an Order in Council, 6th November, 1875, the proposed estimate of which was £14,000.

Private Asylums.

There has been but little variation between the respective number of patients in private asylums during the past and the year preceding it. At the close of 1874 an

aggregate of 672, between both sexes, was under treatment. In 1875, 186 were admitted, making a total of 858 under treatment during the year, of which 165 were discharged; one female escaped, and 39 died. There consequently remained on the 1st January 653 of both sexes.

The recoveries exceeded in the year under review those of the preceding one by five, while the mortality was less by three—both satisfactory results. It is also gratifying to us to report that no accident of a serious character occurred. On the management of these institutions generally we are enabled to report in satisfactory terms, the great majority of them being conducted with carefulness and a becoming attention to the well-being of their inmates. So much, however, depends on the cost of maintenance, and the means of families to meet it, that a perceptible difference cannot but exist in the interior organisation of private asylums, some of which are replete with domestic requirements for the higher and more opulent classes of society; while others, from lesser stipends, do not present a like appearance of comfort. To make amends as far as lies in our power for the difference, and particularly, too, as not unfrequently the friends of patients consider they have fulfilled their duty to afflicted relatives by placing them under a safe control, without taking further trouble in their regard, entails no inconsiderable amount of responsibility on the inspectors.

Our ordinary visits to private asylums are made quarterly, and at irregular periods, but under certain contingencies, and in furtherance of the provisions of the statute they are rendered much more frequent, so as thereby to secure not alone the liberty of the subject, but to guard against any irregular procedure either as to the admission or subsequent detention of the reputed insane, who possess unrestricted privileges to communicate with us by letter. It occasionally, but rarely occurs that a justifiable cause of complaint on investigation is brought before us for inquiry. In some few we have had much ground for hesitation in adjudicating on their merits, and when in the absence of actual delusions the causes of disease were what come under the designation of moral, or were distinctly referable to habits of dissipation or of an unsubdued indulgence in drink. An inspector in such instances can only exercise a fair discretion, and by temporary means as a warning, protect the individual from a repetition of his own culpabilities. Indeed it has happened on three or four occasions in the past year that persons themselves, feeling the impending chances of a return of insanity from drunkenness, and to escape an urgent tendency to it, have not only not objected to being placed under restraint, but voluntarily sought it; still, shortly after admission, threatened proceedings against the proprietors of private asylums for an illegal confinement. But of all the difficult cases to be dealt with, none so great as those of perverted minds, with a considerable amount of intellect, reasoning, and education, as found in the better classes, but whose acts, when free, offensive to others, and highly injurious to their own interest, are unrestrained by any sense of propriety or foresight. Discharged for a time, and comparrtively much improved, they frequently relapse, and for the most part with more discouraging symptoms.

Taking the large number of private patients in the licensed establishments of this country, we believe in no instance that has come under supervision since the date of our last report has an injustice been committed through an unduly prolonged detention.

Of the existing private asylums, four being on a charitable foundation continue exempt from the charge for licence, namely, Swift's or St. Patrick's hospital, the Friends' Retreat, similar to that in York, the Richmond Retreat for Ladies under the superintendence of a religious community of nuns, and the Lucan Spa institution. The residents in these on the 1st January, between male sand females, numbered 323. The new asylum for imbecile children, to be supported by voluntary contributions, and established through most liberal donations from Dr. Stewart, is in a very forward state towards completion, and in the coming spring will be fit for occupation. It is intended to accommodate 200 inmates, with all requisite appurtenances.

The site of the buildings themselves at Palmerstown, four miles from Dublin, in the centre of about forty acres of farm and pleasure grounds, is highly salubrious.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January* 13*th*, 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JANUARY 13TH, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered*.	Total DEATHS *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	2	190	169	21	44	1	8	4	1	...	6	1	6	4	57
BELFAST . . .	20,687	182,082	28	168	98	24	17	...	4	3	1	11	3	1	...	...	11
CORK . . .	13,816	91,965	32	57	57	12	11	...	...	...	...	...	...	2	...	11	13
LIMERICK . . .	8,509	44,209	26	22	22	5	5	...	...	...	...	...	...	1	...	...	8
LONDONDERRY . .	21,865	30,884	15	13	9	...	6	...	...	...	...	...	...	...	...	2	1
WATERFORD . .	17,209	30,626	20	15	12	2	2	...	..	...	...	...	..	...	...	3	1
GALWAY . .	21,358	19,692	21	9	8	...	2	...	...	...	...	...	...	...	...	2	2
SLIGO . . .	30,835	17,285	33	7	11	...	7	...	...	...	...	..	...	2	...	...	6

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1877.

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Pathological Anatomy of the Brain

LOCALISATION IN CEREBRAL DISEASE. (a)

By Prof. Charcot.

Chapter XIII.

Gentlemen,—You have not forgotten that the three great arteries of the brain take part in the formation of the arterial system of the central ganglionic masses, but the part they take is unequal.

(a) Thus: It is to the Sylvian artery that the predominance belongs. It supplies:—

1. The greater part of the nucleus caudatus.
2. The whole of the lenticular nucleus.
3. One portion of the thalamus opticus.
4. The whole extent of the internal capsule.

(b) The anterior cerebral plays a small part in this system. It supplies simply the head of the nucleus caudatus, and its division is not constant.

(c) The posterior cerebral plays a more important part, and is more definite. This artery, whose distribution is very extensive (since it sends branches to the choroid plexus, to the walls of the ventricles, &c.), supplies (as regards the central masses) the following parts.

1. The inner and posterior parts of the thalamus opticus.
2. The corpora quadrigemina.
3. The superior layer of the peduncle.

The diagrams that I am about to place before you (figs. 14 and 15), and on which the vascular territories are separated by dotted lines, will make the above details more intelligible to you.

(a) Translated from *Le Progrès Médical*.

Still, the description of the "striate arteries" needs to be more fully developed. When this is done, we shall be able to show you briefly that which it is essential to know concerning the central arteries, issuing either from the anterior or posterior cerebrals.

Emanating from the upper side of the Sylvian, the "striate arteries" pass through the foramina in the anterior perforated space, when they are soon lost to view.

But a very simple dissection enables us to follow them in the first part of their *intra*-cerebral course.

I call your special attention to the following description, because it is indispensable to a right understanding of important facts concerning common cerebral hæmorrhage.

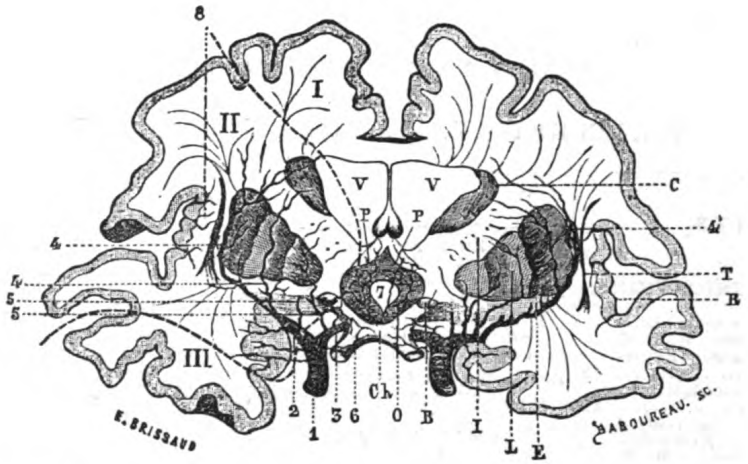
This dissection consists in destroying successively the grey matter of the "insula," the white subjacent matter, the front wall, and last of all, the internal capsule. We thus lay bare the outer surface of the lenticular nucleus, in its whole extent. If the dissection has been carefully done, on a well injected brain (and this dissection is easy, because at any rate in the frontal portion the lenticular nucleus is (so to speak) naturally detached from the internal capsule), we may follow the first part of the distribution of the "striate arteries." We then see that they form a kind of fan on the surface of the grey nucleus; but at a short distance from the origin they bury themselves in the substance of the third segment and are lost to sight.

Now, gentlemen, we must follow the ultimate distribution of the striate arteries in transverse sections.

The first section made behind the commissure, shows us only the caudate and lenticular nuclei, the thalamus being farther back. In this section we find the deepest distribution of the very arteries which we have just been studying. Besides which, we see other smaller arterioles on the external surface of the lenticular nucleus, which may be called *internal*. After arising from the trunk of the Sylvian artery, they run almost vertically in the two first segments of the lenticular nucleus, and in the neighbouring parts of the internal capsule.

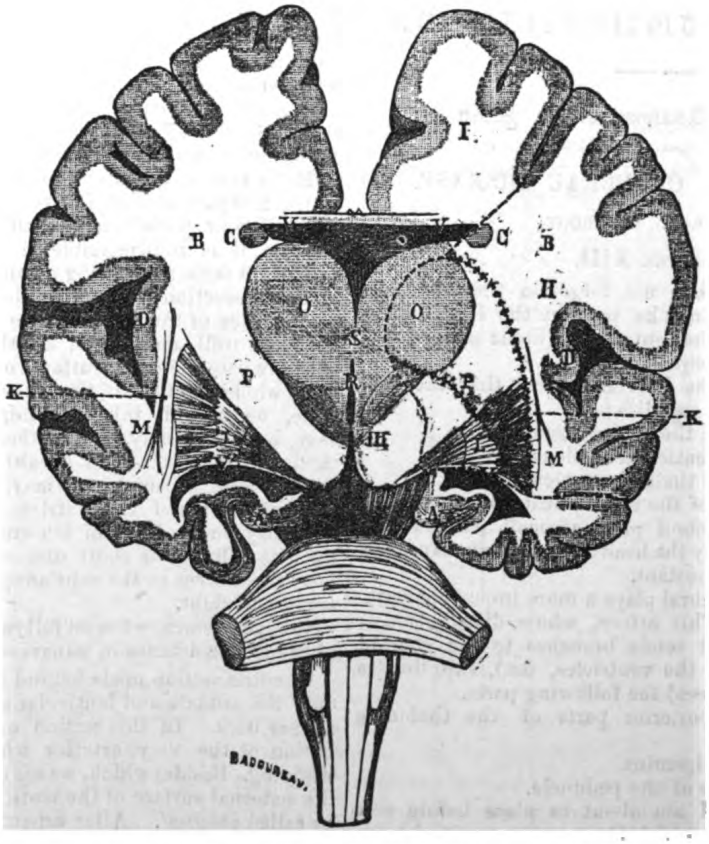
More interesting are the *external* striate arteries, which

FIG. 14.



Transverse section of the cerebral Hemispheres, made at a ½ inch behind the commissure of the optic nerves.—Arteries of the striated body.- Ch. Optic Commissure; B, Section of the Optic Band; L, Lenticular Nucleus of the Corpus Striatum; I, Internal case or foot of the radiating Corona of Reil; C, Caudate or Intra-ventricular Nucleus of the Corpus Striatum; E, the External Capsule; T, Taeniform Nucleus, front wall; R, Convolution of the Insula; V, V, Section of the Lateral Ventricles; P, P, Pillars of the Trigone; O, Gray substance of the Third Ventricle, which is continued behind the Optic Thalamus.—*Vascular Territories.* I, Anterior Cerebral Artery; II, Sylvian Artery; III, Posterior Cerebral Artery; I, Internal Carotid Artery; I, Sylvian Artery; 3, Anterior Cerebral Artery; 4, 4, External Arteries of the Corpus Striatum (Lenticulo-striate); 5, 5, Internal Arteries of the Corpus Striatum (Lenticular Arteries). The Lenticular Striatum Arteries are not represented here. (This figure is taken from a plate of Mons. Duret.)

FIG. 15.



Transverse Vertical Section of the Brain behind the Mamillary Tubercles and in front of the Peduncles.—S, Gray Commissure; O, O, Optic Thalami; U, Lateral Ventricle; U, Its Sphenoidal Cornu; P, P, Internal Capsule or Foot of the Peduncular Expansion; L, L, Lenticular Nucleus; K, External Capsule; M, M, Front Wall; R, Third Ventricle; A, Corner of Ammon; *Vascular Territories.* I, Anterior Cerebral Artery; II, Sylvian Artery; III, Posterior Cerebral Artery.

in the earlier part of their course run over the outer surface of the lenticular nucleus. They had better be divided into two groups: the first group is anterior, and includes the *lenticulo striate arteries;* the second and posterior group includes the *lenticulo optic arteries.*

One artery of the group is especially important because of its volume, and of the predominant part it takes in intra-cerebral hæmorrhage; one would be almost justified in giving it the name of "*the artery of cerebral hæmorrhage.*" After having passed the third segment, it passes through the upper part of the internal capsule, then reaches the substance of the caudate nucleus. It passes on then to the most anterior parts of this nucleus, tending from behind forwards. The distribution of this striate artery, of the lenticulo striate arteries should be studied on sections made in front of the last.

The *lenticulo optic* arteries are arranged on the same plan; only, after having passed through the most posterior part of the internal capsule, they reach the outer and anterior part of the thalamus, where they spread out.

I will remind you, gentleman, that we are concerned with *terminal arteries*, and that if the injections are pushed too far, little ruptures are produced at different points of the course of the vessels, thus imitating in seat and in formation the hæmorrhagic centres which are produced pathologically.

We have nothing special to say of the branches of the anterior cerebral, except to state that they are inconstant, and produce very circumscribed hæmorrhages, but of very great gravity because the rupture sometimes occurs in the ventricles.

The *posterior cerebral* will be studied here, only as regards its branches to the thalamus. These are of two kinds.

1. The *posterior internal optic* artery, which supplies the inner surface of the thalamus, and is capable in the latter part of its course of causing hæmorrhages; limited perhaps, but serious because they sometimes pass into the ventricles.

2. The *posterior external optic* artery, which traverses part of the cerebral peduncle, before entering the posterior part of the thalamus.

The ruptures of this vessel often lead to hæmorrhages into the substance of the cerebral peduncle.

THE COLD BATH IN TYPHUS ABDOMINALIS.(a)

Surgeon-Major Gore prefaced his remarks by alluding to the opinions of different military surgeons of the German army, strongly in favour of this mode of treatment, which (he said) was in general use in the garrison lazarettes. In Berlin, the cases were treated in a ward with open windows, the patients in winter being protected by screens from the direct effect of the cold air. The notes of the case of a soldier, treated in the Garrison Lazarette at Neuremberg, were given. His temperature on admission was 105·4° F. The first immersion reduced the temperature to 103°. Within two hours it had risen to 104°, and was again reduced by ten minutes' immersion to 101°; and so on during the progresss of the case, until the temperature ceased to exceed 102·5° F. This occurred a week subsequent to admission, during which the patient had been immersed in no less than twenty-nine baths. The chart of the case was exhibited, given to the author by Dr. Ullman, Oberstabsarzt.

(a) Abstract of a paper read before the Medical Society of the College of Physicians in Ireland.

Dr. Gore next alluded to the treatment of fever by cold effusion, as practised by Percival in the Richmond Hospital; when a temperature of 105° in the mouth was reduced to 98° by the direct cooling of the surface and withdrawal of its body heat, the excessive production of which led to the death of the greater number of those who succumbed to typhoid fever—death resulting from paralysis of the heart or paralysis of the brain, in such cases, without any special complication. Hæmorrhage from the bowels and perforation were contra-indications to the use of the bath, but not pneumonia or hypostatic troubles. Liebermeister's opinions were quoted, and his statement that "the entire appearance and bearing of the patients under the anti-pyretic treatment was such that the old picture of a typhoid fever-patient was no longer seen." The attendants did their part gladly, although the taking of temperature and giving of baths added immensely to their trouble, because the good results were so manifest, and because many of the annoyances of former times were, for the most part, done away with—such as involuntary evacuations on the part of the patient, violent delirium, bed sores, &c. Immediately after the bath the patient had rest, was wrapped up in a dry sheet, put to bed, lightly covered, and given a glass of wine. The temperature of the bath was 60° Fahrenheit, but in dealing with very feeble persons the bath might be gradually cooled down, beginning with a temperature of about 93°, and adding cold water gradually until the temperature was reduced to 72°, or below. Whenever the temperature reached 102·2°, a cold bath should be given: the duration of the effect of the bath was, to a certain degree, a measure of the obstinacy of the fever. In some instances a patient had taken 200 baths; but in the majority of instances, four to eight was sufficient. The use of antipyretic drugs (such as quinine, digitalis, &c.) obviated the necessity for the so frequent use of immersion. According to Liebermeister, where the antipyretic treatment of typhoid fever had been carried out with proper system it had yielded uncommonly good results, in the hospital at Basle reducing the mortality from 27·3 to 8·2 per cent.

Dr. Gore proceeded to review the more recent literature on the subject, referring to the experience of McCoombie, M. Sée (Professor of Clinical Medicine at the Hotel Dieu), Dr. Edeboel (of St. Francis Hospital, New York), &c., who gave only a qualified approval to the use of the bath. Experience at Homerton did not justify the belief that the cold bath would reduce the mortality from 20 to 3·5 per cent.; but it was considered there a valuable addition to the therapeutics of the disease and a valuable agent for mitigating the severity of the symptoms, and of retarding the rapidity of the morbid changes on which the symptoms depend—the remedy being only employed in severe cases. In New York, the bath was systematically used, when the patients possessed the "*average physical strength.*" If during the employment of the bath symptoms of great prostration supervened, the patient was immediately taken out of the water, rubbed dry, and warmly covered in bed. M. Sée, on the other hand, objected altogether to "systems" in the treatment of disease, condemned the bath as a useless remedy, and considered sponging with cold vinegar-and-water equally efficacious; quinine being according to him, the remedy, no agent (except alcohol) more effectually lowering the temperature of the body.

In conclusion, Dr. Gore compared the results of the ordinary mode of treatment in this country with the antipyretic treatment carried out in Germany and elsewhere, taking Liebermeister's figures as a basis of comparison. As a result of the comparison, he concluded that the ordinary treatment of enteric fever (as taught by the Dublin School of Medicine) yielded results which, in many instances, bore favourable comparison with those given by Continental physicians, giving statistics from several hospitals in proof of this opinion.

INFLUENCE OF ELECTRICITY ON THE LEAF OF DIONŒA—BEARING ON THE EXCITO-CONTRACTILE PROCESS IN ANIMALS. (a)

By J Burdon Sanderson, M.D., F.R.S., and F. J. Page, B.Sc.

Part I.—Mechanical Effects.

The mechanism by which the leaf of *Dionœa* closes after mechanical excitation has been already studied by Mr. Darwin and many other naturalists. It was, however, necessary in order to connect the electrical phenomena which form the principal subject of this paper, with this mechanism, to study the successive changes of form which the leaf undergoes in the act of closing. The investigations we have made relating to this subject have brought to our knowledge facts which have an imperial bearing on the general question of the nature of the excito-contractile process in plants and animals.

The smooth green outer surface of the leaf is concave, and the marginal hairs are thrown back so that they are nearly in the same place with the lobe from the edge of which they spring. If one of the sensitive hairs of a leaf in this condition is carelessly touched the leaf usually closes. If, however, this is done with great care with the aid of a camel-hair pencil, it can be predicted with certainty that no visible effect will be produced; and a similar gentle contact may be repeated several times before the leaf begins to answer to the irritation by any movement. Sooner or later, however, the marginal hairs bend inwards, and if the leaf is carefully watched it will be seen that each touch is followed by a slight approach of the lobes to each other. If the observation is continued, it is seen that each approach exceeds its predecessor in extent, until at last the lobes suddenly come together in the manner which is by this time familiar to every one.

It being our primary purpose to determine the time which elapses between each several touch and the immediately resulting jerk-like approach, and to measure the extent of such approach, so as to learn how much it contributes to the final result, we made it our first business to devise some method of measurement by which we could verify the conclusions to which we had come from rough observation, namely, that each several excitation of the leaf is attended by some mechanical effect. With this view we constructed an instrument consisting of a hinged clamp by which the leaf is held, as between the thumb and forefinger. On the lower jaw of the clamp, the one corresponding to the thumb, which is made of glass, the midrib of the leaf rests by its under surface. The upper jaw consists of an arch of copper wire, of which the curvature corresponds to that of the margins of a lobe of the leaf. The two jaws meet each other in such a way that when they are brought together by the screw, the two ends of the arch are in apposition with the ends of the midrib close to its upper surface. Each end is pierced by a pin; the points of these pins are directed towards each other, so that together they serve as an axis of rotation for a second similar arch of which the curvature is made a little smaller than the other, so that it may be comprised within it. From the middle of the second arch a wire springs at right angles, to which a light glass lever is attached. By means of this lever it can be rotated outwards on its axis, and thus made to diverge from its fellow at any desired angle.

The instrument is used as follows:—A leaf having been placed in position, that is with its midrib resting on the glass support, the two arches are brought down by the screw until they all but touch the trough of the leaf at opposite ends. This done, the arches are made to diverge until both are in contact with the internal surface of each lobe close to its border. All that remains is to fix a graduated arc against the lever, to select a sensitive hair for excitation, carefully to touch it at regular intervals, and to record the movements of the lever. Each approach of the leaf is thus indicated in magnified proportion by the end of the lever.

From this experiment, which was repeated several times and always gave similar results, it was learnt—1. That the first half-dozen excitations were absolutely without mechanical effect. 2. That the first effectual excitation was followed by so slight a movement that if it had not been enlarged by the lever it would have been imperceptible; and (3) that after this each successive approach of the lobes exceeded its predecessor. At the twenty-seventh excitation the leaf closed. The time of interval between excitation and effects were obtained by the following method:—

The apparatus employed for this purpose consists of—1, a recording cylinder; 2, an electro-magnetic chronograph made for us in Paris by M. Verdin, the perfection of which we owe to the kindness of our friend Professor Marey; 3, signalling keys, of which one closes, the other opens, the signal circuit—that of a battery of two Daniells. The cylinder, of which the surface is blackened in the usual way, revolves with great regularity five times per minute, and has a circumference of half a meter, so that the rate of horizontal movement of its surface is two and a half meters per minute (4·166 centims. per second); consequently a hundredth of a second (0·4166 mill.) is readily measurable.

In the present experiment it was necessary that the touching of the sensitive hairs should be accomplished with great gentleness, care, and exactitude, and always in the same manner. The touch in each experiment was made by one observer at an expected signal from the other, the arrangement being that A should count aloud 1, 2, 3, 4, 5, that B should touch at the moment 5 is said, and that at the same moment A should close the signal circuit, having his eye on the lever, and being ready to break the circuit at the first perceptible movement. Considering that the periods to be measured were of several seconds' duration, the method was quite accurate enough for the purpose.

The time-measurements, as will be seen at a glance, stand in a remarkable relation to the mechanical effects, showing that the delay between excitation and effect diminishes as the extent of the effect increases, both facts having the same meaning, namely, that in the plant, as in certain cases well known to the animal physiologist, inadequate excitations when repeated, exercise their influence by what has been termed summation, *i.e.*, that when any number of such stimulations, say *a*, *b*, *c*, *d*, *e*, &c., follow each other in succession, the effect of each is prepared for and aided by its predecessors. So that although, as in the present instance, *a*, *b*, *c*, *d*, may seem to produce no effect whatever, each of them really produces a change in the excited structure, and each contributes, when summed with its predecessors and successors, to the bringing about of the visible effect which follows *e*. During the remainder of the process the operation of the same law shows itself in the gradual augmentation of the increments, the last contraction, that by which the leaf closes, being the result of the summation of all the excitation which immediately preceded it, with all the previous excitations. Our conception of the nature of the process may be otherwise expressed by saying, that under the influence of successive excitations the latent excitability of the leaf gradually increases; for whereas before it either made no response, or postponed its response indefinitely, it now answers to the same stimulus by a visible motion of which the promptitude and the extent increase together.

In one of our experiments we arranged our apparatus in such a manner as to obtain a graphic record of the successive approaches of lobe to lobe by which closure is ushered in. It shows a fact which we had already ascertained by observation, namely, that in each approach the rate of motion augments rapidly at the beginning, and then very slowly subsides. It was for this reason that we allowed two minutes to elapse between each excitation and its successor; for if the interval were less, it began to act before the effect of the previous one had ceased. In the

(a) Read at the Royal Society.

experiments represented graphically the excitations were repeated every minute, so that the lever was still rising at the moment that each new ascent commenced.

It appeared important to ascertain whether, after the leaf is closed, it still continues to make mechanical efforts. We had already observed that a leaf which is repeatedly excited after closure, seems to be clenched with greater and greater force, and we thought it probable that mechanical work would continue to be done by a leaf after closure if it had the opportunity. To test this, all that was necessary was to attach weights to our lever sufficient to keep the lobes expanded. The result of a single experiment was quite conclusive. Each time, without exception, that the leaf was excited the weight (one gramme at a distance of 14 centims.) was slightly lifted, the extent of movement of the lever varying from one to three degrees.

As regards the interval between excitation and the resulting movement, our observations show that it varies from 2½ seconds (the shortest observed after numerous excitations) to 10 seconds. The last estimate is, however, probably exaggerated; for in the early stages, when the motion is of extremely small extent, it is not possible to determine exactly when it commences. In the later stages this source of inaccuracy does not exist, so that we may confidently take two seconds as the inner limit of the period of delay.

Clinical Records.

DEATH THE RESULT OF OBSTETRICAL PROCEDURE.

Translated from *Le Paris Medical*, Jan. 18, 1877.

By T. W. Dolan, L.R.C.P.E.

To record only the triumphs of obstetric medicine is a more pleasant task than to mention its failures, but cases of *malpraxis* may serve as useful lessons, and act as beacon lights to warn accoucheurs of the mistakes that may happen. Comment on the following case is almost unnecessary as it points it own moral.

On Nov. 22nd, a primipara, æt. 41, after some slight pains during the day was suddenly seized by violent contractions, followed in a minute and a half by spontaneous rupture of the membranes.

On the 23rd, at 4 o'clock in the morning, a doctor was called in—who having allowed the labour to proceed without interference until three hours after mid-day, suddenly asked for the assistance of a *confrère* as the application of the forceps was necessary, the head of the child being much too large. About 6 p.m., two doctors had applied the *forceps more than ten times*. These operations, according to the statement of the patient, were very painful. *Attempts at version* were even tried, although the head was very much engaged. A third physician was then fetched, who tried in vain to apply the cephalotribe *without having perforated the cranium*.

At length, in despair, the woman was sent to hospital, after forty-four hours of acute pain, and after having undergone numerous and violent measures.

On the 24th, at 8 a.m., M. Depaul finds the woman warm, but with a weak, thready, frequent pulse (130); tongue dry, and skin burning. The abdomen was distended, the genitals œdematous, very much contused, and presenting large eschars visible in all parts. The child no longer moved; heart-beat no longer heard. By the touch a considerable sero-sanguineous boss was felt, the bones of the contused head overlapped one another, the base of the cranium appeared retained. After the examination, M. Depaul no longer hesitated to apply the cephalotribe in order to diminish the head of the dead child, and to fatigue the mother as little as possible, she being already so worn out. The woman was chloroformed, the skull was perforated and the cephalotribe applied—and M. Depaul extracted a child weighing 3,050 grains without the brain.

In the evening the woman complained of violent pains in the abdomen, and died the next day.

At the autopsy they found lesions of the peritoneum, and on the right of the posterior cul-de-sac of the vagina *a perforation the size of a 5-franc piece*, and in many other places contusions and eschars.

The pelvis measured 10 centimetres in the antero-posterior diameter of the brim, after the uterus and appendages were removed.

We do not regard this case as a typical instance of French practice, though the writer in *Le Paris Medical* adds this suggestive observation, "We do not understand why the knowledge of similar facts does not induce the professors of the Faculty of Medicine to demand to have their chairs 'quintupled.'"

Transactions of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

At the meeting of this Society held on the 16th January, and after the opening address by Dr. Murchison, which was reported in our last issue, several of the members exhibited some interesting specimens of visceral syphilis.

Dr. Greenfield brought forward specimens of "Syphilitic Disease of the Dura Mater and Cerebral Arteries of the Brain and of the Lungs," and others illustrative of the growth and degeneration of gummata. The specimens were chiefly taken from a series of *post-mortems* on twenty-two cases of syphilis which he had made at St. Thomas's Hospital during the last three years. An analysis of these cases showed that of those who died from the direct effect of the disease, the majority were comparatively young. The causes of death in fifteen of these cases were of a syphilitic nature, viz., thrombosis of the cerebral arteries in five cases, thrombosis of the pulmonary artery in one, syphilitic disease of the larynx in two, lardaceous kidneys in three, gummata in the brain and dura mater in one, syphilitic stricture of the colon in one, hæmoptysis in slight phthisis one, and pyæmia one. Lardaceous degeneration of the viscera was absent in eighteen out of twenty-two cases, but in two cases it was extremely advanced in all the organs. In ten of the cases there were no marks of skin eruptions or ulceration, in four there were several cicatrices on the legs, and in eight the skin was not thoroughly examined. But it was remarked that there was not the slightest evidence of skin affections in those cases where the cerebral disease was most marked and extensive, and that where the skin was most affected, there was little syphilitic infiltration of the internal viscera, lardaceous degeneration being alone present. Marked changes in the skin were observed in connection with changes in the larynx, rectum, and lungs; and in several cases there was marked atheroma of the aorta. In one specimen of syphilitic disease of the cerebral arteries, a small artery in the pia mater near a gumma in the brain presented the appearance of a whitish fibrous cord, and a section of it showed that the walls of the vessel were so thickened as to leave only a narrow channel. The outer coat was infiltrated with a cellular growth, the inner coat was remarkably thickened, while the middle coat was but little affected. The growth in the inner coat was found on closer examination to resemble a fully-developed gummatous growth, with capillaries of new formation running through it. In another specimen the thickening seemed to involve all the coats, although the inner coat may have been mainly involved. With regard to gummata, whose high degree of organisation and sudden decadence are very remarkable, Dr. Greenfield thought that their degeneration was due to partial occlusion of the small arteries by proliferation of their endothelium. Two specimens of apparent syphilitic disease of the lungs were also

shown. In these cases there was a contraction and puckreing of the pleura over certain parts of the lungs, due to fibroid bands passing inwards from the pleura along the course of the vessels. Dr. Greenfield remarked that this condition was only observed twice in over six hundred *post-mortems*, and in both other evidence of syphilis existed.

Dr. GOWERS exhibited some interesting specimens :—1. Syphiloma of the Brain, which springing from the dura mater involved the pia mater, and invaded the brain tissue itself by several processes which branched out into the convolutions around the blood-vessels. He believed that all intra-cerebral gummata sprang from processes of the pia mater between the convolutions. The structural continuity of the peri-vascular sheaths of the pia mater was well known. 2. Two syphilitic nodules growing from the dura mater of congenital origin, consisting of very small rounded nucleated cells, along with fusiform cells and a delicate fibrillary stroma. 3. Syphilitic disease of cerebral arteries, in which the basilar artery was much thickened by a growth outside it, and a large gumma in the anterior lobe of the brain. The nodule shown was from the middle cerebral. The affected arteries were either much reduced in size or obliterated. The diseased structure consisted chiefly of small cells and a delicate fibrillar stroma which appeared to originate in the outer coat, but which in one part penetrated all the coats. 4. Syphilitic nodule of the lungs from a patient who had also two gummata in the cerebellum. The nodule consisted of a small round-celled growth, partly surrounding the vessels and infiltrating the walls of the air-cells which were the seat of inflammatory products. Histologically it was not possible to distinguish it from tubercle, but it resembled the growth described in the cerebral artery. Dr. Gowers said that histological examination alone could not decide the syphilitic or tubercular nature of a growth in the lung, and that the combination of growths and inflammatory products closely resembled that seen in tubercular phthisis.

Dr. BARLOW also showed specimens of Syphiltic Meningitis and Choroiditis, from an infant who had presented many marks of external syphilis in the skull, there were several spots of adhesion between the arachnoid and dura mater. The pia mater was thick and fibrous, with vessels which looked like thread. In the choroid were found collections of corpuscles in the chorio-capillaries, but which were neither situated around the blood-vessels nor in a degenerate state. In the pia mater there was an excess of fibrous tissue, with an infiltration of lymphoid cells and almost closure of the blood-vessels by a growth in their inner and middle coats.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 12TH, 1877.

Sir WM. JENNER, Bart., M.D., D.C.L., F.R.S., President, in the Chair.

CASES ILLUSTRATING THE TREATMENT OF RHEUMATIC FEVER AND SOME OTHER FEBRILE DISEASES BY SALICIN AND ITS CONGENERS.

Dr. HERMANN WEBER, after alluding to the rapid establishment of the reputation of these remedies in the treatment of rheumatic fever, to the remarkable and uniform success of salicin in the hands of Dr. Maclagan and many of his followers, and to a similar success of salicylic acid in the practice of Stricker, Broadbent, and others, and also to some failures of these remedies in the hands of several observers, gave the result of his experience as well in rheumatic fever as in some other febrile affections.

1. He reported fifteen cases of *rheumatic fever*, treated eight by salicin, four by salicylic acid, and three by salicylate of soda. As he had not observed any essential difference in the effects of the three remedies, he analysed the results of the fifteen cases together. In eight of them, mostly mild cases, the disease was checked within two to four days, without any unfavourable accidental effects of importance, by doses of 15 to 20 grains, at first given every hour, afterwards every two or three hours ; in one case the attack was rapidly overcome, but all the phenomena of serious collapse, accompanied with delirium, attended the complete defervescence, although only a comparatively moderate dose had been given, viz., 255 grains of salicin in thirty-four hours ; in one, of subacute type, three relapses occurred, by which, though each single outbreak was rapidly subdued by the remedy, the duration of the disease extended over five weeks ; in three others, the first attack was checked by the remedy, but the relapses which occurred had to be treated without salicin or its congeners on account of the vomiting produced by them ; in one case the remedy caused vomiting almost from the first, before it had exercised any influence on the disease, and another plan of treatment had to be adopted ; and in one case, finally, the disease rapidly increased in severity and became complicated with pericarditis, in spite of large doses of the remedy given in short intervals during five days.

2. Of *gonorrhœal rheumatism* there were four cases, attended with slight pyrexia (99 deg. to 101 deg. Fahr.) so treated. One was sick after every dose of either salicin, or salicylic acid, or salicylate of soda ; one took for two days 15 grains of salicin every two hours, then for three days 20 grains of salicylate of soda every two hours, without obtaining more benefit than rest alone produces in most cases ; the remedy had then to be discontinued on account of nausea and giddiness ; in a third case, the pain and swelling in the joints and the pyrexia were much relieved after two days of this treatment, while the swelling of the joints and the state of the urethra were not materially influenced ; in the fourth case, after three days' use of salicylate of soda, 20 grains every two hours, the pyrexia, pain, and swelling were much reduced, the state of the urethra remaining almost unchanged.

3. Two cases of *acute gout, i.e.*, gouty inflammation of the knees, feet, and hands, accompanied by pyrexia (99·5 deg. to 101·5 deg. Fahr.), were not materially benefited by either salicin or salicylate of soda.

4. *Typhoid fever :* four cases. In three of them, of average severity in young adults of good constitution, salicylate of soda, in doses of 40 grains three or four times a day, or 60 grains twice a day, exercised a distinctly antipyretic influence, causing diminution of temperature from 1 deg. to 2½ deg. Fahr., together with a slight reduction in the pulse-rate, and the same was the case when enemata containing 120 grains were given ; when sickness and prostration in two, and intolerable nausea in the third case rendered the discontinuation of the remedy necessary, the pyrexia again increased. The duration of the whole disease was probably not materially influenced, but the drowsiness, the tendency to diarrhœa, and the dryness of the tongue were diminished while the patients were under the influence of the remedy, and nourishment was taken more readily. In the fourth, and fatal case, the symptoms were excessively grave from the beginning (stupor and vomiting), and salicylate of soda was given only on a few days, with the effect of diminishing the temperature, but neither the pulse-rate nor the grave nervous symptoms.

5. In two cases of *ague*, one of the tertian and one of the quotidian type, neither salicin in 30-grain doses three times a day, nor salicylate of soda in 60-grain doses three times a day had any curative effect.

6. In two cases of *hectic fever* in consumptive patients, two 30-grain doses of salicin given in the forenoon had several times the effect of diminishing the intensity of the evening pyrexia, but in one of the cases the remedy had to be discontinued on account of the prostration produced by it ; in the other, it seemed to lose its effect.

7. In a case of *chronic pneumonis* of the lower part of the right lung, a single 90-grain dose of salicylate of soda administered on several mornings reduced the evening pyrexia very considerably.

8. In a case of acute *cyanche tonsillaris* (quinsy), 30-grain doses of salicylate of soda were given every three hours, from the evening of the second day, followed by defervescence towards the evening of the third ; but as this complaint occasionally terminates on the third day without medicine, no inference can be drawn from a single case.

9. *Scarlet* fever in a boy aged 12, was treated from the first day of its manifestation (by sore throat and pyrexia) with 20-grain doses of salicylate of soda every two hours ; on the second day the pyrexia was diminished, and, on the fifth day there was complete apyrexia, followed by a satisfactory recovery.

10. In a case of *polyarthritis scarlatinosa* (scarlet fever rheu-

matism), the joint affection manifested itself on the seventh day from the beginning of scarlet fever symptoms, and was entirely checked within less than three days by twenty-grain doses of salicylate of soda every two hours; but here again the experience of isolated cases does not justify sanguine inferences.

In comparing his own experience with that of others, Dr. H. Weber arrived at the following inferences—1. That salicin and its congener are powerful *antipyretics*, equal to quinine, with the exception of the effects of the latter on ague, against which they are comparatively powerless. 2. That they are of more general value in the treatment of *rheumatic fever* than any remedies hitherto tried, although they are not applicable in all cases, and thus not always able to prevent complications. 3. That their antipyretic influence may be usefully employed in other febrile diseases, such as typhoid fever, in combination with other modes of treatment, such as alcohol and bathing. 4. That their use is occasionally attended with accidental symptoms, some of these being unimportant, as noise in the ears, various degrees of deafness, giddiness, nausea, abundant perspiration, and possibly a cutaneous eruption; while others are graver, such as vomiting after every dose, delirium, and collapse, pointing to the necessity of caution and watchfulness, especially in states of weakness of the heart and exhaustion. 5. That there is no essential difference in the action of the three remedies mentioned; but that salicylate of soda, being more soluble and more easily absorbed, exercises a more rapid effect, but requires to be given in somewhat larger doses than either salicin or salicylic acid; that amongst the two latter salicin possesses in so far the preference, as the taste is less disagreeable, and as it is more soluble than salicylic acid, which in its undissolved condition seems to be able to give rise to local irritation of the mucous membrane of the fauces and stomach.

A CASE OF ACUTE RHEUMATISM TREATED BY SALICYLATE OF SODA; INTERCURRENT SCARLATINA AND PECULIAR SKIN ERUPTION.

Dr. CAVAFY read notes of this case. A footman, æt. 33, was admitted into St. George's Hospital on June 1st with rheumatism of four days' duration. He was anæmic and nearly all his joints were painful. The knees and right wrist were red swollen. Heart normal. The temperature reached 103·8 deg. on the evening of June 2nd, on which day he was given half a drachm of salicylate of soda every two hours, beginning at 6 p.m. This was reduced to every four hours next day, as he complained of giddiness. Pain was much relieved, and the temperature fell to 101 deg. On the 5th he was quite free from pain, and the temperature was normal. He continued well till the 7th, when he had shivering sickness and headache, with slight sore-throat. The throat was worse next day, the soft palate, uvula, and tonsils being of a brilliant red. On this day also, he had a bright scarlet rash on the neck and chest. He complained also of great itching of the arms and legs, which were seen to be covered with raised red patches varying in size and shape. He was now given perchloride of iron. The erythematous patches became covered with a copious crop of vesicles resembling herpes, which soon dried up. The rheumatic pains reappeared on the 9th, and, on the 14th, were as severe as on admission, and the temperature to 102·6 deg. The sore-throat, rash, and itching having now subsided, he was again ordered salicylate of soda as before. This again lowered the temperature and removed the pain; but, on the 16th, the erythematous eruption reappeared, with great itching; the patches again became covered with vesicles, but much more scantily than before. Notwithstanding this and also some nausea, the salicylate was persisted in, and, on June 19th, the eruption had almost disappeared and there was general desquamation, more especially of the hands. The urine was free from albumen. As he was again free from rheumatism, he now took gentian and magnesia instead of the salicylate; but the temperature gradually rose again, and, on the 23rd, he had a sharp relapse. The salicylate was resumed, and again the temperature fell and the pains left him in three days. On this occasion he again complained of itching of the skin, but no eruption whatever appeared. He continued well till July 13th, when another relapse was treated in the same way, without any skin-eruption. He was discharged well on August 1st, the heart being normal. The case illustrated the antipyretic and anti-rheumatic action of salicylic acid and its salts, but was hardly favourable, as relapses occurred so frequently. It was a question whether these were due to the intercurrence of scarlatina; but the fever had probably no share in their production, as rheumatism was the initial illness, and relapses of equal severity sometimes occurred in ordinary rheumatism. The curious herpatic eruption was plainly caused by the salicylate of soda. This was certainly not a frequent toxic effect of its internal administration, but seemed to be not uncommon after external application of the acid, as shown by the cases communicated to the Society last year by Mr. Callender. A gradual tolerance of the drug seemed to have been established in the case under consideration, as the second eruption was not so severe as the first, and the third and fourth administrations were not followed by any eruption at all.

Dr. JULIUS POLLOCK said that he had successfully used salicylate of soda in about twelve cases of rheumatism. In one case only did it fail in controlling the temperature, while in the other cases the symptoms were much diminished in from two to four days. He did not think large doses were required, fifteen grains every two or three hours being in his opinion sufficient. Most of his cases were sub-acute; but in one severe case with pericarditis rapid improvement took place under the drug. In one obstinate case twenty grains of the salicylate of soda three times a day gave relief in two or three days. He believed that this medicine will be found to be as useful in the treatment of rheumatism as iodide of potassium in the treatment of syphilis.—On the other hand, Dr. ALTHAUS believed that the remedy did much harm in some cases. In one instance, a case of pemphigus was produced all over the body along with aphthæ in the mouth and fauces, and hæmorrhage from the bowels.—Dr. WHIPHAM spoke favourably of the drug, and said that cases of acute rheumatism sent from St. George's Hospital to the Atkinson Morley Hospital nearly always relapsed until the introduction of salicin.—Dr. ROGERS had given these preparations in nine or ten cases with very satisfactory results, and in one dose, a seventh attack, the cure was very rapid.—Dr. SUTRO thought that when the temperature was high the salicylate of soda was preferable to the acid; and with regard to the former, it should be borne in mind that soda itself was an anti-rheumatic agent.—Dr. BROADBENT had given salicylic acid and salicylate of soda in about twenty cases with very satisfactory results. For the first day or two he administered twenty grains every hour for six hours; but in one case he had to discontinue the remedy on account of giddiness and delirium taking place. If, moreover, pericarditis set in before commencing the treatment, the salcylate of soda neither gave relief nor controlled the temperature. It appeared to be of most use in well marked cases of acute rheumatism.—Dr. DUFFIN related a case in which the salicin treatment failed to lower the temperature, although it relieved the pain and the affections of the joints.—Mr. GEORGE BROWN doubted whether this new remedy was more successful than alkalies given in large doses.—Sir W. JENNER cited a case of severe burn, in which the local application of salicylic acid produced a general eruption resembling that of scarlet fever, and he thought the cases now related were of value in showing that eruptions do occur under its use. He had a most favourable opinion of the remedy, and said that while formerly he had failed to find a cure for rheumatism, and had given drugs more out of deference to the opinions of others, his scepticism had been very much shaken since he had given salicin and the salicylates. He thought that at any rate a case had been made out for salicylic acid and its compounds in favour of giving them a fair and impartial trial.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

THE Third Meeting of the Session was held on January 3rd, 1877,

Dr. HAYDEN, Vice-President, in the chair.

Surgeon-Major GORE (by permission of the Council) read a paper on

THE COLD BATH IN TYPHUS ABDOMINALIS,

which will be found on page 81.

The CHAIRMAN considered the paper one of the deepest interest. They were all aware that the mode of treatment of typhoid fever by cold or tepid immersion had not been very generally practised in Dublin. He confessed he was one of those who had a prejudice against it for many reasons: firstly, because in most cases of typhoid fever there was a chest complication of some kind, most generally bronchitic, and the mode of treatment for that complication that he had found most efficacious had been warmth to the surface. He should

dread, under such circumstances, even tepid immersion, quite irrespective of the exposure of the patient in the process of being immersed. He was not at all sure that if the treatment by cold baths be viewed in a philosophic spirit it would stand the test of inquiry. It was a treatment that doubtless led to at least an alleviation of the sufferings to the patient where the temperature ran up to 105° or 106°, but the question was whether it would tend to shorten the period of the duration of the disease or not, or in any degree tend to cure it. Repeated sponging of the face, neck, and hands with tepid vinegar and water would serve as a channel for the discharge of the caloric from the surface, without exposing the patient to the danger of a cold bath.

Dr. LYONS thought upon the enteric affection hung really the whole special interest of the history of typhoid fever. It did not appear to him that anything contained in Dr. Gore's paper tended to show that in the cold immersion they had found any means of materially checking, modifying, or in any way altering the progress of that very remarkable disease. He did not think the duration of the disease had been sufficiently touched upon in the paper. He had not practised cold immersion, but he had used the tepid effusion from the watering-pot, which was always grateful to the patients, which had a very remarkable effect in promoting artificial circulation, and which had, on the whole, a very beneficial effect. He did not think they had evidence before them to enable them to say that the adoption of the cold immersion would be anything like a safe practice to recommend generally. He thought himself that it was attended with serious danger, and they had nothing to show them that it had been used as the sole agent in the management of these cases.

Dr. GRIMSHAW had had some experience of the cold bath in enteric fever, but that experience was made small, for he believed the results to be so dangerous that he would not pursue it any farther. In every case in which he used the bath—only three or four—while the patients were in the bath their strength seemed to fail them so much that he had to remove them at once. He was happy to say, however, that he lost none of the patients. He had used the warm bath with satisfactory results in these cases, especially in the cases of children.

Dr. DOYLE had been in the habit of using local applications of cold—a napkin or towel—fitting exactly over the part affected, where the patient complained of tenderness in the abdomen, and over that a layer of flannel and a large binder tied round, and he found in these cases the patients complained very little of pain. There was no hæmorrhage or diarrhœa. In the two cases in which he applied the local application of cold the patients had not a relapse of the disease, and they were quite well in two months. In cases of pneumonia and pleuritis the same treatment acted remarkably well, and in no case did any unfavourable symptom happen. In scarlatina and affections of the throat he had also applied it successfully.

Dr. FITZPATRICK said the position of the patient's bed in most of the best of bedrooms was injurious to the treatment of fever cases. The bed was generally placed between the door and the fire-place, and he was confident that the neglect to prevent a draught on the patient was most harmful.

Dr. HAWTREY BENSON thought the question was whether the reduction of the temperature was occasioned by the use of the bath, or arose from the failure of heat consequent on the loss of vital functions.

Dr. KENDAL FRANKS drew attention to some interesting statistics compiled by Dr. Mayet relative to the treatment of enteric fever in the hospitals of Lyons by means of the cold bath from 1872-76. In 1872, 181 cases were treated on ordinary principles without the cold bath; the mortality was 26·51 per cent. In 1873, of 205 cases treated similarly, 26·34 per cent. terminated fatally. Of these cases 9 only were treated by the cold bath, which was now introduced for the first time, and these all had a favourable termination. In 1874 the treatment of Brand came into full operation; 712 cases were treated during a mild epidemic. The total death-rate was 11·23 per cent. Of all these, 279 were subjected to the cold bath treatment alone; they furnished 26 deaths, or a mortality of 9·31 per cent. Those cases which were not treated to the baths showed a mortality of 12·47 per cent. The cold bath was reserved exclusively for the more severe cases. During the following years the number of cases placed under the Brand treatment was greatly diminished, and though the results still show decidedly in favour of the cold bath, the difference is no longer so remarkable. This is partially due to the introduction of other and incomplete methods of reducing temperature, such as cold enemata, luke-warm baths, &c., in place of the cold bath. In 1875, of 163 cases of typhoid fever, the mortality was 18·45 per cent. Of these, only 34 were treated by Brand's method, and they were those alone in which threatening symptoms appeared; the mortality was 17·64 per cent. The milder cases, which were not subjected to this treatment, showed a death-rate of 18·65 per cent. During the nine earlier months of 1876, only 22 cases out of 104 were treated by the cold bath; they present a mortality of 18·18 per cent., whilst 18·29 per cent. of the remainder had a fatal issue. The limited number during this last epoch subjected to the Brand treatment does not afford a sufficient basis for comparison. From the foregoing numbers Dr. Mayet draws the following conclusions:—1st. The patients treated by the baths, though selected from among the more severely attacked, have invariably presented since the beginning of 1874 a death-rate inferior to that of cases otherwise treated; 2nd. The mortality among the typhoid patients in the hospitals of Lyons has been on the increase since the number of patients subjected to the cold bath treatment has been on the decrease.

Surgeon-Major GORE, in reply, said that the general impression in Germany was in favour of the cold bath, which was generally used, and seemed to be a system. Liebermaster considered that hæmorrhage from the bowels was less frequent with the bath than without it.

Dr. GRIMSHAW communicated to the Society some observations on the management of the bowels in enteric fever, and in the course of the discussion which followed,

The CHAIRMAN said that one of the greatest evils was the administration of purgatives in the early stages of the disease. He believed the mistake made in the administration of such medicines was the result of perfunctory practice. The habit was unfortunately too prevalent of treating constipation with purgatives and diarrhœa with astringents. He thought in most instances the object might be accomplished by unloading the lower bowel, and effecting the remainder by diet. There was one mode of treatment—blistering the ilio-cæcal region—which he had found of the greatest value. The astringent which he had found most useful in the treatment of these cases of diarrhœa was sulphurous acid—15 to 20 drops, with 5 drops of laudanum. One of the principal objects in the treatment of typhoid fever should be the regulation of the diet. Dr. Grimshaw had directed attention in his paper to the danger of administering solids too early in such cases; but as long as the temperature was above the normal standard, in his (Dr. Hayden's) opinion it was not safe to administer even a particle of solid food.

Dr. LYONS had seen in many cases the injurious consequences of the incautious administration of purgatives in the early stages of this disease. After alluding to the difficulty of diagnosis and prognosis in cases of this disease, the speaker gave it as his opinion, derived from the observation of a large number of cases, that diarrhœa was by no means a necessary part of the earlier history of enteric fever, and he had seen cases which had not been "spoiled," as it were, by the administration of purgatives go through a great part of the fever without any remarkable amount of diarrhœa at all. He had seen numerous cases in which there had been no diarrhœa; and he had seen cases in which the disease proved fatal without diarrhœa ever having been a symptom from the beginning to the end of the case. With regard to the use of purgative medicines, he would almost go to the length of saying that he thought, on the whole, less mischief would result from its adoption as a general rule—that purgatives should be tabooed in the treatment of enteric fever. Certainly purgatives by the mouth should not be given except after mature consideration and deliberation, and unless one was satisfied that something existed which demanded the administration of a purgative by the mouth, and in his experience that was one of the very rarest things likely to happen in a case of typhoid fever. He believed, in this class of cases, the use of enemata was to be most strongly recommended. For many years they had been in the habit of using the decoction of camomile flowers, about 20 ounces, with very frequently an ounce of turpentine mixed through it with the yolk of an egg. He had frequently been enabled to check diarrhœa by enemata. They should administer, neither in food or medicines, anything that was likely to injure the intestine. He did not agree with Dr. Grimshaw that the patient's bowels should be moved in the twenty-four hours in a case of typhoid fever. He (Dr. Lyons) would at most prefer that the bowels were

only opened three or four times during the whole illness after the preliminary diarrhœa had been got rid of. They had all met cases in which the administration of solid food had led to hæmorrhage of the bowels and a fatal result. He thought that with eggs, arrowroot, and farinaceous food of one kind or another, milk boiled and used with lime water—that that would be found quite sufficient to keep up the patient's condition, and in that manner he could be brought over the long period of the disease.

Dr. JAMES LITTLE agreed with Dr. Grimshaw that they should avoid interference either with purgatives or astringents, unless it was absolutely necessary. The cases in which it would be desirable to interfere with purgatives were certainly very rare ones. Unfortunately, his experience of typhoid fever that was now prevalent was that there was certainly a tendency to cerebro-spinal complication, and in cases in which the head was very much threatened he thought the purgatives were sometimes required.

Dr. GRIMSHAW said his opinion was that it was an advantage to the patient if his bowels were moved three or four times in the twenty-four hours; but he did not think they should be interfered with if they were not moved so often. He had sometimes used blisters for the purpose of controlling diarrhœa, but he had not a high opinion of their efficacy. He had used calomel with success, and also enemata for the relief of the lower bowel.

The Society then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1877.

FOREIGN MEDICAL PRACTITIONERS IN FRANCE.

WE have just received from the President of the Medical Council an abstract of some interesting papers and other documents on the above subject, that have been forwarded to him from the Privy Council Office. A perusal of these abstracts shows that, in the editorial remarks we recently made on the regulations contemplated by the French Government in reference to the practice of medicine by English practitioners resident in France, they were not of so unwarrantable and so objectionable a nature as was first represented, although it is to be hoped that the French Government will be more disposed than they are at present to be influenced by the arguments and representations brought under their notice by Lord Lyons. On a previous occasion we observed that it was not unreasonable that the French authorities should require some test of the professional qualifications of foreign medical men who intended to practise in France, and as some provision or check against the practice of medicine by foreign adventurers, whose presence, great success, and large professional incomes might naturally create a certain amount of jealousy among the native practitioners. Accordingly, we are not surprised to find that in one of the French reports it is stated that the liberty which has been hitherto accorded to foreign medical practitioners in France, has led to many and grave abuses, and has been repeatedly complained of by the French doctors. It is stated that unqualified and incapable practitioners have assumed and borne the title of doctors; that even able physicians have come to live in France, not to cultivate science, but to "pour cultiver la clientèle ou, pour appeler les choses par leur nom, pour gagner de l'argent;" and that the new Bill protects sundry national interests, such as that of the higher medical studies, and, above all, "l'intérêt de nos médicins nationaux, a qui nous devons maintenir la pre-éminence qu'ils se sont justement acquise par des travaux perseverants et des épreuves multipliées et difficiles." At the same time the report says, it is no wish of the French Government to impose such a hardship upon foreign medical men of recognised standing, who wished to practise in France, as to make them go over the whole course of their studies anew, and therefore the new Bill provides that such men should be granted a dispensation from "scolarité," or the curriculum of studies pursued by the French students, and only be required to pass an examination before they are allowed to practise.

Under the fear, however, that the Bill would have, as represented by M. Waddington, the Minister of Public Instruction, the effect of "absolutely interdicting foreign medical men from practising in France," Lord Lyons was induced to draw the attention of the French Government to the illiberal character of the Bill and the alarm which the announcement of it had produced amongst English physicians and English invalids. To these representations the French Government seemed disposed to pay due attention, but they not unnaturally expressed a desire to be furnished with accurate information as to the actual law and custom with regard to allowing foreign medical men to practise in England. The required information was duly supplied by the President of the Medical Council, and we need scarcely say that this information showed the French Government that the English law on the subject was not a whit more liberal than that which has created so much alarm in this country. By the 15th section of our Medical Act of 1858 the persons mentioned in Schedule A to the Act are alone entitled to be registered, except foreigners practising in England before the passing of the Act, and those who "act as president, physician, or surgeon to any hospital for relief of foreigners in sickness, and who are engaged in no other practice." Nor can a more liberal construction be put upon the proposed amendments of the Medical Acts with respect to the liberty accorded to foreigners wishing to practise in England in one of those amendments which was after-

wards withdrawn, it was proposed that the foreign candidate should be "tested by examination" as to whether his diploma represents "the like degree of knowledge to that which is required for obtaining a license under this Act," and "that he should be more than 40 years of age, and should have practised medicine and surgery for not less than ten years out of the United Kingdom." Again, in a resolution adopted by the Medical Council so recently as last year, and in answer to a memorial from foreign graduates, the Council expressed their opinion that no qualifications should be entered in the "Register," "over the education and examination for which the Council cannot exercise the same supervision and control as they do under Sections xviii. and xx. of the Medical Act in regard to the qualifications granted by the British licensing bodies, mentioned in Schedule (A) to that Act."

Although, however, as the above will show, the alterations in the French law proposed by M. Roger Marvaise's Bill are not of a more illiberal nature than our own actual or proposed law on the subject, we readily allow that the respective working of these laws would be very different in the two countries, considering the large number of English residents in France, especially in the great health resorts of that country, and consequently the much greater demand for English practitioners abroad than there is for French practitioners in this country. We are, therefore, glad to see from the more recent communications between Lord Lyons and the Foreign Office that M. Marvaise's Bill is not likely to pass as it at present stands. The President of the Medical Council suggested to the French Government, through Lord Lyons, that the course of this Bill might, if possible, be arrested until a joint committee of foreign and English representatives can be convened to consider the matter. And in his despatch to the Foreign Office, dated Jan. 12, Lord Lyons states that he had called the attention of the French Government to this suggestion, and that he had for long been earnest in pressing upon the consideration of the Minister for Foreign Affairs and for Public Instruction objections to the illiberal restrictions contemplated by the Bill. In reference to these representations, the Duc Decazes has informed Lord Lyons that the Minister of Public Instruction has thought it inexpedient to resist the simple consideration of M. Marvaise's Bill, but that the Government had determined to offer a strenuous opposition to the Bill in its future stages. In all probability, therefore, we shall find that we have been more "frightened than hurt," and that after all, the decision arrived at by the French Government respecting foreigners practising in France will be marked by prudence and moderation.

THE CARE OF IDIOTS AND IMBECILES.

The impolicy, and we may say, injustice of relegating the afflicted classes of the community to the efforts of benevolent agencies is sinking deep into the minds of philanthropists, and we rejoice to know that the "Society for Organising Charitable Relief" has taken up the question in an earnest spirit. Some months ago this Society, it appears, appointed a committee from amongst its most influential members, to consider the neglected condition of idiots, imbeciles, and harmless lunatics, last week it presented its report, and which we are pleased to find in the main advocates the views that we threw out for adoption—as improved methods of education and training, classification, and separation, taking those capable of some improvement from those without any kind of capacity for instruction. Hitherto, the blind obstinacy of those in authority has incarcerated all these afflicted classes in huge asylums where scarcely any attempt has been made to ameliorate their sad condition. Benevolent societies some years since showed that a very large proportion of idiots and imbecile children were capable of education, and, if taken early in hand, could be made useful members of society. The time has now come for the fullest development of a system begun on a benevolent foundation, but which is now totally inadequate to meet the ever increasing numbers of those afflicted classes. It is estimated that there are upwards of 40,000 idiots, imbeciles, and harmless lunatics in England and Wales, and of these more than two-thirds, or about 32,000 are chargeable to the poor-rate. Of the remaining 16,000 and upwards, about one-fifth belongs to those classes just above the pauper. It will be seen, then, that nearly 36,000 have to be provided for. Earlswood Asylum, although it may be doing its best, can only yearly receive about 30 or 40 out of a 150 or 200 applicants, and it must be evident to the most benevolent that to subject the friends of the afflicted poor to a long and weary canvass, involving loss of time, neglect of home duties, and at the best, is an iniquitous course, neither benefiting the charity nor the candidate, while it gives encouragement to begging, and most cruelly and unnecessarily exposes domestic sorrows to the public gaze. It is, therefore, proposed to ask the Government to sanction an extension of the system of training and education adopted at Earlswood. The Metropolitan Asylums Board tried from the first classification, but nothing approaching to supervision and training of idiots and imbeciles has been attempted in our lunatic asylums, and upwards of ten thousand of these afflicted people are still scattered amongst the 600 union-houses of England, where nearly all the conditions required for their proper management are conspicuously absent. The Metropolitan Asylums Board has succeeded in separating children from adults, and many industrial occupations are carried on under proper regulations, while those giving no sign of improvement are very properly drafted off to proper asylums. It is now about to be urged on the Government, in accordance with this precedent, to remove all idiots, imbeciles, and harmless lunatics from workhouses and county lunatic asylums into separate asylums, and to train and educate the young of these classes, under the supervision of specially appointed and responsible governing bodies composed of magistrates, representatives of the guardians of the poor, and persons nominated by the Crown; and, further, to divide the country into districts, each sufficiently large to fill an asylum or school containing not more than 500 children, to defray the expenditure out of the public revenue, and to extend to these afflicted classes the privileges accorded by Act of Parliament to the blind and deaf-mute, viz., "that relief given to children should not be deemed to be parochial relief given to their parents."

It must be apparent that, while private establishments

offer every advantage to the better classes of society, and to persons belonging to the middle classes, the humbler classes are, as a rule, unable to pay the full cost of maintenance, and cannot decently appear before their boards of guardians to claim the benefit of the legal provision made for the destitute; for these it is proposed that institutions supported on the voluntary principle should, by the removal of objectionable restrictions, and a selection of the most deserving, be made available. This plan we hope to see carried out in its integrity.

ST. MARY'S HOSPITAL.

It has always been allowed that the hospital for the sick and maimed is the brightest and most useful ornament among the many charities which have long characterised the march of modern civilisation. And many a rich man, when disposing of the property that would be left after his death, has justly considered that he could offer no better gift to God or man, than a good legacy towards the support of one of these beneficent institutions. Nevertheless, this great blessing to the poor, and source of consolation to the rich—this bright spot in our social system—has, unfortunately, never been free from blemish. The congregation under one roof of a large number of patients, suffering from various forms of disease, has always rendered it a matter of great difficulty to keep the air of the different wards as pure as could be desired. To meet this difficulty, it is necessary that each ward should be as far as possible isolated from the rest of the hospital; that there should be a large floor and cubic space allowed for each person; that there should be a free circulation of air throughout the whole building; that the "air ought to be changed at the rate of 4,000 cubic feet per head per hour;" that each patient should be prevented, as far as possible, from breathing the air that has passed over the beds of other patients, and that all sinks, water-closets, and other sources of impurity should be removed entirely out of the wards. These, and other *desiderata* that might be mentioned, are by no means easy to realise, especially in hospitals that were built at a time when hygienic principles were not so much attended to in their construction as they are now, or in hospitals which are, as they often must be, placed in localities which abound in various sources of air contamination.

It is, therefore, all the more gratifying to find that one of our West-end hospitals has, through the unbounded liberality and foresight of its governors, been able to overcome most of the obstacles that have hitherto stood in the way of hospital ventilation; and if we compare the state of St. Mary's Hospital previous to the alterations with that which now exists, we have every reason to congratulate the authorities of that institution on the success which has crowned their efforts. Dr. F. De Chaumont, Professor of Anatomy, Army Medical School, and under whose superintendence and from whose designs the alterations have been carried out, found the hospital when he first inspected it in a very bad condition. In the wards the ventilation was bad and insufficient, the air actually supplied being unevenly distributed, and to a large extent wasted. This was shown by the large amount of carbonic acid and organic matter present, and by the character of the matter suspended in the air. In many cases, also, there was a current of air setting in from the closets, so that it was in part water-closet air that was supplied. In the "accident" ward there was a large screen which greatly interfered with the ventilation of the place, and in the vicinity of which a large excess of carbonic acid gas and organic matter was found, together with epithelium and even pus globules. The air of the great stair-case was remarkably impure. That of the ground floor contained 0·999 per 1,000 of carbonic acid, of the first floor 0·930, and of the second floor 1·091, thus giving a mean of 1·007 of carbonic acid Under one of the wards was the laundry, the steam of which found its way into the wards above. Moreover, the impurities that were found in the air of some of the wards were of a very remarkable and heterogeneous nature. The reports before us contain several careful illustrations of these impurities—illustrations which reveal a state of things that forcibly remind us of the magnified drop of impure water which used to be projected on the screen to juvenile audiences at the Polytechnic Institution. Among the floating particles examined under the microscope were—pus, scabies, larvæ, epithelium of mouth and skin, epidermis of hay, fragments of insects, and spores of fungi, all of which will be found beautifully pourtrayed in the plates which accompany these reports. This is enough in all conscience to account for the propagation of contagion, and it is only to be hoped that there is some flaw in the "germ theory" of disease, or otherwise the mischief that has been done by some of these floating particles must have been something incalculable.

If we turn now to the improvements that have been made, we find that the wards have been cleared of all irregularities of outline, that the closets, sculleries, &c., have been completely separated from them and placed in annexes connected with the wards by means of passages with cross ventilation communication between the wards and the lobbies or other rooms have nearly all been either closed or bricked up, while additional ventilation has been provided for by the introduction of Tobin's tubes, Shernigham valves, and more window place, as well as by the opening up of lobbies and passages which formerly ended in *culs-de-sac*. The out-patients' department has been remodelled and shut off from the rest of the building; and the "Accident" ward has been improved by the removal of the screen and the introduction of central ventilation tubes. The effect of these and other alterations have been to vastly improve the cheerfulness and salubrity of the wards, and to improve the air of the whole building. There is now no close smell on entering the wards, and the ventilation is perhaps better than that of any other hospital in London. Thus, to take one example, in the Victoria, or female medical ward, the mean of one night's observations indicated the extraordinary amount of 8,700 cubic feet of air per head per hour, and showed that the air was changed at the rate of forty-six times in the twenty-four hours. Besides, the good and practical results of all these alterations have been already in some measure put to he test. Since they were made, we believe that no case of pyæmia has occurred, although the usual sources of pyæmia have been—as they always must be—present, and

cases have been brought into the hospital suffering from that disease.

With regard to Tobin's tubes, it appears that they do not work so well as could be desired. There is a risk of the outgoing currents of air flowing over the patients as they rush to the tube, and it is difficult to keep up the temperature in the winter without closing some of them. Moreover, the ventilators are apt to get blocked up, and in one Dr. de Chaumont found a bundle of newspapers and an old flannel jacket.

On the whole, however, we may remark that although the ventilation of St. Mary's Hospital has not reached the theoretical standard of Dr. de Chaumont, it is more perfect than any that has been hitherto secured under similar circumstances, and perhaps it is not too much to say that through the labour, liberality, and thoughtfulness of the Governors of this hospital a new era will commence with regard to the ventilation of large public institutions. At all events, the authorities of St. Mary's deserve all praise for the great efforts they have made on behalf of the patients committed to their charge, and the munificent outlay they have incurred will give them fresh claims upon the generosity of the supporters of our great public charities.

Notes on Current Topics.

Verdicts by Guesswork.

We have frequently complained of the system under which medical men swear to, and coroners' juries give judgment upon, causes of death, without any evidence to guide them except a look at the body and a chat with the neighbours. A particularly objectionable instance of this proceeding is reported by the local papers to have occurred last week at the Limerick gaol, where an inquest was held upon a prisoner who had been admitted at half-past three in the afternoon and died on the night of the next day. It was suggested that he did not get sufficient nourishment, and it was admitted that he got no medicine. We cannot discover from the report any *post-mortem* was held, but the medical officer nevertheless is stated to have sworn that the man died "from failure of the action of the heart, or watery effusion on the brain, the result of alcoholism," and this although he does not state that he saw the man for ten hours before death, and at that time he was "free from physical disease, but his brain was weak." The jury, apparently with considerable reluctance, found a verdict "that deceased died either from weakened action of the heart or serous effusion on the brain."

We submit that an inquiry of this sort is a sham—and a pernicious sham. Possibly the cause of death may have been either of the conditions stated, but no one has any reason to know that it was, and the fact that the jury could not decide the question shows how much they needed proper evidence. If it be of vital importance to save the cost of a *post-mortem* examination in such a case, we suggest that the cost of the whole inquest may as well be saved at once. The Act might be amended so as to allow the coroner to settle the matter by tossing a shilling, with—of course—all the solemnities requisite to maintain the dignity of the Court of Inquest. The jury might be present to "see fair," and would, no doubt, in many instances, be more at home at such employment than in deciding anatomical difficulties. If our proposition be unacceptable, then, by all means, let us "bury our dead out of our sight," and say nothing about it, rather than make ourselves and our laws ridiculous by such proceedings as the Limerick gaol inquest.

The New "Ecole de Medicine."

The designs for the execution of the works at the new School of Medicine at Paris, which have been prepared in conformity with a law passed last August, have been completed, and will be at once submitted for approval to the Municipal Council, having been already passed by the Minister of Public Instruction, and Paris will soon have a medical school worthy of France.

The façades and court-yards with which English visitors are familiar are to be retained, but three new divisions are to be built, each opening on one of the three neighbouring streets. The execution of the works will occupy about four years, and the rebuilding will cost more than four and a-quarter millions of francs.

An Interesting Tree.

The *Jardin d'Acclimatation*, at Paris, has just received several specimens of one of the most interesting of the flora of Rio Nunez—the Teli. The tree is an almost unknown species, and produces one of the most violent of existing poisons, which has recently been tried with success in several cases of tetanus. The Teli grows from sixty to eighty feet high. Its wood is very hard and close, and is much sought after for the building of boats in consequence of its resistance to decay.

Its bark affords a violent poison. In important law suits amongst the aborigines of the country, and when the proof of the case by evidence fails, teli is administered as an infusion as an "ordeal" to both the parties to the cause. He who survives is declared innocent, but almost always both die. No antidote is known, but the natives combat its effects by means of the bark of the *boullé-beté*, a species of acacia which produces abundant vomiting.

Hydrophobic Cows.

The *Avenir des Landes* reports a fact which is very rare in the annals of veterinary surgery, and which has occurred at St. Columbie, in the canton of Hagetware, in Switzerland. Last October, several cows were bitten by a dog which was placed to guard them. The herd tied up the poor animal in its kennel, and shortly afterwards it died with complete paralysis of the lower extremities. On the 2nd of November three of the cows refused their food. An abundant viscous and adherent saliva flowed from their lips, and at the end of six days they died with well-defined paraplegia. During the course of the disease they made no attempt to bite, nor showed any symptom of madness, except that the presence of a dog excited them to an extraordinary degree. In two months eleven cows died or were killed. The incubation of the disease was 25 to 30 days in the first eight, and 56 days in the three latter.

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THE following handbill has been sent to us by a correspondent with his opinion thereon, which latter, for cogent reasons, we abstain from publishing. The get up and style of the placard irresistibly reminds one of drapers' windows when passing through the process of "selling off." The recommendation "Your Favourite Doctor for about One Penny a Week," in bold type, is exquisitely touching:—

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Staff Allowances and Regimental Quarters.

WHEN the War Office had made up their minds to accept the unification of the Army Medical Department, we would imagine staff quarters would have followed staff-allowances. As a matter of fact, we believe the last will not be obtained without a right to the former. If we are rightly informed, officers of the general staff, control and chaplain's department, are entitled to staff quarters; why not the doctors? To young officers just entering the service the matter may be a small one, but to the older and married officer it must make a very serious difference, we should think. Sooner or later such petty distinctions must cease under the pressure of the more advanced public opinion of the day, and the sooner Her Majesty's War Office accept the inevitable the better for all parties.

Infectious Diseases.

ON Friday last a deputation from the Society of Medical Officers of Health waited upon the Right Hon. G. Sclater-Booth, at the office of the Local Government Board, on the subject of epidemics and infectious diseases, and the difficulties experienced by medical officers of health in coping with such cases. Dr. Buchanan, President of the Society, explained that their object was to secure that means be established for limiting the spread of dangerous diseases. He complained that their work in this respect was much hampered by their not having knowledge of the existence of such diseases. It should be made a duty on the part of the occupier of a house, or the medical officer in charge of the case, to give information to the sanitary authority. Other members of the deputation having spoken, Mr. Sclater-Booth observed that all the suggestions made were present to the mind of the Government when the Public Health Act, 1875, was in preparation; they had omitted them, because they would have provoked opposition, discussion, and delay, which might have been fatal to the passing of that measure. Although public opinion was fast ripening in the direction of something more authoritative and vigorous in the way of interfering between the medical attendant and his patient, yet he was not at all of opinion that they could have pressed Parliament to go further than it then did. He believed the time would soon come when they would be able to introduce some improvements in the law with the general consent of the public. With regard to the wishes of the deputation respecting notice being sent in to the central authority of the existence of disease, he believed public opinion was tending that way. He felt sure, also, that the medical world were not neglectful of the duties imposed upon them of giving advice that would check the spread of disease. With regard to the question of medical relief to persons not paupers, he hoped to introduce some regulations upon the subject next session. He could not promise at that moment to take up the Public Health Act, but anything that could be done to secure publicity of infectious diseases undoubtedly would be done, and any suggestions that would improve the law in that respect would have his best attention.

We shall reserve our comments on the above till next week, as the very judicious answer of Mr. Sclater-Booth to the deputation is deserving of more consideration than can now be given to it.

Carbonic Acid Poisoning.

A MELANCHOLY case of carbonic acid poisoning has taken place near Coleraine. A man was engaged in sinking a well, and had worked by the light of a candle for several days. Just before leaving work in the evening he exploded a charge of dynamite, which dislodged a large part of the rock. Next morning he descended as usual, but without lighting the candle. It was immediately discovered that he was lying insensible at the bottom, and a man who was known to be experienced in such matters was sent for. He volunteered to descend; but no candle was sent down to test the presence of gas, and he refused any special protection. When he had been lowered a few yards he was heard to call out, and

at once the windlass was reversed for the purpose of bringing him up. He, however, seems to have lost sensibility before he reached the surface, for he let go his hold of the rope, and fell to the bottom. Then, and not until then, a candle was lowered, and found to be extinguished before it had been let down one-third of the depth. Bearing in mind that a man who had worked previously at the well had given up the job in consequence of the foul air, it is almost inconceivable that the parties concerned should have displayed such carelessness and ignorance. The coroner's jury found "no blame attachable to any person." Of course they did! Is blame ever attributable to any one by a coroner's jury under such circumstances?

Dublin University.

THE following resolutions were adopted by the Council at the meeting on Wednesday last:—

That the Council shall, on the 7th February, 1877, proceed to nominate to the vacant professorship of Zoology.

That the following resolution adopted by the board (and previously recommended at the meeting of Examiners in State Medicine) be agreed to:—"Candidates for State Medicine Diploma shall be allowed to present themselves for examination at any time after passing their M.B. and B.Ch. examinations, instead of waiting, as at present, for the standing of M.D."

That the following motion be referred to the Professors of the School of Physic, that they may report upon it:—"That the appointment of a special teacher of ophthalmic surgery in the School of Physic is desirable."

Stock Poisoning.

CONSIDERABLE alarm has been caused among agriculturists in the central districts of Scotland by the sudden illness and subsequent death of not a few animals of the farm, mostly cattle. Presently it was discovered that a new sort of cake had been obtained lately by those farmers whose stock had suffered, from an extensive manufacturing company in the vicinity of Edinburgh. The company had meantime ascertained that in the process of manufacture a quantity of the castor-oil bean had got introduced, and constituted the deleterious substance. The company communicated with several farmers whom they knew to have recently purchased this contaminated cake, but the warning, though in time in some cases, was late in others. It appears that the castor bean, when compressed for the purpose of obtaining oil, emits no poison, but some poisonous ingredients remain in the residue, and it was this that contaminated the cake referred to.

Our Dustbins.

LETTERS of complaint, says the *Telegraph* of last Saturday, respecting the difficulty in getting dust removed from dwelling-houses, reach us from most of the suburbs of London. A Kensington correspondent says it is a month since his dustbin was emptied, and that then the clearance was only effected after he had repeatedly written to the vestry on the subject. East, north, and south, as well as west, the grievance seems to be equally felt. Nor are the central districts altogether silent concerning the nuisance which is caused by want of regularity in the removal of dust and refuse of all kinds. The contractors' carts, it is said, are often to be seen in leading thoroughfares as late as half-past ten in the forenoon, and where they are seen they seldom fail to be also smelt. The use of disinfecting and deodorising agents does not appear to be habitual with the proprietors of shell-fish shops and eating-houses.

The above facts show how desirable it would be to abolish altogether the present system of allowing dust and all kinds of refuse to collect until they become both a nuisance and source of disease. While this system continues in operation it will be difficult to secure the attendance of the dust carts as frequently as the requirements of health and cleanliness demand, and it would be much better if we adopted the plan practised on the Continent, and had the dust and house refuse removed every day. Certainly, the adoption of this system would involve very little additional outlay on the part of our parish authorities, while the gain to the community would be immense.

Home for Incurables.

DR. ACLAND, of Oxford, writes to the *Times* of Saturday:—

"You would be doing a great service, with your usual kindness to the suffering, if you allow the following facts the great advantage of a place in your columns. A niece of the late Archdeacon Sandford has spent her all in building, near Oxford, a small hospital for incurables. It is furnished and ready for use. The lady herself is a faithful and good nurse. Nothing, therefore, is needed but that patients should enter. She cannot maintain them; but any whose friends can provide the cost of maintenance will find a bright home and devoted care. It is grievous that such a place should be unused. Miss Sandford will give detailed information in answer to applicants writing to the address at the head of this letter."

This is also deserving the attention of the profession, considering that professional men are so frequently asked by their patients whether they know of any institutions of this kind. Perhaps the necessity of a hospital for incurables is rather an opprobrium to us as medical men; but, nevertheless, the principle of their foundation is a very good one, and there are too few of them to admit of any of those in existence remaining unused for the want of publicity.

Aniline Hat-Linings.

IT would seem that that portion of humanity which enjoys the luxury of wearing clothes is imperilled at both extremities, by the tricks of competing tradesmen. Not long since we heard much of the risks of wearing pink stockings, which had been found to subject the owners to violent eruptions about the ankles and to involve serious inconveniences, if not actual dangers. It was then discovered that the *desagremen* of the dandy-socked gentry arose from the use of aniline in the pink dye. We now hear that the other end of our bodies corporate is threatened with the same infliction, from the same cause.

A shoemaker in Stettin had bought a felt hat from a well-known firm. Soon after wearing it, though the hat exerted no pressure, headache set in, with frontal swelling, followed by a pustular eruption. The eyes also became so inflamed that they closed, and the swelling began to spread to the lower part of the face. It was evident that these symptoms were due to the wearing of

the hat, and—the latter having been submitted to examination by a chemist—it was ascertained that the brown-leather lining was coloured with poisonous aniline.

Let us hope that aniline hat-linings will be made contraband, for an attack on our crania is a far more serious matter than on our toes; and henceforth it is only those whose lining is on the outside of their heads that will patronise the attractive decorations of Stettin.

Death from Eating Hemlock.

An inquest respecting the death of an Italian, who died at the Sailors' Home, Falmouth, was held last week. The deceased's comerades gave evidence, the former stating that he partook of what he believed were similar herbs to those that caused the death of the deceased, but he felt no ill effects, nor did the deceased show any alarming symptoms until two hours after he had eaten the herb, when they had arrived at Falmouth, having rowed there from St. Just.—Mr. Vigurs, surgeon, who waswith the deceased up to the time of his death, gave it as his opinion that he ate the leaves of hemlock, the symptoms being similar to those of hemlock poisoning, and other deaths having occurred in the locality through persons having eaten of that herb.—The jury returned a verdict of "Death from poisoning."

The appointment of Physician-Accoucheur to Her Royal and Imperial Highness the Duchess of Edinburgh has been officially gazetted.

The number of "plucked" candidates at the recent examinations at the Royal College of Surgeons of England was smaller than usual.

Dr. Handsel Griffiths, Lecturer on Chemistry at the Ledwich School of Medicine, has been elected Corresponding Member of the Pharmaceutical Society of St. Petersburgh.

Dr. Wm. Thornley Stoker, Professor of Anatomy in the Royal College of Surgeons in Ireland, has been appointed Medical Adviser to the English and Scottish Law Life Insurance Company in Dublin.

The Hunterian Oration will be delivered in the theatre of the Royal College of Surgeons of England by Sir James Paget, Bart., on Tuesday, the 13th of February, at 3 o'clock.

The soldier M'Connon, who about a month since, when intoxicated, killed a comrade with a kick, and was sentenced to death, has been respited. Both the medical and lay press took up his case warmly, and this act of clemency is probably due in some measure to their exertions.

Mr. Jardine Murray, F.R.C.S., who, for the last fifteen years has been on the honorary staff of surgeons to the Sussex Eye Infirmary, was unanimously elected Honorary Consulting Surgeon at the forty-fourth annual meeting of the charity last Thursday, cordial votes of thanks being at the same time accorded for his valuable services to the institution.

The next meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday evening, February 7th, 1877, at eight o'clock. The following papers will be read:—

"On the Admixture of Veratrum with Valerian Root." By Professor Bentley.

"The Colouring matter of the Petals of Rosa Gallica." By Mr. Harold Senier.

A man, named Thomas Cave, living at Kensal Town, Hammersmith, was sent to prison, last Friday, for two months, for obstructing an order for the removal of two children suffering from small-pox to the hospital. The accused lived and slept with his wife and four children, in a kitchen; two of the children were down with the small-pox, and the parents continually passing in and out amongst the general public. The law has now taught him that it is stronger than his threat to knock any one down who attempted to touch his children.

On Saturday last, an immense number of persons accompanied a deputation from the East End of London to the Metropolitan Asylums Board in order to protest against the occupation of a large clothing factory in Dod Street, Limehouse, as a temporary small-pox convalescent hospital. The deputation was courteously received by the Asylums Board Managers, who, backed by the Local Government Board, adopted a resolution not to postpone the motion for a fortnight by 30 votes to 4, declaring that the emergency of the small-pox epidemic demanded that they should at once open the hospital for convalescent small-pox patients.

The Lectures at the College of Surgeons of England will begin on the 31st of January, when Professor Erasmus Wilson will commence a course of Six Lectures on "Dermatology." Professor Parker will deliver a course of Nine Lectures on "The Osteology of Birds," commencing on Friday, the 16th of February next. Professor Flower will then deliver a course of Nine Lectures "On the Comparative Anatomy of Man," commencing on Friday, the 9th of March next. And in June next, Professor R. B. Carter and Mr. B. T. Lowne will complete the lectures for the present year, the former by a course of Six Lectures, the subject of which will hereafter be advertised; and the latter by Three Lectures on "Teratology."

On Thursday last, an injunction was sought in the Court of Chancery by the well-known firm of Brand and Company, manufacturers of the "meat extracts," so much prescribed by the profession, to restrain a person of the name of Mason from selling invalid preparations similar to the pursuers, under the style of Mason and Brand, no person of the latter name being then in the defendant's firm. Sir R. Malins ruled that as the name of Brand had gained a reputation for the manufacture of certain articles, the use of such name by the defendant was a trick of trade, intended to deceive the public, and could not be allowed. An injunction was accordingly obtained.

THE ANTI-VIVISECTIONISTS AND THE HOSPITAL SUNDAY FUND.

WE published the week before last a letter from Dr. Rawdon Macnamara, in which he emphatically and indignantly repudiated the inference publicly drawn by one of the anti-vivisection party that vivisection was practised in the Dublin Hospitals. That letter evoked two letters from readers, of which we give extracts, who forwarded subscriptions of £2 2s. and 5s. to the Hospital Sunday Fund. We are precluded from giving the letters *in extenso* by the wish of the writers :—

I have to thank you very much for your letter this morning, and I can assure you it has given me a great deal of pleasure. I have been so painfully interested in the question of vivisection, and feel so strongly about it, that it is more comfort and pleasure to me than I can well express to find such a view taken of the subject by one so thoroughly well able to judge as yourself. The opinion you express is so exactly what I have always felt—that what is *absolutely* necessary we must submit to, but that everything that is *un*necessary (and worst of anything that is merely for demonstrating what is already known) should be most rigorously checked.

May I say that your letter in the *Irish Times* also gave me as much pleasure. I had always heard that vivisection is not practised in Dublin hospitals, but it was a great satisfaction to me to see it confirmed on such excellent authority.

I cannot forbear to add that I always *grieve* over the wrong-headed zeal and folly (for I can call it nothing else) of some of the anti-vivisectionist party, and they do not see how much harm they do, even to their own side, by such conduct. I could quite understand a movement such as the last turning many people (not so good and humane as *you* have proved yourself to be) entirely against anti-vivisection, simply from just indignation at the folly and mischief of some of its partisans.

Five shillings in stamps for the Dublin Hospital Sunday Fund from a lady in Scotland who has read Dr. Macnamara's admirable letter in the *Irish Times* the beginning of this month, and who rejoices most truly in his feelings about vivisection, and deeply regrets the misguided zeal of some of the anti-vivisection party.

Edinburgh, Thursday, January 22nd.

ETHER INHALATION.

IN the *British Medical Journal* of the 20th inst. we find a detailed description of a portable regulating ether-inhaler, by Mr. J. T. CLOVER, F.R.C.S.

The author says :—"The arrangement of the apparatus enables one to cause the patient to breathe directly into and out of a bag, or partly or entirely through a vessel containing liquid ether. . . . The plan of excluding fresh air until insensibility has been induced, and admitting it very sparingly afterwards, has now been extensively tried in various ways, and it is practically free from the danger of causing serious obstruction of the pulmonary circulation and over-distension of the right cavities of the heart."

Mr. Clover sets out the advantages of this inhaler to be that :—

"1. It has no valves.

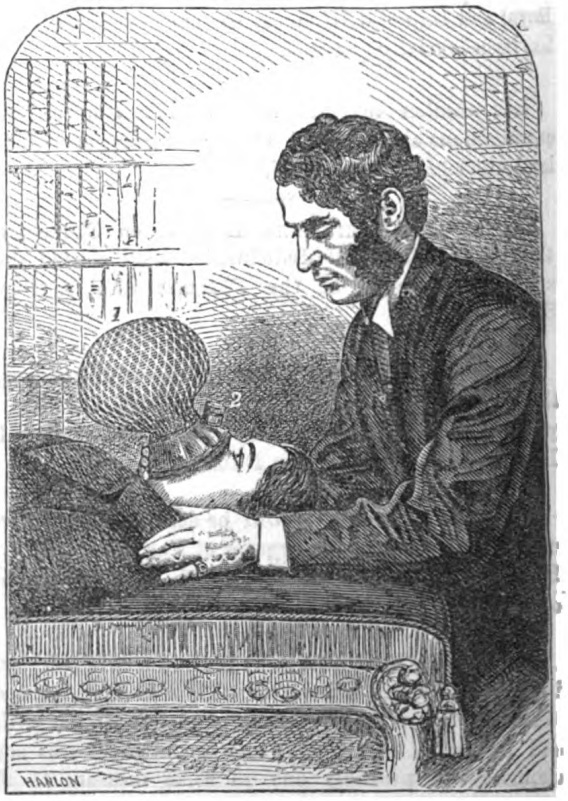
"2. It supplies the vapour so gradually that the patients breathe quietly.

"3. It produces sleep in two minutes." &c., &c.

We are glad to observe that, at length, the true principle of administration of ether—*i.e.*, the exclusion of air as completely as is possible—is recognised ; but we regret to notice that no credit is given by Mr. Clover to the first exponent of this principle, and that he seems to be unaware that the "exhalation bag" has been applied to an ether inhaler in anticipation of his own adaptation. To the late Dr. Morgan, Professor of Anatomy in the Irish College of Surgeons, the credit is due of having realised the fact that all the intoxication and other inconveniences arising from ether-inhalation are due to the admixture of a constant supply of air with the ether vapour—an object which all inventors of inhalers have striven to attain by adding elaborate ingress-valves to their apparatus. In order to exclude the air from admixture with the ether, Dr. Morgan used a thin india-rubber bag, sufficiently large to hold the expired air and to allow it to be returned to the lungs on inspiration ; and we are not aware that this principle was made use of in any inhaler until adopted by Mr. Ormsby (of Dublin), and now by Mr. Clover.

Mr. Clover can make himself acquainted with Professor Morgan's views by a reference to our files of four years ago, in which he will find recorded the introduction of the inhaler on this principle to the Surgical Society of Ireland, and the experiences of Irish surgeons thereupon. Should such a reference be inconvenient, Dr. Morgan's views, and the description of his inhaler, are to be had in pamphlet form. It was used very extensively in Dublin hospitals at that time, and only fell into disuse in consequence of the untimely death of the inventor, and the want of a successor to him in this speciality at the time.

Dr. Morgan's inhaler was, in principle, exactly the same as Mr. Clover's, but the exhalation-bag was enclosed in a tin box, which made the apparatus cumbersome and expensive. Adopting the same principle as Dr. Morgan, Mr. Ormsby (of the Meath Hospital, Dublin) has had in use for more than nine months an inhaler, with the bag attached to the mouthpiece exactly as Mr. Clover's is ; the only difference being that the ether-chamber of the latter is replaced by a sponge in the former. We append an illustration.



With this apparatus Mr. Ormsby has anæsthetised most of the cases in the Meath Hospital and in the Dublin Eye and Ear Infirmary for the last six months, and—as far as we have observed—with very satisfactory success. Mr. Ormsby's inhaler consists of a face-piece with exhalation-bag attached, exactly as in Mr. Clover's. It is supplied with an air-ring to fit hermetically the patient's face, and has no valve, but an orifice, which is opened for a moment at the commencement of inhalation to relieve the patient of the sudden inspiration

of undiluted ether vapour. The ether supply (which Mr. Clover places free in a reservoir) is sprinkled by Mr. Ormsby on a sponge, and we are not prepared to say whether the reservoir is or is not an improvement. Mr. Ormsby showed his inhaler, and anæsthetised a patient, within the last month at University College Hospital, in the presence of Mr. Christopher Heath and Mr. Mayer (of the firm of Mayer and Metzler), and the operation of the inhaler was in all respects satisfactory.

Believing that in as far as any fresh air is admitted, in so far will the anæsthesia be spoiled, we hold that the exhalation-bag should be of the full capacity of the tidal respiration, and if it be made smaller for the sake of portability, the working of the inhaler will be proportionately unsatisfactory. Probably all that Mr. Clover says in favour of his inhaler is true; but it seems hardly fair that the originator of its principle, and the adaptor of that principle, should be ignored, and the impression left on the mind of the profession that the instrument is the original invention of the gentleman whose name it bears.

Literature.

HANDBOOK OF PHYSIOLOGY. NINTH EDITION (a).

It is with very great pleasure we greet this the ninth edition of Kirke's "Handbook of Physiology." It is now nearly thirty years since the first edition of this work was published (September, 1848), and no better idea of the advances that have been made in the science of physiology can be obtained than by a comparison of that first edition and the present. In publishing his first edition, Dr. Kirke's primary and more especial object was to "give such an account of the facts and generally-admitted principles of physiology as the student may most advantageously use during his attendance upon lectures and in preparing for examinations." This object he most successfully fulfilled, and a want which was universally felt, both by teachers and students, was thus supplied.

From that time to the present "Kirke's" has been the almost universally used and favourite text-book on the subject in all our medical schools; for while its matter was limited to that actually required by the examining boards, its style was such as to make it both easy and attractive reading, without being discursive or prolix. As edition followed edition, additions were made here and portions omitted there, the work losing thereby much of its clearness and becoming somewhat disjointed and patchy, in parts being almost unintelligible to the ordinary student, who relied solely upon it for his guide. Moreover, physiology, and more especially histology, have made unprecedented advances during the last ten or fifteen years—advances which, however, have scarcely been fully recognised in this country for more than five or six; during which period several translations from leading German works and some works on higher physiology emanating from our own schools (such, more especially, as the "Handbook of the Physiological Laboratory"), have made us more familiar with the present extent and nature of physiological and histological research.

Meantime, the reputation of "Kirke's Physiology" began to decline. The eighth edition (1872) followed close upon the seventh (1869), of which it was almost a reprint, and this was published before the present physiological school was fairly established in this country. Of late years, therefore, both teachers and those taught began to feel that "Kirke's" was no longer sufficient for their purpose, that it required to be freely supplemented, and was, in fact, old-fashioned and out of date. Special instruction in histology was now required by the examining boards, and the histological part in Kirke's was worthless; experimental physiology was also demanded, and this portion of the subject could scarcely be found in it. A feeling was, therefore, rapidly gaining ground that a new handbook was required for students, and this want we are very glad to find supplied by Mr. Morrant Baker's ninth edition. From old acquaintance we have, perhaps, a prejudice in favour of Kirke's, and we should be sorry to see it supplanted; the book is familiar to us, and we value it as an old and well-tried friend.

Mr. Baker's task has been by no means an easy one, and we must congratulate him sincerely on the manner in which he has performed it. He has kept well in view the object aimed at by the author of the original work, he has followed it in a similar and thoroughly sympathetic spirit, and has attained a similar success. Mr. Baker has separated with great care the chaff from the wheat yielded by the recent physiological harvest, and that which he has retained may be safely received as good grain.

Perhaps the most important feature in this edition is the great improvement in the histological portion of the work, from which a student may now obtain all the leading facts in histology. In it he will find a good description of all the elementary tissues and organs, including the investigations of the most recent observers. In this part of the work Mr. Baker has been assisted by Mr. Schofield, who has done his work well and thoroughly. Many of the best and most valuable drawings from the works of Klein, Frey, W. Pye and others have been introduced with very great advantage.

But not only in this, but in many other sections has the book been much improved and brought well up to the knowledge of the present day. In many instances, more scientific and exact accounts of experiments have been given. Much that was unconnected and incomplete before—partly from the investigators themselves being uncertain or disagreeing as to their results—has been put in a more concise and lucid manner. This more methodical and definite arrangement of material, discussion of questions, and statement of facts, especially characterise the work that has been done in preparing this edition.

Among others, we may notice especially the following additions to the book. In the second chapter Mr. Baker has contributed an essay on "The Relation of Life to other Forces," originally published in the St. Bartholomew's Hospital Reports (1867). In this he has clearly indicated wherein "vital force" differs in its manifestations from other forces. While pointing out that the great characteristics of life are the series of events—birth, growth, development, decline, and death—all manifesting themselves successively in one being, he indicates that any one of these processes may be imitated by bodies not endowed with vitality, and that it is not the possession of any one of these characteristics, but only the union in one body of all, that entitles it to be considered as endowed with life.

The third chapter (which treats of the "Chemical Composition of the Human Body") has been entirely re-written, and made much more readable and interesting than the previous long list of hard names and chemical tests, which disgusted and appalled the student at the outset of his physiological studies. The proximate principles have been arranged in a more methodical and scientific manner, while one class (the "Amyloids") has been added which was previously entirely omitted.

It is, perhaps, in the fourth and fifth chapters, however, that the greatest improvement is visible in the work. These chapters, on the "Structural Composition of the Human Body" and of the "Elementary Tissues," have been expanded from thirty-six to fifty-seven pages, and contain no less than forty additional engravings. In

(a) Kirke's "Handbook of Physiology." Ninth Edition. By W. Morrant Baker, F.R.C.S. John Murray, Albemarle Street. 1876.

them the life-history and characteristics of the cell are narrated at some length. We recognise in it much of the work, and many of the plates, given by Dr. Klein in the "Handbook," both of which have been introduced with great advantage.

The chapter on the blood is another instance of the great amount of new material infused into the work; the section on the physical and chemical characters of the red blood-corpuscle, and that also of the white, being well given, and including all the recent observations on their behaviour with re-agents and varying physical conditions, such as temperature, dilution of surrounding media, &c.

Previous to the discussion of the circulation of the blood, a section on the discovery of the circulation is introduced, in which the great works of Harvey are referred to, and the main arguments by which he established the great fact enumerated; to this list the more recent ones bearing on the same point are added. This section is especially welcome, for we know of nothing in the history of physiology that would serve so well as a type of the method of induction of physiological theories from facts, or as a proof of the real value of vivisection and the great results obtainable by its aid. In this chapter, too, many of the new methods of physiological research are described, such as the cardiograph, Fick's spring kymograph, and the mercurial kymograph, and their uses explained. A section is devoted to the diapedesis of blood corpuscles, and the instruments of Ludwig and Chauveau for ascertaining the velocity of the blood-current are figured and explained.

In the chapter on respiration we miss an account of the recording stethometer, nor is there any reference to either Ludwig's or Pettenkofer's apparatus and methods for determining the amount of carbonic acid discharged into the air. Both of these omissions, we think, might be supplied with advantage.

The microscopic anatomy of the organs of digestion (as, indeed, that of all other organs) has received more attention, and its description been enriched by many new engravings. The glycogenic function of the liver is more fully discussed than heretofore, while more justice is done to the experiments of Pavy on this subject; the chemical properties of glycogen are described, and some of the causes of glycosuria enumerated.

Under "Absorption," the recent additions to the anatomy of the lymphatic cavities are described.

Chapter XVII., on "The Income and Expenditure of the Human Body," is a valuable addition to the book, and contains a few instructive tables illustrating the daily receipts and expenses of the organism, considered from a physiological point of view.

The great feature in the physiology of the nervous system is the short, but sufficient, account given of the convolutions of the cerebrum, illustrated by Ecker's diagrams; and the short epitome of the recent researches into the functions of the cerebrum, and some of the results of its electrical stimulation as given by Fritsch and Hitzig, and also by Ferrier; to which is added Dr. Burdon-Sanderson's strictures upon them, and an enumeration of those fundamental phenomena admitted by all observers. A section has also been added to this chapter, on sleep and its attendant phenomena.

In the chapter on the causes and phenomena of motion the results obtained by means of the myographion are shortly described, and a "muscle curve" explained, together with the method of measuring short intervals by ths vibrations of a tuning-fork.

The histology of the organs of the special senses is much more fully detailed, especially of that of sight. Those defects of vision so confusing to the student—myopia, hypermetropia, presbyopia, and astigmatism—are shortly and clearly explained, together with the physiology of the means used for their correction.

Lastly, the chapter on generation and development has obtained that thorough revision and increase which recent researches made necessary. It has also been further illustrated by many new plates, and an account is given of Dr. Creighton's researches on the evolution and involution of the mammary glands.

Some very useful tables have been appended to this edition, of measures and weights of organs and histological elements and tissues, together with the percentage composition of various articles of food, from which diet-tables, &c., may be calculated, and a table of classification of the animal kingdom.

Mr. Schofield has performed his part so well, and in a manner deserving of so much praise, that it is hard to find any fault; but we may venture to suggest that some of the engravings hardly do justice to what are evidently very beautiful microscopic preparations. As examples of this, we would especially draw his attention to Figs. 154 and 188; these and others we hope to see replaced in the next edition by some that will do his preparations more justice, and better bear comparison with those very excellent ones introduced from other works.

Although we have now many very excellent works on physiology, still there is none so admirably adapted to the wants of the ordinary student as Mr. Baker's new edition of Kirke's Handbook. In it he will find all that he requires, both intelligibly and concisely placed before him and most methodically arranged. The book has never professed to be a scientific or original work, but it is essentially a most excellent and complete text-book for students, and as such we most cordially commend it to them.

Medical News.

Royal College of Surgeons of England. — The following gentlemen were admitted Members of the College at meetings of the Court of Examiners on January the 22nd, 23rd, and 24th :—

Anderson, Alex. R., Plymouth.
Archer, William G., M.B., Edgbaston.
Armstrong, William, Manchester.
Barrow, Lancelot A., Camden Road.
Blaxland, Herbert, Ryde, New South Wales.
Brett, James, Leamington.
Clowes, Joseph S., Merrick Square.
Craddock, Frederick H., Finsbury Park.
Creed, Charles P., Greenwich.
Cross, Horace E. F., L.R.C.P., Craven Street.
Davey, William T., L.S.A., Leyton, Essex.
Davses, Richard, Birmingham.
Devenish, Wilhelm, Trinidad, West Indies.
Diggle, Charles F., L.S.A., Manchester.
Fletcher, Charles W. C., Leicester.
Frobisher, William M., Leeds.
Gillam, Thomas H., L.S.A., Weuverham.
Goulder, Frank S., L.R.C.P., Norwich.
Green, Alfred P., St. John's Wood.
Green, Alfred W., L.R.C.P., Guy's Hospital.
Hayward, Thomas E., Tewkesbury.
Hopgood, Wilfred F., Staleybridge.
Howlett, Edmund H., Stafford Gate.
James, Thomas, L.S.A., Aberdare, South Wales.
Law, Edward, Sheffield.
Kirkpatrick, John, M.D., Toronto.
Ling, Charles A. S., L.S.A., Gorleston, Suffolk.
Longstaff, George B., M.B., Wandsworth.
Looker, John E., Altrincham.
Macintire, John H, L., L.S.A., Richmond Road.
Malpas, Douglas D., Sevenoaks.
Mansell, Edward R., L.S.A., Upper Norwood.
Morgan, John, L.S.A., Strata Florida, South Wales.
Ogle, John R., L.R.C.P., Newport, Shropshire.
Rhodes, William, Birmingham.
Richards, Philip M., L.S.A., Fennant, Denbighshire.
Steele, Henry F., L.S.A., Stoke Ferry, Norfolk.
Stewart, Howard D., St. James's Gardens.
Stokes, Richard L., Redmarley.
Stone, Herbert S., M.B., New Brunswick.

Suscombe, William E., Porteus Road.
Tarrant, William O'C., Clapham.
Ward, William T., M.D., Stanhope, Canada.
Winterbottom, Arthur T., Manchester.

Vital Statistics.—From the Registrar-General's reports we learn that during last week 6,232 births and 3,598 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,634. The mortality from all causes was at the average rate of 26 deaths annually in every 1,000 persons living. The annual death-rate was 21 per 1,000 in Edinburgh, 22 in London, 33 in Dublin, and 28 in Glasgow. In the other large towns the rates were—Plymouth 16, Portsmouth 13, Nottingham 18, Sheffield 20, Bristol 20, Leicester 21, Norwich 14, Brighton 21, Sunderland 26, Birmingham 22, Leeds 21, Wolverhampton 26, Hull 20, Oldham 26, Manchester 28, Salford 30, Bradford 18, Liverpool 27, and Newcastle-upon-Tyne 26. The annual death-rate from the seven principal zymotic diseases averaged 2·9 per 1,000 in these towns, and ranged from 0·6 in Norwich, to 4·8 and 5·2 in Salford and Liverpool. The fatal cases of small-pox were 113, against 146 and 128 in the two preceding week; 79 in London, 21 in Liverpool, 2 in Manchester, 10 in Salford, one in Portsmouth, and not one in any of the other towns.

The Mortality of Foreign Cities.—The annual rates of mortality, according to the most recent weekly official returns, were:—In Calcutta 38, Bombay 33, Madras 49, Paris 27, Brussels 22, Amsterdam 24, Rotterdam 25, The Hague 24, Copenhagen 21, Stockholm 33, Christiania 24, Berlin 28, Hamburg 27, Breslau 30, Munich 34, Vienna 27, Buda-Pesth 39, Rome 28, Naples 36, Turin 23, New York 21, and Brooklyn 19 per 1,000 of the population.

Art in Hospitals.—A Committee is being formed for the purpose of raising a fund for the collection of works of art in pictures, sculpture, china, ornamental clocks, *bric-a-brac*, armour, &c., for the walls of our hospitals. As a commencement, Mr. Lawrence-Hamilton has offered 100 guineas, provided a thousand others will give an equal or larger amount. Whilst offering our sincere thanks for the kindly sympathy with our hospital patients evinced by this generous offer, we are nevertheless of opinion, that a hundred thousand guineas can be much better expended than by turning our hospitals into "curiosity shops," and putting temptation in the way of the needy. Pictures and inexpensive statuary will answer every purpose, whilst *bric-a-brac* and other extravagant articles of *vertu* should be consigned to more careful guardianship than that which is possible in our hospitals.

NOTES FROM OUR EXCHANGES.

Hydrate Chloral in Cancer of the Uterus.

Having first well washed out the vagina, by means of a speculum introduce a pellet of lint saturated with a solution of chloral one part to ten.

This should be repeated every two hours.

The pain after two or three applications becomes less, and the discharge less irritating.

Some Phenomena in Typhoid Fever.

MM. Millard, Martineau, Desnos, Laboulliene, Laveran, Gerni-Roye, have pointed out the following facts.

Typhoid fever patients die frequently from peritonitis even without perforation, and on its development the temperature lowers rapidly to 37° and 38°.

The patients succumb most frequently in two or three days, with a lowering of the temperature even to 36°.—*Soc. Méd des Hôp.*

A New Adhesive Plaster.

A mixture of twenty parts of mucilage and one part of glycerine constitutes an excellent shining and supple plaster, far cheaper than the resin and diachylon, and lasting more than a year without deterioration. Three or four layers of the mixture require to be spread over each other on the linen or other stuff, allowing sufficient intervals for the successive layers to dry.—(*Medical and Surgical Reporter.*)

On the Utility of Glycerine in Examination of Larynx.

M. Samondes has discovered the following fact which may be useful to the laryngoscopist. By placing some glycerine on the mirror the vapour contained in the expired air does not tarnish it.—*Le Paris Journal*, January, 1877.

NOTICES TO CORRESPONDENTS.

THE ANTI-VIVISECTIONISTS AND "THE MEDICAL PRESS."

The letter of Dr. George Hoggan, which was published in this journal last week, appears to demand some reply from the writer of the article of which he complains, especially as he has placed upon an expression in that article an interpretation which the writer cannot allow to be attached to it. Certain statements were put forward in an anti-vivisection handbill which were plainly calumnious of the medical profession; and though possibly true in an exceptional case, were the reverse when applied—as they are in the handbill—to medical men in general. Dr. Hoggan's name was made use of by the compilers of this pamphlet to advance their views, and it is part of his complaint against The Medical Press that the writer of the article, to use his own words, "connected my opinion in an unauthorised manner with certain exaggerations which I deplore perhaps more than you do." For the reference to him in the article to which he takes exception, Dr. Hoggan should, therefore, it would seem, complain of those who made him appear as a party consenting to the exaggerations of the anti-vivisectionists. If they have quoted him without warrant, and if he has permitted them to use his name for their purposes, it would not be our fault should we mistake him for one of themselves, and associate him with the antagonism to our profession, which is the leading point in their programme. Dr. Hoggan is quoted as having stated that "no student could be expected to come forward as a witness when he knows that he would be hooted, mobbed, and expelled from among his fellows by so doing; and any rising medical man would achieve professional ruin by a similar course." This is the only statement in the handbill of the Anti-vivisection Society which has reference to Dr. Hoggan, and the writer has referred to it as "untrue." We need hardly say that the writer's statement does not involve an accusation of deliberate or intentional falsehood, which we are far from attributing to Dr. Hoggan, but we submit the proposition is nevertheless, as applied to the profession at large, a mistaken opinion. If the hooting, mobbing, and expelling of a medical student from amongst his fellows for expressing an opinion or giving testimony against vivisection exists within Dr. Hoggan's circle, we can only plead narrowness of experience, and avow that we do not revolve within its orbit. The charge has been deliberately made both in Dublin and London by the Anti-vivisectionists that, in the medical profession, persecution would follow independence of opinion and speech in this matter. We object to this statement.

At the meeting of the British Medical Association for 1875, two most distinguished and respected members of the profession, Mr. Tufnell and the Reverend Professor Haughton not only spoke, but acted with vehe-

mence and energy against vivisection. Have they been "hooted, mobbed, and expelled from amongst their fellows?" Not at all. Their views may not be participated in, but their feelings are respected, and we can say as much on the part of the profession for the most rabid anti-vivisectionists.

Dr. Hoggan's letter does not convince the writer. He states that he was mobbed on three occasions when protecting and escorting lady students, and that a certain Mr. Childs was hooted when he lectured against vivisection. This is no proof that a student would be "hooted, mobbed, and expelled," if he were to testify against *abuses* of vivisection? We assert that the profession—students or practitioners—is, as a whole, incapable of such intolerance as the opinion expressed by Dr. Hoggan would indicate. We experience surprise in finding Dr. Hoggan, who shows that he can write with sense and moderation, linked in company, and without protest on his part with persons whose imagination is apparently in advance of their powers of expression, and he must acquit us if our discernment is unable to draw the line between their exaggerations and his views.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

"MEDICAL PRESS" DEFENCE FUND.

The Honorary Treasurers beg to acknowledge with thanks the following contributions to this Fund, which they have received since the publication of the last list in our columns:—

	£	s.	d.
Dr. Wilson Fox, F.R.S., Physician Extraordinary to H.M. the Queen, London	2	2	0
,, Arthur Leared, London	1	1	0
,, Dick, London	1	1	0
,, R. F. Moore, Dublin	1	1	0
,, O'Fanell, Boyle	1	0	0
,, Brodie, Limerick	1	0	0
,, Madden, Ballycastle	0	10	6
,, Brody, Clara	0	10	6
,, Rooney, Athboy	0	10	0
,, Sherkey, Ballinasloe	0	10	0
,, McKenna, Carrickmacross	0	10	0
,, O'Hagan, King's Court	0	10	0
,, Purefoy, Rotunda Hospital	0	10	0
,, R. Battersby, Wellington Road	0	10	0
,, Ashe, Dundrum	0	10	0
,, Gorland, Carrickmacross	0	5	0
,, Banett, Coachford	0	5	0

UNPROFESSIONAL CONDUCT.

In our issue of the 17th inst. we called attention to a report which had reached us as to the conduct of two Poor-law medical officers in Ireland who were alleged to have deliberately falsified their written promise in respect to appointments to which they have recently been appointed. The conduct of these practitioners—if the circumstances were truly reported to us—appears so disgraceful to themselves and dishonourable to the profession that we can hardly believe that the step they have taken was calmly weighed and considered by them; and we are led to hope that they will see that regard for their character as gentlemen and men of truth will induce them to retreat from the very discreditable position which they now occupy. We have before us copies of documents which we had intended to publish this week, but we refrain from doing so in the trust that those gentlemen will relieve us of the necessity of laying the cases before the profession for *their* judgment. We await an explanation before proceeding further.

Prof. Erasmus Wilson commences this week a series of lectures "On Dermatology" at the Royal College of Surgeons of London. To-day and Saturday the lectures will be delivered at 4 p.m. They are open to all members of the profession.

Harveian Society of London.—At the meeting on Thursday, Mr. Carr Jackson will introduce "Some Interesting Cases of Stone in the Bladder," and Dr. Fitzpatrick, "Cases of Abdominal Disease."

Dr. Greene.—Your surmise is correct; the individual who figures in the list referred to is the same.

Dr. R. J.—See the November numbers for 1876.

Mr. Wilson.—We do not give "advice to patients" in our columns; your local practitioner will be the best to advise you.

Royal Institution of Great Britain.—On Friday evening next, at 9 p.m., Prof. Osborne Reynolds will lecture "On Vortex Motion."

P. V. Timothy, L.R.C.P.—Your letter will appear in our next.

Royal Navy Service.—The examination of candidates for this branch of the service will be held at the University of London on the 12th proximo. Our advertisement columns will supply further particulars.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Text-book of Physiology. By M. Foster, M.D. London: Macmillan and Co.

On Rest and Pain. By John Hilton, F.R.S. 2nd Edition. Edited by W. H. A. Jacobson, F.R.C.S. London: Bell and Sons.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. VII. New York: Wood and Co.

Vivisection. By George Macilwam, F.R.C.S. London: Hatchards.

Bentley and Trimen's Medicinal Plants. Part XVI.

The Journal of Nervous and Mental Disease. Vols. I., II, III., IV. New York.

The Royal London Ophthalmic Hospital Reports. Vol. IX. Part I.

L'Année Medical. The Practitioner. Le Progrès Medical. Detroit Review of Medicine. Microscopic Journal. The Students' Journal. New York Medical Journal. Philadelphia Medical Times, &c., &c.

VACANCIES.

Westminster Hospital.—House Physician. Board and residence, no salary. Address the Secretary by the 1st proximo.

Birmingham Dispensary.—A Resident Surgeon. Salary commencing at £130, with £30 for cab-hire; furnished apartments but not board found. Address the Secretary.

Flintshire Dispensary.—House Surgeon. Salary, £100; must understand the Welsh language. Applications to the Hon. Sec., Holywell, Flints.

Wantage Union.—Medical Officer. Salary, £75, with extra fees. Applications to the Clerk of the Guardians, Wantage.

Glasgow Barony Parish.—Medical Officer for the Eastern District. Salary, £300. Applications to be endorsed "Medical," care of the Inspector, 38 Cochrane Street.

APPOINTMENTS.

Bolton, R., M.D., Medical Officer, Public Vaccinator, &c., for the Bangor Dispensary District of the Newtownards Union.

Cuthbert, W. W., M.R.C.S.E., Medical Officer for the Debenham District of the Bosmere and Claydon Union, Suffolk.

Dwyer, J. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Assistant Medical Officer to the Richmond District Lunatic Asylum, Dublin.

Fowler, J. K., House Physician to Addenbrooke Hospital, Cambridge.

Furner, E. J., F.R.C.S.E., Consulting Surgeon to the Sussex County Hospital, Brighton, on resigning as Surgeon.

Furner, W., F.R.C.S.E, an Assistant Surgeon to the Sussex County Hospital, Brighton.

Husband, C., M.R.C.S.E., Medical Officer of Health for the Ripon Urban Sanitary District.

Jackson, A., M.R.C.S.E., a Surgeon to the Sheffield General Infirmary.

Jeffries, W. C., L.R.C.P.Ed., L.R.C.S.Ed., Resident House Surgeon and Registrar to the Cancer Hospital, Brompton.

Jones, A. H., M.R.C.S.E., House Surgeon to the General Infirmary, Northampton.

Kidd, A. N., M.D., L.K.Q.C.P.I., F.R.C.S.I., Medical Officer, &c., for the Ballymegran Dispensary District of the Dungannon Union, and the Caledon District of the Armagh Union.

McAfee, W., M.D., M.Ch., L.M., Resident Medical Officer to the Parish Infirmary, Liverpool.

O'Carroll, M., L.M. & L.S., L.M.K.Q.C.P.I., Medical Officer, &c., for the Clane and Timahoe Dispensary District of the Naas Union, co. Kildare.

Page, F., M.D., Assistant Surgeon to the Newcastle-on-Tyne Infirmary.

Robinson, G. W., L.R.C.P.L., M.R.C.S.E., Resident House Surgeon to the Royal Albert Edward Infirmary and Dispensary, Wigan.

Sankey, H. R. O., M.R.C.S.E., Resident Medical Officer and Registrar to the National Hospital for the Paralysed and Epileptic.

Stockwell, J., M.B. C.M., Medical Officer and Public Vaccinator for the Parish of Middleble by Ecclefechan.

Taylor, H., M.D., Medical Officer for the Kingsclere District and the Workhouse of the Kingsclere Union, and Medical Officer of Health for the Kingsclere Sub-district of the Kingsclere Rural Sanitary District.

Tennent, W. A., L.R.C.P., Medical Officer of Health for the Holme Cultram District.

Willcocks, I., M.R.C.S.E., L.S.A.L., Medical Officer for the Overton District of the Whitchurch Union, Hants.

Marriages.

Klein—Mawley.—On the 25th inst., at St. Gabriel's, Warwick Square, S.W., Edward Emanuel Klein, M.D., F.R.S., to Sophia Amelia, widow of George Mawley.

Deaths.

Embleton.—On Jan. 16, at Beadnell, Northumberland, Robert Castles Embleton, L.R.C.S.Ed., aged 69.

Leadman.—On Jan. 16, at St. Ives, Headingley, Leeds, Alexander Leadman, L.S.A.L., aged 57.

Martin.—On Jan. 12, at Grafton Street, Dublin, Dominick Martin, M.R.C.S.E., aged 71.

Mayne.—On Jan. 16, at Honiton, Robert Furlong Mayne, M.D. aged 45.

Smith.—On Jan. 17, at Torquay, Wm. Frank Smith, M.D.

IRISH POOR-LAW INTELLIGENCE.

VACCINATION LAW AMENDMENT.

WE recently announced that the Council of the Irish Medical Association was following up its scheme for the reform of the Irish Registration System by a similar measure for the amendment of Vaccination law, so as to make it more efficient for its purpose, and less cumbersome in its working. The Bill suggested by the Association has been completed, and it consolidates the whole Vaccination Law into one comprehensible and comprehensive measure, but an alternative measure is also provided, which enacts the needed reforms, but does not attempt consolidation. The Bills are to be presented to Sir Michael Hicks Beach, by a Deputation of the Association, and as a preliminary, the following letter has been forwarded to the Chief Secretary. It embodies some of the leading amendments, and we recommend it to the consideration and criticism of the working men of the Vaccination system throughout Ireland.

IRISH MEDICAL ASSOCIATION,
ROYAL COLLEGE OF SURGEONS,
DUBLIN, 20*th January*, 1877.

To the Right Hon. Sir M. E. HICKS BEACH, Bart., M.P.,
Chief Secretary for Ireland.

SIR,—By direction of the Council of the Irish Medical Association, I have the honour to ask your attention to the Public Vaccination Laws at present in force in Ireland, which, if they were in a great measure assimilated to those of England, the Council consider would be a material advantage to the public and the State.

In order to facilitate your inquiries, the Council have drawn up a Bill with a view to the *consolidation and amendment of the several Acts of Parliament regulating Vaccination in Ireland.* Should this Bill be considered too extensive, the Council have prepared another Bill, which *simply suggests amendments of the Acts at present in force* (a copy of each of which I have the honour herewith to forward to you). The Council earnestly hope that either of these Bills may meet with your approval, and that you may see fit to bring the same before Parliament.

For your convenience a note appears in the margin at the left hand side, opposite to each clause, showing the sections from Acts of Parliament now in force, which have been introduced, some of which have been slightly modified as noted.

The Council are of opinion that it would be advantageous to all interests if the time prescribed for compulsory vaccination were limited to three months, as in England. The vaccination of the children of the wealthier portion of the population of Ireland is voluntarily performed within that time, whilst the poorer classes generally wait until the expiration of the prescribed time (six months at present), when it too frequently happens that *dentition*, or some derangement of the system of the infant (usually occurring at that time consequent upon "weaning"), requires postponement of vaccination, often until the dentition has been completed; and to this course in a great measure must be ascribed the trouble and inconvenience suffered by the public, and those entrusted with the carrying out of the law.

Under existing law the certificate of a child's successful vaccination is forwarded to the Registrar of the district in which the vaccination was performed, but the Council are decidedly of opinion that such certificate should be forwarded to the Registrar of the district in which the birth of said child occurred (as in England); for it happens very frequently, particularly in large towns, that a child born in one district is vaccinated in another. The existing arrangements cause great trouble to the Registrars of both districts, tend to omission of registry of births, frustrate the surveillance of vaccination, and render it extremely troublesome, if not almost impossible, for the Registrar to check the vaccination performed, and see that none escape. If the suggestion of the Council with regard to this matter were adopted, much labour, expense, and annoyance would be obviated, and the return required to be made every six months (Form P.), showing the list of all children who do not appear to have been vaccinated would be greatly reduced. This return, under the existing arrangement, imposes upon the Registrars (who are the dispensary medical officers) the trouble of making out often a very long list, stating many particulars concerning children who have actually been successfully vaccinated under the provisions of the law. It is then laid before the guardians of the union, who direct the relieving officers to make inquiries regarding each defaulter, resulting in almost every case in proof that the vaccination was duly performed in some other district, whereby the guardians, the medical officers, and the relieving officers incur odium from the persons who had been questioned.

The Council, being of opinion that perfect vaccination in each case is as important as universal vaccination, consider the system in operation in England of granting "awards" to those public vaccinators who achieve the most satisfactory results should be extended to Ireland, and that such a course would prove to be the best possible stimulus to public vaccinators in Ireland to ensure perfect vaccination.

The report of the medical officers of the Privy Council and Local Government Board for England shows that the awards granted in England in the year 1875 amounted to a sum of £15,676, whereas, no premium is offered to successful vaccinators in Ireland.

The dispensary medical officers, who are the public vaccinators in Ireland, and number about 823, are constantly complaining to the Council of the inadequacy of the fees paid to them for public vaccination, and also of the disparity which exists between such fees in England and Ireland; and with good reason, for the minimum fee in England is 1s. 6d., the maximum being 3s., whereas, in Ireland the *maximum* is but 1s. for each case. This discrepancy is not only anomalous, but might tend to prevent public vaccinators in Ireland taking as much interest in the results of vaccinations performed as their brethren in England; and as it has been abundantly proved that (notwithstanding the inadequacy of their remuneration) the public and the State have derived even greater advantages from their labours than have been obtained in England, the Council are of opinion that the Irish public vaccinators are therefore entitled to at least equal remuneration.

Instead of the mileage allowances paid in England, the Council are of opinion that an uniform fee of 2s. 6d. for

each successful vaccination performed would prove more satisfactory in Ireland; that it would be but a matter of justice to grant an equivalent for the higher fee paid in England, which it would be found as nearly as possible to average, whilst it would cause a beneficial result not only to the public and the State, but also be a just recognition of the undoubted services of the public vaccinators of Ireland, who have too long been insufficiently remunerated.

When the dispensary medical officers of Ireland are called upon to prosecute defaulters under the Vaccination Acts, they frequently have not been paid, although a discretionary power is given to the magistrates before whom such cases are heard to allow such remuneration as they think fit for such services, which are not only most disagreeable, but positively detrimental to the interests of the medical officers. The Council are of opinion that the magistrates' discretion as to the amount of the remuneration for such objectionable services should be limited, and that whilst in no case they should be empowered to grant more than three guineas a day, they should not have the power of refusing to such officer the small fee of at least one guinea a day for his compulsory attendance at prosecutions.

In conclusion, I am further directed to express the hope that you will have the kindness to appoint a day to receive a deputation from the Council to confer with you on this subject.

I have the honour to be, Sir,
Your obedient Servant,
JOHN H. CHAPMAN, Hon. Secretary.

60 Pembroke Road, Dublin.

THE SUPERANNUATION PETITION.

WE understand from Dr. Chapman, Hon. Sec. of the Irish Medical Association, that up to Monday last numerous boards of guardians had signed and returned the petition to the House of Commons in favour of payment of half the superannuation allowance out of the Consolidated Fund, which petition had been drawn up and forwarded to them by the Council of the Irish Medical Association. Considering that so short a time has elapsed since the circular was issued—many of the boards not having met since—this result must be regarded as very satisfactory, and no doubt the expression of opinion will have much influence on the Government.

DISPENSARY HOUSES.—KILRUSH GUARDIANS.

Castlepark, Kilmihill,
18th January, 1877.

GENTLEMEN,—I take the liberty of bringing under your notice the unfitness of the room in which your dispensary medicines are placed in for the month at Kilmihill. The room is not boarded or ceiled, has no fire-place. The wind and rain comes in through the walls and windows, and is damp, which must destroy the medicine and injure the health of any persons who would be obliged to attend there. We came to the conclusion they are unfit, and could not be altered into a suitable dispensary. Walsh's room is up a steep and narrow stairs, not two feet wide; has beds in it, and imperfectly lighted. As the vice-chairman now I respectfully protest against the medicines having been removed, without the consent of the committee, into a room which must destroy their efficacy, it being unfit to be accepted by your medical officer, the dispensary committee, or the poor, whose necessities would oblige them to attend there.

E. B. BROWN,
Vice-Chairman, Kilmihill Committee.

Rose Cottage, Knock,
18th January, 1877.

SIR,—I received yours of the 16th instant. I inspected the premises at Kilmihill, tendered by Walsh and Coghlan, for a dispensary. Neither one or the other is at all fit or suitable, and I strongly object to occupy either. Walsh's is a dark, lofty and open room (approached by narrow stairs) where I could neither read or write. In conclusion I beg to state that I cannot or will not submit to the indignity or inconvenience to which I am subjected at Kilmihill. I have no place to sit down in, or attend to my business, except a dirty wet "hovel," where the medicines, &c., that were of value are now heaped up in a confused mass. I hope such a state of things won't be allowed to exist any longer.

I am, Sir, yours truly,
J. B. SULLIVAN,
Medical Officer.

Considerable discussion arose on the subject, ending with a resolution *to accept Walsh's tender*, the tenancy to be for a year.

CARLOW UNION.—ELECTION OF MEDICAL OFFICER.

LAST week there was a special meeting of the Board of Guardians of Carlow Union, the largest which has been held for years past, for the purpose of electing a medical officer to the workhouse in the room of Dr. Thomas J. Rawson, resigned, at a salary of £100 a year, the candidates being Dr. Edward A. Rawson (son of Dr. J. T. Rawson) and Dr. Thomas P. O'Meara (son of Dr. Thomas O' Meara, J.P.), both of whom produced excellent testimonials and diplomas. Mr. Henry Bruen, M.P., proposed Dr. Edward Rawson. Captain D. W. P. Beresford proposed Dr. Thomas P. O'Meara; Dr. O'Meara seconded the appointment of his son. A division was then taken, when there appeared for Dr. O'Meara 13; the remainder of the Guardians (40) present supported Dr. Rawson, who was accordingly elected, Dr. O'Meara stating that he would represent the matter to the Local Government Board.

We have been informed that, in the course of the canvas preceding this election Dr. O'Meara, the unsuccessful candidate, printed and issued to all the Guardians a circular, in which he set forth in a list all the medical appointments held by Dr. Rawson, with the view of showing that that gentleman, if elected, would not be able to discharge all his duties satisfactorily. The list contained several appointments which were honorary, and involved no loss of time, and in so far was a misrepresentation of the real facts, but whether true or not, it seems to us that such a method of canvassing, and such an attempt to injure the prospects of a competitor, is neither professional nor creditable to the person employing it, and—though we are not specially interested in either candidate—we cannot but rejoice that the method adopted by Dr. O'Meara to impress upon the electors the disqualifications of Dr. Rawson has proved unsuccessful. We should not be surprised if he seriously damaged his own cause thereby.

BOYLE UNION.

VACCINATION FEES.

THE following resolution was drawn up having reference to the fee paid Dr. Drapes for prosecuting defaulters under the Vaccination Act, but which the auditor refused to sanction, as no magistrate's certificate had been procured by the doctor.

Resolved, that the Local Government Board be requested to sanction the £1 1s. paid to Dr. Drapes for giving evidence in prosecuting defaulters under the Compulsory Vaccination Act. This is the cheque referred to in auditor's report at his recent audit, a copy of which appears on minutes of 19th December. The Board were decreed by the Chairman of Quarter Sessions in the case of Kirby *v.* Guardians. The chairman stated a magistrate's certificate was not necessary. The Board paid the amount to prevent litigation,

Passed unanimously.

WEXFORD UNION.

ANTI-SUPERANNUATION AGITATION.

Mr. Walsh read letters, from which it appears that Mr. Boxwell wrote to the Local Government Board complaining that one or two members of the committee sh ould hold agitation meetings in the dispensary house with out acquainting the doctor thereof. In reply to Mr. Boxw ell the Local Government Board stated that meetings of the Dispensary Committee can only legally be held as provided for in articles 7 and 11 of the Dispensary Regulations. These articles provide that meetings be held every time it is essential to hold them ; it was a regular meeting held in Killinick for the purpose of appointing a guardian, and to pass a resolution condemnatory of superannuation.

Dr. Boxwell—Mr. Chairman, it was reported to me that a meeting was held in the dispensary room Broadway, and another in Killinick, for the purpose of opposing superannuation to Dr. Furlong, which as soon as reported to me I wrote up to ask the Local Government Board. You have heard my letter and the answer. I do not recollect who is the person that told me.

Mr. Walsh—I think, sir, it was really too bad to go behind backs in this way.

Dr. Boxwell—I deny I went behind anyone's back. I am under the impression that a dispensary cannot be used for any purpose like that.

Mr. J. H. Boxwell—Do you remember any business done that day in the dispensary ?

Dr. Boxwell—I object to the house being used for anything but the doctors' purposes.

Mr. B. Furlong—Was not the meeting held on Sunday ?

Mr. Walsh—It was held on Sunday.

Mr. Howlan—And in the dispensary house ?

Mr. Walsh—I do not know.

Mr. Furlong—At that meeting there were twenty-five names given, seventeen resident and eight non-resident ratepayers.

Mr. B. Furlong—There were ten names attached to that list who did not attend the meeting at all.

Mr. Walsh—I am in a position to tell you that these persons authorised their names to be attached thereto, and signed the requisition calling the meeting.

Mr. B. Furlong—To show how lame they were they put the resolution in the hands of a little child only twelve years of age. All the gentlemen here are quite familiar with the resolution.

Mr. J. Walsh—He was no child, and was quite competent to judge of the resolution.

Correspondence.

CORONER'S MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you kindly state in the columns of your journal whether there is any redress likely to be obtained in the following case :—

On the 11th November last I was requested to attend an inquest on a farmer who met his death suddenly on his return from a neighbouring market town, The inquiry was adjourned in consequence of the coroner being obliged to hold another inquest on the same day, and also because the authorities and the jury required that a *post-mortem* should be made, as there were suspicions of foul play entertained. Owing to the lateness of the hour I was unable to make the *post-mortem* on this day, so I had to come on the following morning (Sunday) to make the required examination. Subsequently, I had to attend at the adjourned inquest, making in all three attendances and a *post-mortem* examination. For this I was allowed by the County Board of Superintendence the paltry sum of two guineas.

As the place where the inquest was held is about 4½ miles from my house, you will easily see that the sum I received would do little more than pay car-hire at 1s. per mile, not to speak at all of driver's fees.

The coroner did all in his power to get me paid four guineas for my services in this case, but the Board informed him that while they acknowledged the hardship of the case, they felt themselves powerless to allow more than the sum above-mentioned. It appears that, according to their reading, the Coroner's Act (9 & 10 Vic., c. 37) does not contemplate adjournments of inquests, and consequently does not permit the grand jury to allow more than one guinea—or, in the case of a *post-mortem*, two guineas—for the evidence of a medical man, no matter how often he is obliged to attend. On reference to the chapter on "The Office of Coroner" in the "Irish Medical Directory," the information conveyed in the paragraph on medical witnesses would seem to favour the above view.

If such be the state of the law, it might be no harm if the Irish Medical Association took the matter into consideration, with a view to having it remedied. It is a very great injustice to a medical man to be obliged to attend two or three adjourned inquests, often at a considerable distance from his house, and to receive only a fee to which one attendance would have legally entitled him.

I am, Sir, yours, &c.

M. N.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was called upon by the police, who were directed by the coroner, to make a *post-mortem* examination on a body buried for some days, and on a subsequent day to attend as a medical witness before a coroner's jury. It was necessary to travel 36 miles in connection with this case, in addition to the loss of two entire days. I have received this morning a sum of £2 2s. from the coroner as the "legal" remuneration for my loss of time, travelling expenses, &c. Would you kindly inform me what steps, if any, can be taken to recover reasonable expenses. I am, &c.,

H. D.

[Our correspondents, we fear, have no redress. The Coroner's Ireland Act (9 and 10 Vict., cap. 37) does not refer in any one of its clauses to an adjournment. It speaks of *one* inquest always, and provides, for the payment of the coroner and all persons concerned, a fee of so much per inquest not per day. The clause (28) under which medical witnesses are paid, is as follows :—

And be it enacted, that it shall and may be lawful for any coroner who shall hold any inquest to pay any medical or other witness who, having been summoned by him, shall attend and be examined at such inquest. . . . any sum or sums of money, not exceeding the sum contained in the Schedule (C.) hereunto annexed, as to such coroner shall seem just and reasonable, upon obtaining from such witness or other person a receipt duly signed for such payment.

SCHEDULE (C.)

Table of payments which any coroner . . . may make to any witness or other person who, being summoned, shall attend and give evidence at an inquest.

To any legally qualified medical practitioner who, in pursuance of the summons and order of any coroner, or of any two magistrates, shall attend and examine any dead body, and give evidence as a witness at any inquest held thereon, the sum of ... ... £1 1s. 0d.

To any legally qualified medical practitioner, who, in obedience to the order of any coroner or of any two magistrates, shall make a *post-mortem* examination of any dead body, and shall attend and give evidence at the inquest held thereon, the further sum of ... ... £1 1s. 0d.

The coroner himself is only entitled to £1 10s. per inquest, and if the Balham poisoning case had occurred in Ireland, neither the coroner nor the medical witness who was summoned by him could receive more than these fees for their attendance of three weeks. Probably the omission in the Act of any reference to an adjournment was intentional, and for the purpose of withholding from the coroner any inducement to delay the finding of a verdict. It works, however, very badly. Causes cases to be hurried over and guess-verdicts returned. The Chief Secretary for Ireland has promised to deal with the whole question of Irish coroner's law next session, and, no doubt, the Irish Medical Association will then do its best to relieve medical men of the hardships of which our correspondents complain.]

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 20, 1877.

Total registered deaths in Dublin and suburbs * ... 197
Ten years average of same week 187

Decrease of mortality below average 10
Ratio of deaths, suburb of Rathmines ... 9·7 per 1,000
" " " Donnybrook† 30·4 "
" " " Blackrock ... 28·9 "
" " " Kingstown ... 36·5 "
" " Entire Dublin district ... 32·6 "
COMPARATIVE RATIOS—London ... ... 21·0 "
" " Glasgow... ... 28·2 "
" " Edinburgh ... 20 7 "

* District extends over 10,050 acres, and contains 314,66 persons.

† This district includes City of Dublin and Incurable Hospitals.

Referring to institutions, it should be stated that of 22 deaths returned for the South Dublin Union Workhouse, only 7 took place during the week.

The number of deaths from zymotic diseases registered during the week is 36 ; average number in the corresponding week of the previous ten years 37·2. Of the deaths from these diseases recorded last week, 15 were from fever (3 typhus, 7 typhoid, and 5 simple continued fever), 4 each from scarlet fever, whooping-cough and diarrhœa, 2 each from measles and diphtheria, 1 from croup, &c.

Eighteen children died from convulsions.

Bronchitis proved fatal in 31 instances, pneumonia in 10, and lung disease unspecified in 4.

Heart disease caused 7 deaths, pericarditis 1, paralysis 8, epilepsy 1, brain disease unspecified 3, jaundice 1, liver disease unspecified 2, disbetes and Bright's disease 1 each, and kidney disease unspecified 2.

Twenty-two deaths resulted from phthisis, 4 each from mesenteric disease and hydrocephalus, and 5 from cancer.

Three accidental deaths and 1 case of suicide were registered.

Sixty-five of the deaths registered occurred in hospitals and other public institutions ; of this number 10 took place in the North Dublin, and 22 in the South Dublin Union Workhouse.

Six deaths from scarlet fever, 5 from measles, 3 each from fever and whooping-cough, and 6 from diarrhœa, were registered in Belfast during the week.

EXTRACTS FROM REGISTRARS' NOTES

For the Last Quarter.

(Continued.)

BAILIEBOROUGH ; *Bailieborough, W.*—The sanitary arrangements of this district are very good ; every officer in this department takes a lively part in instructing the people and pointing out improvements, and I hope in a short time a wonderful deal of good will be effected.

BALROTHERY ; *Malahide.*— It is remarkable that no death occurred between the 16th June and 27th August, and speaks well far the saditary state of the district.

BALROTHERY ; *Swords.*—Of the deaths registered, 3 were respectively aged 78, 74, and 71. Typhoid fever and 2 cases of typhus prevailed during the past quarter.

DUNDALK ; *Carlingford.*—The district is much improved as to its sanitary condition, and except for whooping-cough is free from any epidemic for some time.

KELLS ; *Kells, W.*—The number of deaths from scarlatina registered this quarter amount to 10, but there are upwards of 50 cases of the disease at present on the visiting list of the dispensary. The fatal cases, as usual in every epidemic, all occurred in the over-crowded ill-ventilated cabins with which the district abounds.

NAAS ; *Newbridge.*—Typhus fever has been very prevalent in and about this town during the past quarter, although sanitary arrangements are well carried out in most of the houses in which the disease occurred. Three cases of typhoid fever occurred in one family, residing in a lodging-house in this town, owing to the very filthy state the two rooms occupied by these people were kept.

(To be continued.)

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 20th,* 1876 *; the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JANUARY 20TH, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	33	189	197	31	51	...	2	4	2	4	15	4	2	3	65
BELFAST . . .	20,687	182,082	28	119	98	16	16	...	5	6	...	3	3	6	3	3	7
CORK . . .	13,816	91,965	32	76	56	6	11	...	...	...	1	...	1	1	...	1	17
LIMERICK . . .	8,509	44,209	38	28	32	2	9	...	...	...	...	2	1	...	...	...	15
LONDONDERRY . .	21,865	30,884	24	11	14	3	2	...	...	...	...	2	...	...	...	...	...
WATERFORD . .	17,209	30,626	5	16	3	...	1	...	...	...	...	..	..	1	...	...	...
GALWAY . .	21,358	19,692	21	11	8	..	5	...	...	...	...	...	1	...	1	1	2
SLIGO . .	30,835	17,285	27	4	9	...	5	...	...	...	...	..	1	1	..	..	7

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1877.

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SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page 59.*)

History of the Case.—Having ascertained the general state of health of the patient, the first step is to inquire into the length of time the deafness has lasted, if both ears are affected, and if so, the manner in which both were attacked; next to note carefully the nature of the progress of the deafness, if this has been rapid or insidious, with or without pain or discharge. The careful examination and comparison of the hearing power of the two ears is requisite in every instance. Patients constantly affirm that the hearing of one ear is perfect, yet on coming to test it accurately we may find it seriously impaired, the reason of this being that while the conversational power is not impaired, the hearing distance as measured by the watch, is considerably so. We should now seek closely for some cause, making inquiries into the habits, occupation, state of health at the time of or preceding the invasion of the symptoms. The connection of deafness with the exanthemata is a point which should not here be overlooked, these and the various fevers being frequent causes of deafness. Gout also and syphilis should not be forgotten, the former particularly, both as a direct and hereditary source of mischief. The occurrence of tinnitus is a constant symptom. We should inquire then carefully into the history of the noises heard; how and when they commenced, their nature, if they have increased of late, if they are periodical or liable to exacerbations. Tinnitus may be caused by almost any abnormal state of the meatus, membrane, middle ear, labyrinth, or Eustachian tube, and therefore it is only valuable as a diagnostic sign when taken in conjunction with other symptoms and appearances. The most frequent causes in the external meatus met with in general practice are cerumen, foreign bodies, abscess, exostosis, polypus. It is surprising the minute portion of cerumen which, if it infringes on the membrane, will produce this unpleasant complication. This week I was consulted by a gentleman for noises in the ear; the hearing power was normal, and on examination I found the drum healthy and the only discernible cause a small collection of cerumen which was close to the membrane, and which perhaps had been pushed further in by that most reprehensible of all practices, namely, attempts to clear out the ear with pieces of rolled paper, or the end of a towel, &c. On gently syringing out the ear I removed with the small atom of cerumen a hay seed, which had escaped my notice, lying, as it did, flat against the wall of the meatus. It is difficult to isolate those states of the membrane itself, which cause tinnitus, for in my experience nearly all its abnormal appearances and positions, as increased concavity, dulness, thickening, want of mobility, are secondary results due to faults pre-existing in either the cavity of the tympanum or in the Eustachian tube. The fact that there is a large number of cases in which relief is given when air is forced into the cavity of the tympanum by Politzer's bag, and the membrane temporarily restored, or when the tension is lessened by the suction through a tube placed in the external meatus, or by the pneumatic speculum, proves the practical importance of noting the position and appearance of the membrane in all such cases. We shall have occasion subsequently to consider the effect of spasm of the tensor tympani or chronic contraction of this muscle in producing permanent alteration in the appearance of the membrane, and frequently incurable tinnitus.

Perhaps of all the causes of tinnitus there is none so frequent as mucus in the cavity of the tympanum. The diagnosis of this condition we will consider presently. It is frequently accompanied by closure or obstruction of the Eustachian tube. The occurrence of tinnitus during ordinary catarrh in the head when the nasal mucous membrane and that lining the faucial orifice of the tube is congested, proves how slight a cause will give rise to this symptom if there is any obstruction to the passage of air or

fluid through the natural outlet. Excluding causes existing in the external meatus, the membrane and cavity of the tympanum and the Eustachian tube, we have to deal with a large class of cases in which the cause is in the labyrinth, the semi-circular canals, or cochlea. Many of these cases have a distinct train of symptoms described so accurately by Menière under the head of labyrinthine vertigo. The most usual attendants are giddiness, tendency to fall, staggering gait, occasional vomiting, and various degrees of tinnitus. Such symptoms may undoubtedly be produced by other disordered states than those taking their origin in the labyrinth, and may be secondary from the results of disease in the tympanum, or any cause producing labyrinthine pressure. For example, in those cases in which relief is afforded, and the noise disappears on suction with a tube in the meatus, the cause is, as pointed out by Mr. Hinton, muscular, and the stapedius and tensor tympani are in a state of chronic contraction. There is at present a man, aged forty-eight, attending the hospital, who came on the 20th of October, with the following symptoms :—He for some time past had, as he described it, "a reeling in his head." His gait was staggering, he had to place his hand against the wall to support himself. He was he said "more like a drunken man," and on his way to the hospital, to which he was assisted by his wife, he thought that he should have been taken for one. He had musical sounds in the left ear. He did not hear the watch on contact in this ear. He had great pain, and had not slept for ten nights previous to his visit. He looked worn and pallid. His tongue was coated with a creamy fat, and he had a difficulty in retaining any food on his stomach. On examining the meatus, I found the orifice occluded with discharge, on washing which out I discovered a large fibroid mass filling up the meatus, quite unlike an ordinary polypus. On closer examination, I found that this sprung from the tympanum. The hearing of the other ear was normal, and the appearance of the membrane healthy. There were no noises in it. I snared the growth as well as I could, and brought away the greater part of the mass. I gave him twenty grain doses of bromide of potassium, vesicated him freely over the mastoid process, and regulated his diet. The meatus was considerably swollen and narrowed. From this until the 27th, I kept the meatus clear, cleaning it out daily, and removing the small remaining portion of the polypoid growth with the lever ring or rectangular forceps, and making him continue the bromide of potassium. On this date, I have a note that the "reeling is much better, sleeps well at night." On walking, he still had to place the hands to the wall, and his wife led him to hospital. I now touched the remaining granulations with chloro-acetic acid, and chromic acid alternately. On the 3rd November, the pain was much less, the meatus was still considerably contracted; it was cleaned out every second day; the noises were much less, and his gait was improved; there was great pallor and debility. I now gave him thirty drop doses of the muriated tincture of iron. On the 17th of November, I reverted to the bromide of potassium. The treatment has been much the same since that date. A twenty-grain solution of nitrate of silver has been occasionally used to the membrane and meatus. This latter is now employed, and all the mass has been removed or destroyed. He has returned to his work. His gait is perfect, he comes to the hospital regularly, there is no pain, the discharge has nearly ceased; there is still no hearing in the ear, but the tinnitus has gone; there is a large perforation of the membrane, all pulsation in which has ceased for the past week. In this case there can be little doubt that all these formidable symptoms were caused by pressure, conveyed to the labyrinth by the fibroid mass, which destroyed the membrane, and encroached on the tympanic cavity.

There are, however, constantly occurring cases in which the tinnitus depends on no assigned cnuse, if we except the ambiguous class of nervine. Deafness in such is not a necessary attendant. The only symptom complained of is the constant noise. These cases I find are as a rule incurable, and resist any form of treatment. On examination the membrane is healthy, there is no abnormal sound heard with otoscope, the throat and faucial orifice of the Eustachian tube are healthy, the deafness may be slight and conversational power not in the least affected, yet the tinnitus is intolerable. Some of these date the origin of their trouble to nervous shock, some to the occurrence of fever, the administration of medicine, climateric influences, as residences in India. The sole clue to the mischief usually obtainable is by means of the tuning-fork, which only yields negative results. No good that I am aware can be effected by any local treatment when such a state supervenes. That quinine produces symptoms in some analogous to labyrinthine vertigo is well known. Though I have in the Cork Fever Hospital and in private practice constantly administered quinine in remittent fever, and as an anti-pyretic in ten to fifteen grain doses, as often as every third hour, producing at times headache, tinnitus, and vomiting, I have never known any permanent effects from its administration. Many years since, while making some experiments in which I was assisted by the late Professor Blyth, I gave a healthy man, a pensioner, 30 grains of quinia (the alkaloid) for the purpose of estimating the total amount of quinia excreted by the kidneys for twenty-four hours subsequently (*vide* paper on the "Action of Aconite and Quinine," Dublin MED. PRESS AND CIRCULAR). This man suffered for a considerable time from tinnitus and partial deafness, this continuing for nearly twelve months, gradually becoming less. He died eventually several years later from the effects of alcohol. The tinnitus and deafness never completely deserted him. I am aware of a case in which the reeling and staggering gait produced by quinine, simulating those symptoms present in labyrinthine vertigo, has been mistaken for drunkenness, with most unpleasant consequences to the sufferer. In inquiring into the origin of tinnitus we must not forget such causes as exposure to cold, bathing, nervous shock, general debility, hysterical temperament, mental excitement and worry, overstrain at business, general depression of spirits, exposure in open boats, the effects of gunnery experiments, and blows on the ear. I have had a patient in whom troublesome tinnitus has been produced by snuff which had entered the Eustachian tube and the cavity of the tympanum, the tinnitus being removed on washing out the cavity of the tympanum and clearing the tube. Women during the meno-pause in consequence of hæmorrhages, young girls with irregularities of menstruation, and attendant general hyperæmic or anæmic states, especially those who are the victims of severe neuralgia, are frequently attacked by troublesome tinnitus. In children deafness with tinnitus may be caused by the exanthemata, whooping-cough, mumps, and worms. Morbid states of the general system dependent on diseases of the heart, kidneys, and liver, are frequently accompanied by tinnitus. The changed and rigid arterial coats which are the result of renal disease may, when their calibre is narrowed, as pointed out by Dr. Jago, produce tinnitus. So also tumours in the cervical region, alterations in the blood-current in the carotid or basilar arteries or aneurismal condition of these vessels, or disease in their coats may be the source of this symptom. The over-indulgence in alcohol or tobacco may give rise to it. The importance of the abuse of tobacco in causing deafness is, I believe, frequently overlooked. I have had many cases of deafness without apparent pathological changes in confirmed smokers, in which, when the habit was relinquished, considerable and permanent improvement has taken place. Turnbull, in his treatise on "Tinnitus Aurium," makes reference to the association which exists between the advent of the noises and insanity. I have asked my friend Dr. Ringrose Atkins, of the Cork Lunatic Asylum, to furnish me with a report on this subject from the large number of insane cases in that institution. His conclusions I shall report in these papers. It would appear that as Troltsch has said, there is a "nervous tinnitus aurium" and a "material or acoustic which may exist

at the same time"—a double set of hallucinations, one distinctly aural, the other cerebral. Schwartze's opinion, quoted by Turnbull, however, is most important—"subjective aural sensations, which are caused by demonstrable affections of the ear, may, in predisposed persons, especially when there is hereditary tendency to mental disease, become the direct cause of aural hallucination, that may accelerate the outbreak of mental disease." Anyone who has seen the distress caused to some by the unceasing roar in the head, and heard their declaration that "the noises would drive them insane if not relieved," must recognise the importance in all those cases where aural tinnitis accompanies mental hallucination, of making a careful examination of the ear. Certainly there can be no doubt that such aural complication may accelerate and increase the mental affection. As regards the character of tinnitus, I do not find that this, as a rule, makes much practical difference. Habits and occupation may have something to say to this. I have usually found that the milder and more removable symptoms are described as a "buzzing" or "singing," such as when cerumen is present, or a foreign body in the meatus. A "drumming" in the ear I have noticed frequently, with temporary closure of the Eustachian tube. In a gentleman with old tympanic mischief and evidence of nervine impairment, the chief thing complained of was the occasional fancy that he heard persons addressing him, causing him to turn round to discover who was speaking to him. This hallucination of voices in the ears is, in my experience not common. I have myself, when overworked and dyspeptic, suffered for days from an unpleasant knocking in the ear coming on at intervals, a state which I am in the habit of relieving occasionally by a powerful inflation of the membrane. Mr. Hinton drew attention to the value in a diagnostic point of view of the musical nature of the sound in cases of nervine deafness. This accords with my own experience. But I have more frequently found a loud roaring or rushing noise complained of in those cases where the deafness was slight, and in which the tinnitus yielded to no treatment, and where no abnormal state recognisable, save with the tuning-fork, existed to account for it. I have come to look on these musical sounds, and those likened to the roaring or rushing of water as the most unfavourable in diagnosis. I shall refer to the treatment of tinnitus in dealing with the diseased conditions which give rise to it.

To be continued.

ON AN EXTENSION APPARATUS FOR THE TREATMENT OF FRACTURES AND CERTAIN DEFORMITIES OF THE LOWER EXTREMITY. (a)

By William Stokes, F.R.C.S.,
Professor of Surgery, Royal College of Surgeons; Surgeon to Richmond Surgical Hospital; Fellow of the Royal Medico-Chirurgical Society of London.

It is more than sixty years since John Bell published the following statement: "It is, I fear, but too certain that while more has been written on the subject of fractures than on hernia, lithotomy, amputation, or trepan, yet no two books correspond, no two authors agree even on the general points of practice; and every surgeon, whether in the army or in the navy, in a village or in a city, sets a broken limb, as he writes his name, after a fashion of his own." There can be little doubt, I think, that in the present day the truth of the passage just quoted holds equally good, especially as regards the diversity of opinion that exists in reference to the best means of treating fractures of the shaft of the femur. This has doubtless arisen from the difficulty, in fact, the impossibility in many cases, if any of the ordinary splints be used, of obtaining what all surgeons look to in the treatment of fractures of the long bones—viz., union without deformity or shortening. The unanimity of opinion as to the impossibility of obtaining union without shortening in fractures of the shaft of the femur among the most eminent surgeons of antiquity as well as of modern times is very remarkable. Thus Celsus observed: "If the thigh be broken it will be made shorter, because it never returns to its former state." Avicenna remarked: "It is a rare thing for the thigh once broken to be perfectly cured again." John Bell said, "the machine is not yet invented by which a fractured thigh-bone can be perfectly secured." And B. Bell expressed the opinion that "an effectual method of securing oblique fractures in the bones of the extremities, and especially of the thigh-bone, is, perhaps, one of the greatest desiderata in modern surgery." Nélaton stated that "shortening of the, limb is almost impossible wholly to prevent;" and when the fractures overlap, "we must," said Malgaigne, "look for shortening as almost inevitable." And lastly, Prof. V. Mott was of opinion that "more or less shortening of the limb is uniformly the result."

The great liability to displacement accruing in this class of injuries is doubtless due to a two-fold cause—namely, muscular action and weight of the lower part of the limb. It was forgetfulness of this latter agency in producing displacement that caused P. Pott to fall into the error of taking cognisance only of muscular action as the sole agent in producing displacement, and hence the so-called "physiological method" is one rarely if ever now had recourse to in the treatment of fractures of the shaft of the femur, although the system had such distinguished converts as Dupuytren and Delpech.

It has been abandoned not only on account of the error just alluded to, but also from the impossibility of relaxing by any one continued position all the muscles, from the irksomeness of the patient's position, and the difficulty, in truth, impossibility, of ascertaining if the fragments are in close and proper apposition during the process of union. I do not wish in the slightest degree to underrate or undervalue the importance to surgery of Mr. Pott's doctrine, for many of the most improved modern fracture appliances are the direct outcome of it, such as M'Intyre's, Mayor's, the suspension method, and other devices; but still the verdict of the great majority of surgeons in this, and in all other countries, is unquesbly in favour of the extension and counter-extension method carried out in the manner recommended by Desault, Boyer, Liston, James of Exeter, Gordun Buck, of New York, and many other eminent surgeons. Undoubtedly, a great advance was made by Liston in the treatment of fractures of the shaft of the femur, but there are, in my opinion, certain disadvantages in his method, and among these may be mentioned—1st, that much of the force is lost from the obliquity of the counter-extending belt; 2nd, that the ankle and groin suffer from pressure; 3rd, that pressure on the groin often causes œdema of the limb. There is also the objection made by Earle, that the natural symmetry of the limb is likely to be impaired owing to the natural obliquity of the shaft being altered, from pressure being made at the inner side of the knee, the limb being bound by bandages to a perfectly straight body. "It is objectionable too," as Mr. Gamgee has observed, "from confining the patient in bed in a fixed position during the whole course of treatment—confinement peculiarly objectionable in children and in old people. The use of the bed-pan is inconvenient, and in consequence of the bandages becoming loose, it is necessary to re-apply them, and renewed extension almost every fortnight, to the patient's suffering, and it is fairly presumable, to the retardation of bony consolidation. But, in oblique fractures, just below the trochanter, with tendency of the upper fragment to tilting forwards and outwards; and in oblique fractures of the lower end of the femur with displacement of the lower fragment backwards and upwards, the long splint is almost always an unsatisfactory instrument, often altogether inadequate so

(a) Read before the Surgical Society of Ireland. The discussion will be found on page 106.

to obtain coaptation as to ensure reconsolidation without very manifest deformity." (*a*)

In Syme's method of the long splint and short no effectual extension can possibly be made. In fact, the only object he had in even attempting any degree of extension was not so much to restore the normal length of the limb as to "insure perfect rest of the limb." But it had the great advantage of not recognising the application of bandages which, as Prof. Syme observed, "though they look very neat when first applied, they soon require re-application. The state of the limb can never be ascertained without either raising the thigh to take off the bandage or cutting it up; and in the latter case the thigh must be raised in order to re-apply the bandage."

It appears to me, too, that to apply an extending force at the ankle to act on a deformity existing above the knee joint, is a doubtful procedure, for clearly the nearer the force is applied to the broken fragments, the greater is the power one has in reducing any displacement of them.

The frequent necessity for changing or re-applying the bandages, owing to their tendency to become loose, is to me another obvious disadvantage; and, lastly, the tendency to chafing in the groin, pain in the ankles must, along with the other disadvantages I have mentioned, act indirectly, at all events, in retarding union.

To devise an appliance which would enable the surgeon to get rid of the disadvantages I have mentioned, has for several years been to me a subject of consideration. This instrument, which I have been using for the last five years in the treatment not only of fractures of the shaft of the femur, but also other injuries and deformities of the lower extremity, while it gets rid of the various disadvantages I have spoken of that attend the use of Desault's or Liston's appliances, or any of the modifications of their splints, fulfil, I have found, the missing requirements of a permanent extension apparatus, such as may be desired in oblique fractures of the femur, tibia, and fibula, or in cases of contraction of ham-string tendons, partial anchylosis, with flexion of the knee-joint, morbus coxæ, and other injuries and deformities.

The instrument is not by any means as perfect as I hope ere long to see it; but the experience of five years, during which I have used it in various forms of injuries of the lower extremity, both in adults and children, has shown me that the principal indications are fulfilled, and the disadvantages I have spoken of existing in other extension appliances got rid of.

It consists of two parallel side splints, one for the inner and one for the outer side of the limb. These splints are made up of several pieces, varying in length, united by brass plates and winged screw nuts. The length of the apparatus can thus be adjusted so as to be suitable either to a child or an adult. At the upper end of the inner splint, fixed on a joint, is a pad which should be so arranged as to press on the perineum, and being on this joint the point of pressure remains the same, whether the patient be in the recumbent or in the sitting posture. The upper end of the outer splint need not be carried above the pelvis. The other ends of the two side splints are attached to what I would call the extending portion of the appliance. It consists of an inside skeleton box, which is made to slide on the outer parallel splints, and both these latter and the inside box are governed by a right and left or double-threaded screw. The distance between the two portions of the splint, the lower or extending, and the upper or counter-extending, can be increased or diminished by means of the screw above referred to, and which is similar to those that are used in what are called "telescope" tables, and it is placed posteriorly, and as I said before, governs both portions of the splint. To regulate the elevation of the limb, I have affixed a second vertical screw, similar to the one by which Liston's splint has been modified by Mr. Butcher. Across the extending portion of the splint or skeleton box are stretched bands, and on these the foot and lower part of the leg rest. Two strips of plaster are then affixed to each side of the injured limb, reaching almost as high up as the fracture. Those two strips of plaster are united below, and the loop is placed round the brass hook fixed in the sliding horizontal bar at the lower end of the extending portion of the splint. If the screw be now turned from right to left, a double action of extension and counter-extension is produced, the lower or extending portion of the splint being governed by one portion of the double-threaded screw, and the upper or counter-extending portion being governed by the other. Any pressure on the heel can be effectually prevented by using the second or vertical screw

To discuss the particulars of all the cases in which I have used this splint, during the past six years, would require a much longer period of time than that usually given to communications at this Society; but I may mention that I have used it in six cases of fracture of the shaft of the femur, 1 case of fractured patella, 3 cases of oblique fracture of the tibia and fibula, in two cases after division of the ham-string tendons for contracted knee, and in three cases of morbus coxæ; in these latter, for the purpose of keeping up a permanent and unvarying extension. It will be seen, therefore, that the splint is applicable to a great variety of injuries, diseases, and deformities, where rest, elevation, and extension are specially indicated.

As regards the vexed question as to whether union without shortening in cases of oblique fractures of the femur is possible, I can affirm that such a result can be obtained, and has been witnessed by my colleagues, myself, and the students in four cases of fracture of the femur. It is thus that two of these cases occurred in young persons aged respectively ten and thirteen years, periods at which it is much easier to obtain union without shortening. In two other cases, which occurred in men thirty-five and forty years of age, when the patients were convalescent, I brought them into the theatre of the Richmond Hospital, and invited any of those present who chose to come down and determine for themselves by careful and accurate measurement as to whether there was any shortening present or not. In one of these cases there was no difference of opinion as to the absence of shortening; in the other case a question was raised as to whether the injured limb was not slightly longer than the uninjured one. This I could not myself determine, but I quite admit the possibility of such a result being obtained, and it should make the surgeon very cautious not to apply a greater amount of extension than is absolutely necessary to restore the limb to its normal length.

In two other cases of fracture of the shaft of the femur (making in all six in which I have employed this splint, and one of which was quite recently under observation in the Richmond Hospital), there had been shortening previous to the accident, the result of morbus coxæ, from which affection both patients suffered in early boyhood. Both these cases made excellent recoveries. The other cases in which I have used this splint—namely, morbus coxæ, fractured patella (in conjunction with Sauborn's method), contraction of knee, and oblique fractures of the tibia, have not been as yet sufficiently numerous to justify me in speaking in any positive manner as to the value of the splint in such cases. But this much I can say, that in all the cases in which I have used it I have had no reason to be in any way dissatisfied with it, but quite the reverse.

To sum up: The advantages which I think may be reasonably claimed for this splint may be thus stated:—

I.—It is suitable for the treatment of a great variety of injuries, diseases, and deformities of the lower extremities.

II.—It can be adapted to children as well as to adults.

III.—In using it the use of roller bandages and necessary concealment of the parts can be dispensed with.

IV.—The power of extension is unlimited.

V.—The oblique perineal bandage, so frequently a

(*a*) Gamgee, "Researches in Pathological Anatomy and Clinical Surgery," p. 152.

source of annoyance to the patient and interference with the circulation in the limb, is unnecessary.

VI.—The use of the splint does not necessitate the patient remaining in the recumbent posture.

VII.—The arrangement for elevation of the limb prevents the possibility of any trouble arising from pressure on the heel.

VIII.—The patient is quite unable to relax the extending force.

Lastly, I may mention that in none of the cases in which I have used this appliance have I heard patients complaining of irksomeness or inconvenience caused by its application.

ON THE INDICATIONS AND CONTRA-INDICATIONS FOR THE EMPLOYMENT OF COLD BATHS IN THE TREATMENT OF TYPHOID FEVER.

By Professor M. Maurice Raynaud, Hôpital Lariboisierè.

Translated for The Medical Press and Circular from *La France Médicale*, Jan. 28, 1877, by T. M. Dolan, L.R.C.P. Ed., of Halifax, Yorks.

The discussion we have had relative to the complications of typhoid fever, attributed to Brand's method, the study he has made of the physiological action of cold baths, now allows us to draw some practical conclusions.

Amongst the most usual indications for cold baths, the first of all, without contradiction, consists in the state of the temperature. But it will not do for us to say that we shall treat by cold baths all patients with a high temperature. To regard the absolute height of the temperature at one moment will not be sufficient; we should be exposed to omissions often fatal, to useless intervention.

What is necessary for us to know, is the course of the temperature of the patient, and for that purpose we want a number of careful observations.

I am not here about to lay down the rules of clinical thermometry; it will be sufficient to remember, that in our public institutions, the temperature of each patient is taken morning and evening. We have thus sufficient knowledge of the temperature to grasp the indications furnished by it.

The existence of a plateau, that is to say, the persistence of an elevated temperature in the thermometer, constitutes a formal indication for cold baths.

We shall then apply the method when the patient presents morning remissions with a temperature sufficiently above the normal one.

The *rationale* is easy to understand; it is less a passing elevation of temperature that we have to guard against, than the persistence of a high temperature, if we wish to avoid the lesions attributable to hyperæmia.

Now what do we understand by these words: a high temperature? In M. Libermann's opinion, the temperature is high when it reaches 40° in the rectum, or 39° in the arm-pit. In my opinion this limit is a little too low; 30° is a temperature that we habitually observe in epidemics: there are few patients who do not reach it —39° at five o'clock in the evening is even the ordinary figure, and to say that at 39° it is necessary to put those patients into a cold bath, virtually means that Brand's method ought to be applied in every case of typhoid fever.

There is another element which we must take into account. When it becomes necessary to know whether such or such a definite degree of temperature demands a cold bath; that is the date of the commencement of the malady.

Hereafter very delicate difficulties of application present themselves.

According to almost all observers, intervention is useful on the 9th, 10th, and even 12th days, and for more latitude, say the commencement of the second week. If then, the patient comes under our notice in the first days of the second week, we have one or two days for observation, in order to act without rashness.

I give you the practical rules I have adopted.

If on the morning of admission to hospital, the temperature is above 40° and near 41°, and if still more, the patient presents grave symptoms, especially of a nervous type, I do not hesitate in immediately commencing the treatment by cold baths. If the temperature does not pass 40°, or is lower, I wait.

The day of admission has, we all know, a great influence on the temperature of the patient. Generally, he comes on foot for advice, sometimes from a distance; he has to wait a certain time before reception, and the fatigue caused by thus going and coming, are more than sufficient to account for any exaggeration of his feverish state. Often also, a purgative given on the same day is sufficient to lower the temperature to a degree, when there is no urgency for intervention.

The gravity of the prognosis and the necessity of employing cold baths without delay, varies also with the date at which the high temperature comes under our notice.

There is on this subject a very true axiom of Liebermeister, a precarious thermometrical ascent generally heralds a slight or even abortive case; thus a temperature of 40° on the third or fourth day indicates that the fever will not be long in decreasing. Whilst the same temperature has a very different prognostic gravity if the thermometer, towards the seventh day, by a gradual ascent, reaches that point.

It is then about the beginning of the first week that we ought to redouble our attention, for that is the time the course of the malady reveals itself openly, and the thermometrical scale begins to hold out danger signals.

At this epoch I do not hesitate to employ the bath, if for two days running the temperature reaches 40°. I even order it if I find 39·5, or 39·6, and even 39·3, when it occurs in the morning.

These feeble oscillations indicate the existence of a plateau, with still more reason a horizontal line near 40° imperiously demands cold water.

If the fever takes a grave character, there are besides the high temperature other serious complications which strike our attention.

I know well that acting in my way I do not apply Brand's method with strictness, but I confess I am not able to overcome my repugnance to experimentalise in cases which seem to have great chances of spontaneous recovery. Along with the temperature the pulse affords us indications which we must not neglect. Ordinarily they harmonise; but there are cases where this accord ceases to exist, and then we must take into account the number of pulsations.

As a general rule the prognosis becomes serious when the pulse reaches 120° or more.

Of sixty-nine patients of Liebermeister whose pulse reached or passed 120°, forty died.

The number of pulsations may be temporarily increased by a variety of emotions which have no influence on the temperature.

The presence of the physician and his pupils in a great number of cases is sufficient to raise the standard, but remembering this fact we need not be deceived in our prognosis.

Besides the number of beats, the quantity of the pulse, and particularly the dicrotism furnish another indication. Dicrotism is, as you know, an indication of nervous exhaustion, and if it coincides with a high temperature, cold baths are justifiable. To the double indications of the pulse and the temperature I would join another, the importance of which my own practical experience has taught me, and that is, the state of the nervous system.

I have spoken before of the wonderful influence of cold water in delirium. I do not hesitate now to employ it in cases of intense delirium, even when the temperature

is not very high ; and I regret that it was not made use of in the case of W——, as perhaps a fatal termination might thereby have been avoided. In my opinion, these serious nervous symptoms constitute a pressing indication when thermometrical cannot direct us.

Allow me to give an example, it is a very curious case, I observed a day or two ago at the Maison de Santé in the *clinique* of my excellent colleague M. Féréol.

Patient, a young man, who since his admission presented a temperature of 40·5°, indicating the commencement of high temperature. In the absence of grave complications we wait ; suddenly nervous phenomena, violent, furious delirium, extreme excitability requiring the application of the camisale show themselves, whilst at the same time temperature falls to 38°. M. Féréol ordered the cold baths, the delirium, all the cerebral complications rapidly disappear ; and, strange fact, the patient assumes the common adynamic type with the ordinary temperature of 39°, a perfect recovery was the result. This fact has, in my opinion, great weight ; it proves authoritatively that temperature is not everything in typhoid fever, and that serious nervous complications may supervene without the thermometer drawing our attention to them.

These accidents are a formal indication for treatment by cold baths.

Let us now pass on to the contra-indications.

Mr. Brand would make this chapter excessively short. He only allows one contra-indication against his method, and that is perforation of the intestines. You know that this complication rapidly proves fatal. There is often too much cruelty even by the necessary movement of removal inflicted on such unhappy patients who have not many hours to live. This contra-indication is not one, properly speaking, and to pretend that it is the only one is to maintain that it never does exist.

As I think that Brand's method is not applicable without exception, I must reckon a certain number of contra-indications ;—1st. To go from simple to the abstruse there is one non-indication—*i.e.*, a moderate temperature. I never think of placing in a cold bath a patient whose symptoms are in all respects regular, and whose temperature does not pass 30·5. I must also count as a contra-indication. The evil is already done, and cold baths so useful on the tenth day, will not be of much avail on the nineteenth or twentieth. I have tried them three or four times under those conditions, but I have only met with failure. On the contrary, cold lotions employed about the twenty-third day have proved successful with a patient who presented ataxic complications.

Ought menstruation to be regarded as a contra-indication ? Some say yes ; the hydrophs answer no. For my part I shall not vouch for the harmlessness of them. I have seen serious complications consecutive to the employment of cold water during the period of the menses, and if they commence with one of my patients I prefer to wait. If they run a natural course we have only forty-eight hours lost. My treatment is different in the case of certain metrorrhagias which enter into the class of those proper to typhoid fever, and which M. Gubler has classed under the characteristic name of uterine epistaxis. In those cases I see no reason for delaying the administration of the bath.

You may recal to your mind a woman in No. 3 ward, St. Mathilde, who ten days after her menses exhibited slight metrorrhagia. I still continued the baths and she recovered without an accident.

In cases of intestinal hæmorrhage, a slight entarrhagia would not now prevent me from using the baths. I would use applications of ice over the abdomen in the intervals. In hæmorrhage of a grave nature, the continued use of ice has yielded excellent results.

Must we consider diarrhœa a contra-indication ? Currie (I know not why) thinks it one. The epidemic of this year not presenting in general such symptoms, I have not been able to verify his assertion.

Ought we to stop abundant perspiration ? That will depend upon the case. If the fever is mild, the diaphoresis by itself constitutes a sufficient element of refrigeration, and does not require assistance ; if the malady assumes a grave form, I do not consider that perspiration ought to prevent the use of the bath.

We now must consider thoracic complications. These constitute the real touchstone of Brand's method, as it is from their existence the most specious arguments against the system are adduced. Without explaining the nature or prognosis of such cases, I will tell you what I do when I have to deal with them. Suppose we admit into hospital a patient whose thorax is full of sibilant, and even sub-crepitant, *râles*, ought that to prevent us ? No ; we have not to deal in this case with the bronchitis. The phenomena of auscultation depend on the fever itself, as congestion of the spleen and other viscera (so well studied and particularised by Chésteviegne in his thesis), and the cold is nothing. Although cold may be an occasional cause, that does not prove that cold may not be useful in bronchitis already existing. There is a capital difference in all points of view, between accidental humid cold and a refrigerative method followed by reaction, and employed with precaution as a therapeutical agent.

Let us come to the question of facts. Without blaming the conduct of other practitioners who abstain in those cases, the more I see of them the less I am prevented by the presence of these *râles*. Although they were present in the case of No. 34 Ward, St. Landry, I used the cold baths, and was well rewarded. The patient, V. (No. 3 Ward, St. Mathilde) had spat up some strings of blood ; I continued the same treatment, and we had great success. I could mention many more examples.

Many patients cough very much whilst in the bath. This cough is a simple reflex phenomenon, and ceases immediately they are taken out, and does not indicate the commencement of bronchitis.

(*To be continued.*)

Clinical Records.

ST. MARY'S HOSPITAL.

Under the Care of Mr. HAYNES WALTON.

Notes by J. B. COUMBE, M.R.C.S., House-Surgeon.

Farcy—Broncho-Pneumonia—Recovery.

J. G., æt. 48, was admitted Sept. 23rd. A strongly-built man, earning his living in visiting fairs and markets, buying and selling horses of a low class. His calling occasions him to drink very free, and he got drunk about as often as possible. He had syphilis twelve years since, followed by secondary eruptions, his wife, whom he infected, being at present in hospital with syphilitic retinitis. Six days before admission he felt weak, dejected, and incapacitated from following his duties. The following day about fifty bullæ appeared on different parts of his body and limbs ; he gradually felt worse, until he presented himself at the hospital, when he was almost covered with bullæ from one quarter inch to 2 or 3 inches in diameter. He had a slight purulent discharge from the nose ; conjunctivitis, with some chemosis. Cough ; expectoration tinged with blood. Temp. 101 ; pulse 120. He was ordered a mixture of iodide of iron ; brandy, and a liberal nourishing diet.

For four or five days the bullæ increased in size and in numbers ; some of those which were present on admission had become pellucid, others were filled with a dark, bloody fluid, though the majority had burst, leaving superficial ulcerations. The discharge from the nose, eyes, and ears was abundant, purulent, bloody, and very fœtid ; chemosis to such an extent as to threaten sloughing of the cornea. Urgent cough, difficulty of breathing, profuse expectoration of a purulent bloody material, whilst auscultation gave the signs of severe broncho-pneumonia. Temp. 103 ; pulse 132, very feeble. He slept badly ; at times

there was slight muttering, low delirium. He was ordered into the "Isolation Ward," where the windows were kept open, but remained in the same condition about a week, when he began to improve under a mixture of liquid extract of cinchona, brandy, and a liberal fluid diet. The ulcerations as the bullæ burst being dressed with a mixture of lime water, linseed oil, and hydrocyanic acid, over which was laid a thick layer of cotton wool. He now rapidly improved; no more bullæ appeared. The cough, discharge from the nose, &c., gradually subsiding. At the end of three weeks he was sufficiently well to join the other convalescent patients, and was discharged cured on the 3rd of November.

The nurse, a strong, healthy woman, became ill, having a severe ulcerated throat whilst attending this patient in the "Isolation Ward."

Students' Column.

LECTURES ON HUMAN ANATONY—DESCRIPTIVE AND SURGICAL.

By WALTER RIVINGTON, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital, and Lecturer on Anatomy at the London Hospital Medical College.

LECTURE XII.

Composition of the Skull; Architectural plan of the Skull; Study of Sections.—Of the three bony capsules connected with and supported by the spinal column, the *Skull* is by far the most complicated and difficult for the student to master. Its offices are so numerous, it relations are so varied and minute with the vessels and nerves which pass through its fissures and foramina on their way to or from the brain, with the brain itself and its membranes, with the muscles attached to it, and with the organs of special sense which it encapsules and protects, that the work of many months would not be more than sufficient adequately to expound it and the structures with which it is connected. Nevertheless, the exposition of its anatomy and connections with muscles, vessels, nerves, sense organs, and brain, has to be compressed into a space of time which is entirely inadequate to do justice to the subject. Composed of 22 bones, it forms first of all a bony case to cover and shield the brain; secondly, a firm framework for supporting the soft parts which constitute the face an ever-varying index of the mind within, together with those accessory structures without which the "human face divine" would scarcely prove an agreeable object of contemplation; and thirdly, it furnishes capsules for the lodgment of the organs of sight, hearing, smell, and taste, which minister to man's necessities, preservation and enjoyment and canals for the passage of the food to the stomach and air to the lungs, without which life could not be maintained. On each of the accessory parts found in the skull, the organ of hearing, lodged in a chamber hewn out of the densest bone in the body—or as Holden is pleased to term it, the solid rock—the orbit with that most perfect of optical instruments which it encloses; the nasal chambers performing the threefold office of an olfactory vocal and respiratory organ; the mouth, at once "the minister and interpreter of nature," guarded by the upper and lower jaws bristling with teeth, a separate volume might be written. It is the lecturer's unenviable task to condense volumes into chapters, that he who runs may read. The bones of the skull will be best described by adopting the ordinary division into bones of the Cranium or Skull proper, and the bones of the Face. The Bones of the Cranium or brain case are eight in number: OCCIPITAL; 2 PARIETAL; FRONTAL; 2 TEMPORAL; SPHENOID and ETHMOID. The bones of the face are fourteen: two SUPERIOR MAXILLARY or UPPER JAW bones, one INFERIOR MAXILLARY or LOWER JAW bone, two PALATE BONES, two NASAL BONES, two MALAR or JUGAL or CHEEK BONES, two LACHRYMAL or TEAR BONES, two INFERIOR TURBINATED or SPONGY BONES, one VOMER or SHARE BONE.

In this specimen the bones are mounted together and in relative position, but at a little distance apart, and you may observe the general arrangement. There are the single bones which occupy a median position. Beginning from behind, and proceeding forwards, we have the OCCIPITAL forming part of the skull posteriorly and inferiorly and distinguished by the great hole, or *foramen magnum*, which pierces it; then the SPHENOID, reaching right across from one side of the skull to the other, and constituting with the occipital, in the adult, but a single bone; the SPHENO-OCCIPITAL in front of the sphenoid, the ETHMOID or olfactory bone, and the thin elongated VOMER. All the other bones are arranged in pairs at the sides of these central bones. Here are 2 PARIETAL, so called because they form *paries*, a wall to the brain on the right hand and on the left. Here are the two TEMPORAL bones, distinguished by the external passage of the ear, by the zygoma, and the auditory capsule jutting into the skull; wedged in between the occipital, the sphenoid, and the parietal, and called temporal because the hair over them or near them first displays the ravages of time. Here is the FRONTAL, a single bone, apparently and an exception, you will say, to the division just made. Not so: for if you look at the bone at birth, it is not one bone but two, each half protecting its own half of the brain, and forming its own half of the brow or forehead, and constituting therefore an OS FRONTIS or FRONTAL BONE. In the face, again, the bones are arranged with great regularity in pairs flanking the central perpendicular plate of the *Ethmoid* and the *Vomer*. Here are the 2 little NASAL BONES, forming the bridge of the nose; here the important SUPERIOR MAXILLARY BONES, contributing to the cavities of the orbit, nose, and mouth, and bearing the upper set of teeth; and there behind them, entering into the same 3 cavities are the 2 PALATE BONES. Inside, the nose hangs on each side from the upper jaw-bone, the INFERIOR TURBINATED, and in this corner of the orbit, between the *ethmoid* and *superior maxillary* is a little ossicle, the LACHRYMAL BONE, grooved by the special canal for the descending tears. Suspended from the cranium is the horseshoe-like LOWER JAW BONE, at birth consisting of two distinct halves, and therefore to be regarded rather as a pair of bones than a single bone; and lastly, symmetrically placed on either side connecting the cranium and face, are the malar bones, termed from this function of theirs the JUGAL BONES.

At first sight you might suppose that the bones of the skull were arranged in an intricate and an incomprehensible manner, but it is not so. They are disposed on a definite plan in admirable order, and with the utmost regularity and design. Fully to comprehend the architectural plan, the method advised by Professor Huxley must be adopted, of making and studying antero-posterior and transverse vertical sections, which bear a definite relation to the principal axes of the skull. A vertical transverse section, or as Continental anatomists call it, a "frontal" section of the skull through both external auditory passages, divides the skull into two unequal portions, anterior and posterior. This skull, the skull of a New Zealander, has been thus treated; and you will see in each half, a central part or floor, and springing from this floor arches which meet above to form the roof of the skull and enclose the brain. In the anterior half, we have a stout median floor interposed between the bones of the cranium and the bones of the face. The bones of the cranium pass outwards and bend upwards in a curvilinear manner, to complete a chamber for lodging the brain; whilst the bones of the face descend to form lower arches, and enclose the chambers of the nose and mouth. These two cavities lie one above the other, the nasal cavity above, and the oral cavity below, separated by a bony partition prolonged inwards from the palate and superior maxillary bones. Observe that the upper nasal chambers are smaller than the lower oral chamber, that they are divided into two passages by the *vomer* and *perpendicular plate of the ethmoid*, descending from the roof to the middle of the palatine arch, and that they are flanked at the back by the processes which project from the under surface of the *sphenoid* called the *pterygoid processes*. In the posterior half of the skull, you see the stout median floor, formed by the *basilar process of the occipital bone* in front of the *foramen magnum*; whilst the upper arches are composed of the *parietal* and *temporal* in part, and the expanded portion of the *occipital*. In this section there are no lower arches. Suspended, however, from these long processes, the *styloid processes* of the *temporal* bone, by ligament sometimes converted into bone, as in the specimen on the table is the small HYOID or U SHAPED BONE which lies in the neck behind and below the lower jaw, surrounding the passage for the admission of air to the lungs. The *hyoid bone* is regarded as the lower arch to the posterior segment of the skull. The essential composition of the skull, then, is that of the rest of the trunk skeleton. Make a section of the thorax of a

man placed in the horizontal position of a four-footed animal, and what do you see? Two canals separated by a median solid partition, the vertebral column. The upper small canal is the spinal canal, the lower large canal, the cavity of the thorax. The upper arches formed by the pedicles and the laminæ of the vertebræ are of small size, because the central nervous system is here a slender cylinder; the lower arches formed by the ribs, costal cartilages, and sternum are large, because they have to envelop and protect the heart and lungs. In the skull, the proportions of the two arches are exactly reversed. The central nervous system, the organ of intelligence, emotion, associated automatic and reflex actions and will, is enormously increased in size, and requires a large chamber. Hence the expansion of the upper dorsal or neural arches. The lower chambers, ministering to the life of the animal in man are comparatively small, and therefore the lower arches are correspondingly reduced. In man, the intellect was designed to predominate over the instruments of sense; the mind is intended to control the emotional impulses which are caused by strong impressions upon the nerves distributed to the tactile, gustatory, olfactory, auditory, and visual organs. In brutes, in a state of nature, these impulses govern the movements, and sway all the actions of the living organism.

Before studying an antero-posterior vertical section of the skull, you should become acquainted with the general features of each of the bones of the skull, and the parts of which they consist. This will be best accomplished by comparing the adult bones with the fœtal bones at birth. Take first the OCCIPITAL bone. The fully developed Occipital bears a remarkable resemblance to a vertebra. It is placed immediately over the atlas with which it articulates, and is the medium by which the skull is supported on the spinal column, and the weight of the skull transmitted to it. It is perforated by this great aperture, the *foramen magnum*, which transmits the continuation of the spinal marrow, and corresponds with the foramen of the vertebræ. In front of the foramen is the part which corresponds with the *body* of the vertebra—the *basilar process*. The margins of the *foramen magnum* constitute the *arch* composed of the *pedicles* and *laminæ*. The posterior expanded portions of the bone, or *squama occipitus*, may be regarded as an expansion of the *laminæ*, the *spinous process* being represented by this projection on the outer surface called the *external occipital protuberance*, together with the ridge running down from it to the foramen magnum, or *external occipital crest* (*a*). Of the *articular processes* only the *inferior* are present, and these are at once recognised in the convex eminences which flank the foramen magnum. Passing through the bone above the condyle on each side is a *foramen* called the *anterior condyloid*, which transmits the twelfth cranial nerve, or hypoglossal. Outside this part of the bone is a large notch, completed by the temporal bone into a foramen called the *foramen lacerum posticum basis cranii*, which transmits, in addition to large blood-vessels, the 9th, 10th, and 11th pairs of cranial nerves. These foramina, the *anterior condyloid* and the *posterior lacerated foramen*, may together be taken to represent the inter-vertebral foramina of the spinal column. When the anterior condyloid foramen is present it pierces the boundary of the foramen magnum, but in fishes the hypoglossal nerve is absent, and then the bone is pierced by the nerves which, in man, pass through the large lacerated hole. In the child at birth we see that the occipital bone is in four distinct segments. The *basilar process* is a separate bone, and is called the *basi-occipital*. The part of the occipital which bounds the foramen magnum laterally, and is perforated by the condyloid foramen, is a separate bone on each side, and takes the name of *ex-occipital*. It bears on its under surface the main portion of the occipital condyle. The curved expanded plate behind the foramen magnum, the *squama*, is termed the *supra-occipital*, so that the occipital bone consists of four pieces—a body or *basi-occipital*, two *ex-occipitals*, and a *supra-occipital*. These terms should be remembered, and not only remembered, but generally employed in our anatomical text-books, because these segments are represented through the vertebrate series, and described under these designations. Human anatomy should be taught at our schools under three aspects—a less important aspect, which looks towards comparative anatomy, and more important aspects, which look towards physiology and the practice of medicine and surgery. By looking at anatomical structures in relation to coresponding structures in lower animals we gain breadth of view, and open up sources for philosophical reflection, and, perhaps, scientific study hereafter; by looking at anatomy in relation to physiology, we divest the study of anatomy of its dry technicalities, and exercise intelligence for the relief of memory; by looking at anatomy in relation to medicine and surgery we help to place the art of the medical practitioner on a firm and solid basis, and we prove the necessity for all—yes, and more than all—the devotion which medical students at present are required to give to the details of anatomy, which, without a practical bearing, would indeed be weary, stale, flat, and unprofitable.

(*a*) The Supra-occipital is generally regarded as the expanded neural spine, and the exoccipitals as the neural arches combining the pedicles and laminæ, the arch having to be completed by the neural spine. The point is of no great importance.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Third Meeting of the Session of this Society was held on Friday, January 7th, 1877.

In the absence of the President and Vice-President, the chair was occupied by Professor STOKES, Senior Member of the Council present, and then by Mr. HENRY TYRRELL.

Mr. TYRRELL having taken the chair,

Mr. STOKES'S paper on the

EXTENSION SPLINT FOR FRACTURES AND CERTAIN DEFORMITIES OF THE LOWER EXTREMITY

was read, and will be found on page 101. In the debate which followed,

The CHAIRMAN said he did not quite agree with Mr. Stokes regarding the great inconvenience experienced by patients whose limbs are put up after Liston's method, nor after the method which Mr. Hughes adopted in Jervis Street Hospital. There was a slot in the foot-rail of the bed in which the splint lies, by which means all pressure on the heel was effectually prevented, and the patient was enabled to move about in the bed. He (Mr. Tyrrell) knew that when he was at that hospital very frequently they were not obliged to take down the fracture at all, and the patients certainly made very excellent recoveries. The question as to whether there was actual shortening of the limb or not was a difficult one to decide. Mr. Hamilton, of America, had said that it was very difficult to measure whether there was a quarter of an inch of shortening or not in such cases, particularly if the measurements were not made with the greatest accuracy. He would like to know, therefore, from Mr. Stokes how he made his measurements, and as regarded the patients, if they recovered from the imperceptible obliquity which would occur, so that in practice there would be apparently no shortening, although in reality there was. Of course he did not say that there was any actual shortening. On the other hand, he did not think they would often have to complain of lengthening in fractures of the femur. Mr. Butcher had written ably on the subject, and stated positively cases in which he had no shortening with his splint, so that there were points which it would be well to clear up. He (Mr. Tyrrell) fully appreciated the advantage of the double screw, by which they had the extending and counter-extending force carried on to any extent they might require. Mr. Butcher in his paper had drawn particular attention to the advantages which his splint possesses over that of Mr. Liston's, and they knew that Mr. Richardson had devised an excellent splint. Indeed, it seems to be one of the things in which surgeons rather delighted in. Then there was the ordinary plaister splint, and the Bavarian splint, and in cases of young people many had, he believed, attained excellent results without the use of a splint at all. In Bartholomew's Hospital they suspended the limb from the ceiling, so that they kept up an effectual extension of the limb.

Mr. RICHARDSON said the splint he had described was a modification of one of the American splints, and the extension was carried on somewhat on the same principle as in Mr. Stokes's apparatus. The adhesive plaister was applied to the limb, as in Mr. Stokes's apparatus, which was the method practised for some years by certain American surgeons. There was one point to which he desired to refer. Mr. Stokes had spoken of the value of extending and counter-extending at the same moment. He (Mr. Richardson) wished to observe that

that was the principle of the glossocomium of Galen, one of the very oldest principles that had been applied to splints for fractures. He need scarcely remark at the same time that Mr. Stokes's apparatus was a most ingenious one, while Galen's was a most clumsy invention, but still the principle in both was the same.

Dr. THORNLEY STOKER, as one of Mr. Stokes's colleagues, who had had an opportunity of observing the use of Mr. Stokes's splint, thought it right that he should endorse the statements he had made with regard to the results obtained during the period it had been in use. He had seen it used in a considerable number of cases, and he must say that he valued the splint as highly as Mr. Stokes did. There was no advantage that he had claimed for it that it did not possess. Any one who had practically treated these fractures in children would have found difficulty in keeping an apparatus in position for any length of time. This splint possessed that advantage to a considerable extent. He believed that in every one of these cases occurring in children there was some degree of shortening, and, even after the most careful treatment, they had some angular deformity. Amongst the few cases of fractures and some other cases treated by that apparatus, he had made some careful measurements, and he could endorse what Mr. Stokes had said—that they were at some loss to know whether there was not some lengthening present, and, although that might seem a ridiculous statement, it was really an advantage, because in the great majority of cases shortening was the rule, while this apparatus would enable them to obtain lengthening, and, of course, if care be exercised, the limb will be restored only to its proper length. None of the measurements, he might state, were made from the umbilicus. They were made in several ways—from the anterior superior spinous process of the ilium in the first place to the top of the patella, then from the anterior superior spinous process to the inner malleolus, from the top of the trochanter to the top of the patella and the inner malleolus. Certainly there was no shortening, and possibly there was a little lengthening in the cases referred to.

Dr. BARTON thought the principle of Mr. Stokes's splint was the point that they ought if possible to attend to more than anything else, inasmuch as that principle was common to many other apparatus. He thought the principle was a very correct one, and that was, that the extending power was made by screw force, and one, which acting steadily and gradually, could be kept up to almost any extent. The counter-extending force is against the perinæum, and that without a band. He was sure the apparatus answered very well on account of that principle being carried out in it, but in fractures undoubtedly in many cases, particularly in children, it would be of great importance to have the simplest possible apparatus applied. They were accustomed, he thought, to carry out that same principle in other ways. The screw splint of Mr. Richardson answered the same purpose in almost precisely the same manner; and in another, the way the weight is applied in America answered also remarkably well. By the last-named means they could almost dispense with the splint, or use sand-bags, or a slight splint held but lightly round the limb, and he had seen that answer remarkably well. With regard to the amount of shortening, they might all, he thought, be satisfied if they turned out cases that compared favourably with the sound limb, and with which the patient could walk without limping. He did not believe in the absolute accuracy of measurement, and would not be satisfied to take such as certain unless there had been *post-mortem* measurements of the bone. He thought that in an ordinary practical way they might arrive at a general conclusion that a case was turned out very well indeed without laying it down as a fact which they might depend upon afterwards that there was no shortening.

MR. STOKES, in reply, said that with regard to Liston's splint, he regretted that he must join issue with the chairman when he said that they did not require to reapply that splint very frequently. That had not been his (Mr. Stokes's) experience, or the experience of his colleagues. He thought there was no appliance, if they wished to keep a fracture in proper apposition, that they had not to watch it closely every day or change it twice or three times every week. No matter what care was taken, the oblique bandages would always get more or less loosened, and become relaxed. As regarded the measurements, he thought his friend and colleague, Dr. Thornley Stoker, had answered that question very fully. He had mentioned that the measurements were not taken from the umbilicus. They were taken at the points already indicated with a very accurate measuring tape. There was no difference of opinion except in one of the cases to which he had already alluded. He could not either, he was sorry to say, agree with the Chairman as to their being no necessity for applying any apparatus to a young person when the femur was broken. He (Mr. Stokes) had seen unfortunate results in several places where that plan was more or less adopted, and in reference to this he must say that the plan which Dr. Barton seemed to have approved of was one of those from the use of which he (Mr. Stokes) had seen most unfortunate results follow—namely, Gordon Buck's plan of the weight on the inclined plane, the counter-extending force being supplied by the weight of the patient. He had seen bad results following the adoption of that plan both in cases of young persons as well as adults. It was quite unknown to him that the principle of this splint had been advocated by Galen.

Mr. RICHARDSON made a communication to the Society on

EPULIS.

He said that during last spring a boy was admitted into the Adelaide Hospital with a small epulis, which apparently sprang from the gum, between the outer lower incisor tooth and the canine tooth. The epulis was about the size of a pea, and illustrated the truth of an observation made by the Vice-President of the College at the last meeting of the Society, as to the great value of the freezing microtome; for although the epulis was so small, he (Mr. Richardson) was able by freezing it, to make about 18 sections from half of this very small structure. It was a very good specimen of fibroma. The sections under the microscopes were remarkably interesting with regard to the fixed connective tissue corpuscles. For instance, in the section under one of the microscopes, these corpuscles were in dense tissue, and assumed a fusiform shape; whereas the sections under the other microscope, they were in soft tissue, and assumed a stellate form. The sections had a deceptive carcinomatous alveolar appearance, which was owing to their extreme tenuity. After he had made the sections, he looked at them before they were placed in glycerine, and he saw in one two very large giant cells, but he never could find them afterwards, as they evidently dropped out of the alveoli. In the operation he performed for the removal of the epulis, he cut away the sockets of the canine and outer incisor tooth. He was happy to say that there was no appearance of repullulation of the disease, the boy being in perfect health.

The Society then adjourned.

DUBLIN OBSTETRICAL SOCIETY.

THE Third Meeting of the Session was held on Saturday, January 13th, the President (Dr. DARBY) in the chair.

DR. MARION SIMS.

Dr. KIDD (President of the Royal College of Surgeons) said, before the society proceeded to the ordinary business, he begged leave to propose an honorary member; and as this was the first time that any honorary member had been proposed since the society had adopted its new bye-laws in 1862, he felt it incumbent on him to make a short statement, to justify him in moving the election of the gentleman he was about to propose. When the society adopted its new code of bye-laws in 1862, it was determined to make the honorary membership a mark of distinction and one that might justly be considered an honour of great value; and with this view three rules were made—the first instituting honorary memberships, the second prescribing that such members should be proposed at one meeting and balloted for at the following (one black bean in six to exclude), and the third limiting the number of honorary members to twelve. There are now on the list but ten honorary members; and he (Dr. Kidd) believed, in proposing that Dr. Marion Sims should be elected to one of the vacancies, he was strictly carrying out the views of the society and proposing one who was in the highest degree worthy of the honour. Dr. Marion Sims has long held a prominent position in obstetric surgery. By his invention of the duckbill speculum he laid open to us a whole field of surgery, the extent of which was not yet fully known. Next to the uterine sound, for which we are indebted to one of our late honorary members—Sir James Simpson—he (Dr. Kidd) believed no instrument had ever been devised that did so much for uterine surgery as the duckbill speculum; for by it we were for the first time enabled to see, and, at the same time, touch the uterus and whole extent of the vagina. It is

true the discovery has been claimed for another, but Dr. Marion Sims' claims to it are, in his (Dr. Kidd's) opinion, indisputable. In addition to the devising of a speculum, to enable us to get at the uterus and vagina for the performance of operations, Dr. Sims, if he did not actually introduce the use of metallic sutures, was mainly instrumental in the introduction of their use, and thereby (in the words of Simpson) "led the way in this modern revolution in the treatment of vesico-vaginal fistulæ." If Sir James Simpson laid the foundation of almost all our recent advances in the diagnosis and knowledge of uterine disease by the discovery of the uterine sound, Dr. Sims has, in like manner, laid the foundation of our advances in the treatment of uterine and vaginal disease, by teaching us the use of the duckbill speculum and metallic sutures. He (Dr. Kidd) believed these were sufficient grounds to justify his proposing that Dr. Sims should be elected an honorary member of the society; but in addition, Dr. Marion Sims had given us a work on uterine surgery which established a new era in this branch of our art—a work of great merit, throwing new light on many points of uterine pathology, and suggesting methods of treatment that have been found most beneficial, and operations that captivate by their ingenuity, dazzle by their boldness, and enforce their adoption by their success. To those who knew Dr. Sims personally it was not necessary, Dr. Kidd said, for him to speak of his personal claims—an enthusiastic lover of his profession, a dexterous operator, a leader in obstetric surgery, upright, and honourable; in electing him we shall confer an honour on ourselves. I move, sir, that Dr. Marion Sims be elected an Honorary Member of the Dublin Obstetrical Society.

Dr. LOMBE ATTHILL (Master of the Rotundo Lying-in Hospital) said it afforded him great pleasure to second the nomination of Dr. Marion Sims as an honorary member of this society. Dr. Sims was so well-known, and his character had been so accurately described as an obstretric surgeon by Dr. Kidd, that he (Dr. Atthill) had nothing to add. He had had the pleasure of Dr. Marion Sims' acquaintance, and he could say of him that—in addition to being an accomplished and talented obstetric surgeon—he was a gentleman in the truest sense of the word.

Dr. M'CLINTOCK considered it hardly necessary for him to say a word in addition to what had already been spoken by Dr. Kidd of Dr. Marion Sims. He (Dr. M'Clintock) could not, however, remain silent on an occasion such as that when Dr. Sims' name came before them. He was a guest of his in the year 1860, when he (Dr. M'Clintock) was Master of the Rotundo Hospital, and he must say that he derived as much pleasure and instruction on all occasions from his conversation as they had derived instruction and gratification from his works—a circumstance that did not always occur in the cases of authors and their works. Although Dr. Marion Sims had not for many years—and he (Dr. M'Clintock) was rather doubtful as to whether he ever did—practised midwifery, yet, as a gynæcologic obstetric surgeon, he held a position that was not surpassed by any other man. The boldness and originality of his operations upon the uterus were really surprising, and displayed a vast resource of mind. He had extraordinary manual skill, his dexterity as an operator was wonderful, and to see the use he had of his fingers was surprising. When Dr. Marion Sims came to this country, he (Dr. M'Clintock) did a thing that probably would not be approved of in a general way—and that was to allow a strange surgeon, and a visitor to the country, to perform an operation in one's own hospital and upon one's own patients; and that was what he did with regard to Dr. Sims, so high was the character he bore when he came over to Ireland. A great many members of the profession wanted to see Dr. Sims operate in vesico-vaginal fistula—an operation in which he had made vast improvements, and one which had done more to spread his fame than anything else, excepting, perhaps, his use of the silver sutures. He (Dr. M'Clintock) was also anxious to see Dr. Sims operate, but he (the speaker) was at a loss to know whether he would be sacrificing his position as surgeon to a public hospital by so doing. He, therefore, consulted the late Mr. Cusack, a very able adviser, and one who always had the dignity and independence of the profession at heart; and he said that to allow Dr. Sims to operate would be a justifiable course, and his (Mr. Cusack's) reason for giving that advice was, that the superiority Dr. Sims had acquired in this operation did not depend upon any anatomical knowledge on the subject or upon any ordinary surgical knowledge, but it depended on acquired manual dexterity; and he, therefore, considered that he (Dr. M'Clintock) would not be sacrificing his position in any way by allowing Dr. Sims to operate in the Rotundo. He, accordingly, permitted Dr. Sims to operate, and, fortunately, there were two suitable cases in the hospital at the time. The first operation was a mere pinhole fistula (a kind of fistula that, under the old mode of operating was generally not very difficult), and the result was most successful. The next was a most difficult case, for there was a fistula nearly as large as half-a-crown. Dr. Sims spent nearly two hours over that operation, and put about nine stitches. He was so exhausted at the conclusion of that operation, that he had to lie down on a sofa. He certainly did not spare himself on that occasion, but the operation completely failed. It was superfluous for him to say a word in Dr. Sims' praise, for nothing that could be said could add to his eminence. He believed that Dr. Sims was in every way most eminently deserving of this or any other honour the society could confer upon him. (Applause.)

UTERINE POLYPUS.

Dr. LOMBE ATTHILL exhibited two specimens of uterine polypi, both of which had been removed from unmarried women. In one of the cases, the os externum was so small that he had to introduce one of Barnes' bags, when he recollected that he had a modification of an écraseur (which he had invented and exhibited to the society eight years ago), by which he could use the canula of Gooch. He accordingly brought that modification into use in this case, and operated most successfully, and the patient made a rapid recovery. In that case there was very little violence used, and yet she had a sharp attack of pelvic hæmorrhage. He merely mentioned that circumstance now in order that he might advert to the fact that there had been, in the Rotundo Hospital of late a regular epidemic of cellulitis. Within the past month there had been five or six cases of cellulitis. The other polypus was somewhat larger; it sprung from the cervix, and projected into the vagina. It was removed with ease, and the only inconvenience it caused the patient before removal was that it gave rise to profuse leucorrhœa.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1877.

THE PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

THE approach of the general meeting of the Fellows of the College, which takes place on the last Monday in May, and of the elections of President, Vice-President,

and Council, which will be held on the first Monday in June, have given rise to an agitation which is likely to bear speedy fruit in the form of a special general meeting of the College, for which, we understand, a requisition to the President is in course of signature. The object of this movement is to obtain from the Fellows an expression of their opinion that the Presidency of the College ought to be held for two years and not for one as hitherto, it being, we presume, understood that the Vice-Presidency shall continue to be an annual office. An object such as this is of serious import to the College and to the majority of its Fellows, and demands careful discussion before the vote is recorded in its favour. In *limine* we may observe that the jurisdiction of the Fellows upon the matter is very limited indeed, and it seems to us more than doubtful whether anything can be gained by the expression of opinion which the requisitionists desire to obtain, even if that opinion should be in accordance with their views. By the terms of the supplemental charter of the College such a meeting can only be called upon the request of twelve Fellows, of whom, it is currently stated, only four are as yet forthcoming. If, however, the requisition should be fully signed, the charter gives power "to such of the Fellows as may attend thereat to deliberate and consult about the state and government of the said College and the administration of the affairs thereof, and they shall be at liberty to recommend to the consideration of the Council of the said College such matters as, to the said Fellows so assembled, shall seem expedient."

If the College at large should recommend to the Council the object of the requisitionists, then the Council has discretion to act upon the requisition or to decline to do so as it has done on former occasions. If, however, a majority of the Council should entertain the same view as the Fellows, then the most serious difficulty will arise in, what we take to be, a decisive legal impediment to the enactment of a two-year Presidency. The clauses of the supplemental charter which define the powers of the Council in this matter are the 4th, 9th, and the 12th, the essential parts of which are as follows :—

"It shall be lawful for the Fellows of the said College from time to time to choose by ballot one person from amongst themselves to be President and one other person from amongst themselves to be a Vice-President, and any number of persons from amongst themselves, and not exceeding the number of twenty-one, including the said President and Vice-President, to be the Council of the said College, the said President, Vice-President, and other members of the said Council to be continued in the said respective offices for such time as is *hereinafter set forth*."

The 9th clause provides for the election of a first Council. It groups together again the President, Vice-President, and Council, and defines that they "shall thenceforth so continue until the election and appointment of their successors *in manner hereinafter provided*."

The 12th clause says—

"And the said Fellows . . . shall then and there elect *yearly* by ballot, out of their own body . . . one person to be President, and one other person to be Vice-President, and any number of persons from amongst themselves and not exceeding the number of twenty-one . . . to be members of the Council of the said College *for the then succeeding year*, which persons so elected shall respectively serve in the offices to which they shall be so elected *for and during one whole year*, and thenceforth until others shall be duly elected *in their places respectively*."

The italicised passages in this last extract constitute the "hereinafter" referred to in the former clauses, and they do not admit of doubt that the intention of the Charter, if not its legal interpretation, is distinctly averse to the proposal for a two-year presidency. By the Charter the President, Vice-President and Council are to be elected at the same time and for the same period of office, and it would be manifestly *ultra vires* in a legal sense to extend the tenure of any one of these offices. Those who advocate biennial Presidency must, therefore, we suppose, be prepared to avow that their proposal is not in accordance with the intention of the Charter. They must know that no resolution of the College or of its Council could debar Fellows from offering themselves for election to the Presidency each year, and no doubt they anticipate that the expression of opinion on the part of the electors which they wish to elicit, would practically prohibit annual candidature, inasmuch as no Fellow acting in contravention of it would have a chance of success. But they must recollect that unsuccess would not prevent a disappointed candidate from applying to the Queen's Bench for a *quo warranto* to unseat the re-elected President, a position in which we suggest neither the College nor its President ought to be placed.

But upon broader than legal grounds we object to the proposal. The constituency of Fellows of the College is already barely adequate to supply it with men deserving of the honour of the chair, and the responsibilities and expenses of the position have recently so much increased, that even those worthy of its occupancy have shown an indisposition to accept the distinction. Do the requisitionists hope to meet this difficulty by doubling the tenure of office, the money outlay, and the sacrifice of time? And if it be their idea to restrict the Presidency to a few of the *élite* of surgery in Ireland, have they any reason to believe that Fellows in large and lucrative practice, who need no *vis inertiæ* to help them forward in public estimation, will sacrifice two years of such continuous attention and labour as the Presidency involves for the sake of the honour of the College Chair? In such a matter as this we naturally look for an encouraging precedent, and we fail to find one at all applicable to the case of the Irish College of Surgeons. In the College of Physicians, it is true, the presidency is held for successive years, but it is so held because the whole body of eligible candidates numbers less than 60, and from so small a constituency it would be difficult to make a yearly selection. But neither in the College of Surgeons itself, since its formation, nor in the surgical corporations of England or Scotland has a President ever been elected for a second successive year. Moreover, the effect of such a decree would be to shut out for ever the provincial fellows of the college from its dignities, for no extra-metropolitan member of the college could be expected to surrender practice to the extent that a two years' presidency would require,

and neglect of the office and its duties would be the inevitable result of placing them in such a position.

Finally, we deprecate the agitation of the question at this particular moment, because already the candidature of fellows for the Vice-Presidency of 1877 and 1878 has been announced, and the effect, though possibly not the object, of the movement would be to prevent their advancement, and to cast a public slight upon them. If the question is to be raised at all—and we have given our reasons to the contrary—it should be raised at a time when personal interests, neither of those who are pushed forward or of those who are held back, would be present to encumber the consideration of it, and the Fellows, if now called upon to debate the matter, ought not to forget its personal as well as its public aspects.

ERYSIPELAS AFTER VACCINATION.

It can easily be imagined what surprise was created by the report that in a certain district of Lincolnshire vaccination had been followed in a great many cases by erysipelas, several of which proved fatal. Nor can we wonder that under the circumstances, and considering the great prejudice in many places against this operation, that the Local Government Board appointed a commission of inquiry into the truth of the above report and the events which led to it. The investigation was conducted by Mr. J. Netten Radcliffe, whose able inquiries into subjects of a like nature we have more than once had occasion to notice. Mr. Radcliffe has recently issued his official report, and we are glad to see that his investigations show that the alarm occasioned by the events about to be described was more than was warranted by the real state of the case.

It must be allowed that the circumstantial evidence in favour of the opinion that erysipelas had occurred after vaccination to such an extent as to almost give rise to a small epidemic, was very strong, and quite enough to influence the minds of people biassed by preconceived opinions and prejudiced against vaccination altogether.

All the cases which occurred in the Misterton district of the Gainsborough Union were among children who had been vaccinated by the public vaccinator for that district. The cases were vaccinated from lymph taken from a child named Walter Burdon, and the vaccination of this child had been the only successful one out of five cases vaccinated from the same lymph. It was the vaccinator's habit to use but one "point" when he vaccinates, and probably about sixteen vaccinations were performed with points charged with lymph from Burdon. We must remark, however, that this Burdon was found to be a healthy looking and lively child, and repeated examinations could not detect any indications of disordered health. Now, of the sixteen children vaccinated from this child ten were attacked with erysipelas, and of these ten cases as many as six proved fatal. Moreover, in a second series of thirteen children vaccinated during October and November, 1876, with lymph other than that taken from Walter Burdon, three were affected with erysipelas, while one had excessive enlargement of axillary glands, and another an axillary abscess. It was also noticed that the greater number of cases of erysipelas in the Burdon eries appear to have a marked relation to the larger proportion of instances in that series in which the pocks healed sluggishly and formed open sores. In one case the progress of the pustules was "spurious and unhealthy throughout," in another the suppuration continued after separation of the scab, and in a third the vesicles were not quite healed on the 27th day of vaccination. These and other facts were certainly of a suspicious nature, and as Mr. Netten Radcliffe admits, strongly tended to the inference that something in the mode of performing the vaccination had contributed to, if not actually determined, the subsequent erysipelas.

When, however, all the circumstances of the case were closely inquired into and thoroughly sifted, most of the facts above mentioned lost the dreadful significance with which they had been invested. In the first place the supposition that the lymph, during its manipulation by the vaccinator, could have received any infection of erysipelas, is rendered unlikely by the fact that he had not previous to the first outbreak of the disease come into contact with any case of erysipelas. It also appears that at the beginning of this outbreak of erysipelas among recently vaccinated children, the disease was not limited to those children; and that in the vaccinated child first affected, the seizure followed close upon the occurrence of a severe case of phlegmonous erysipelas in another part of the same district. There existed, moreover, in the district a peculiar tendency to the spread of erysipelas, such as is sometimes met with as existing in localities quite apart from any performance of vaccination. Lastly, the period after vaccination at which that disease set in, appears to be inconsistent with their having originated at the time of the performance of the vaccination "from any introduction either of erysipelatous, or of active septic, or decomposing matter." Generally speaking, as Mr. Radcliffe remarks, when erysipelas after vaccination has been the direct result of the inoculation of septic material, the symptoms have manifested themselves either immediately or within a day or two of the performance of the operation. But in the worst of the two series of cases above referred to, five complete days was the shortest time that elapsed before the appearance of the erysipelas, and that in one case only, while in all the other cases the interval amounted to at least a week. In seven of the cases the interval varied from eleven to twenty-nine days, and in one instance the interval was as much as forty-six days. Nevertheless, in the opinion of Mr. Netten Radcliffe, certain details connected with the vaccination as performed by the public vaccinator, "probably exercised an important indirect effect in rendering the vaccinated children liable to erysipelas, by causing the progress of the vaccination in several instances to become irregular in some of its stages."

We have already mentioned some of these irregularities and it is the opinion of Mr. Radcliffe, that the unhealed pocks, forming for the most part open sores, afforded facilities for the reception of the infection of such erysipelas as was current in the neighbourhood.

At all events, the facts that have been brought to light by this able investigation convey more than one important lesson, and we are sorry to find that much harm may be

done, and vaccination itself brought into great discredit, through the negligence of our public vaccinators. In this instance we are told that the vaccination was "reprehensibly careless." Some of the lancets used are stated to have been rusty, while others were "dirty, both blades and handles, and in a state unfit for the performance of vaccination." Moreover, "some points" which were produced for examination can only be described as "filthy." We hope, however, that this is quite an exceptional case, and that the office of public vaccinator is placed in hands that are alive to the duty they are under both to the Government and the public. Nor can it be said that this small outbreak of erysipelas, even were it shown to be a direct effect of the vaccination, which, however, is certainly not the case, should in the least shake the confidence of the public in this operation. No doubt the anti-vaccinators may put a very different construction upon this report to what we have done. But the most and the worst they can make of it would only show that vaccination may, under certain exceptional circumstances, be attended or followed by serious or even fatal consequences the very exceptional occurrence of which is shown by the great rarity and almost singularity of this outbreak by the great surprise and alarm it has occasioned, and even by the very *raison d'etre* of such a report as that to which we have thought it right to draw the attention of our readers.

REGISTRATION OF INFECTIOUS DISEASES.

In our last issue we gave a brief report with respect to a deputation from the Society of Medical Officers of Health to the President of the Local Government Board. On this occasion the remarks which Mr. Sclater-Booth made in reply to the deputation were so judicious and practical that they deserve the careful consideration of those sanitarians who are inclined to push their reforms too far, as well as of those members of the profession who may be disposed to resist innovations which are made in the interests of the people. In the opinion of some the law should step in to compel either the medical attendant or the tenant of the house to give information of the prevalence of infectious diseases, while some means should be adopted by which proper disinfection, or the isolation of the patient, should be secured independently of any action taken on the part of the practitioner in attendance. There can be no doubt that the registration of infectious diseases would be a move in the right direction, especially in the more densely populated districts of large towns; but many objections will be made to this registration being used as a means of interfering too much with the liberty or personal responsibility of the public, or of the medical profession. As Mr. Sclater-Booth observed, the plan of making the occupier responsible for communicating information was open to objections until the householder was assured by some provision of the law that the interference would not be undue or excessive or out of proportion to the necessities of the case. Then, again, with regard to medical men, any obligations imposed upon them to make known cases of infectious disease might be opposed on the ground that it would put them to much trouble and inconvenience, that it would involve a breach of confidence as regards their patients, and that such information might lead to an intrusion of sanitary officials upon the hygienic and even medical management of their patients. Mr. Sclater-Booth remarked that his information led him to suppose that there was a good deal of jealousy in the medical world of interference between them and their patients, and they would resent very much being placed under the authority of another medical man as regarded the means to be adopted for sanitary purposes. The registration of disease, however, is a proceeding which is quite correct in principle, and we do not think that the profession, either individually or collectively, have any reason to fear that such registration would be abused, or that it would work to their prejudice in any way. On the contrary, we think that the registration of infectious diseases, and the probable action of the sanitary officer to which it would lead, would relieve the medical attendant of much trouble and responsibility, and enable him to devote the whole of his time and attention to the actual treatment of the disease itself. For it is to borne in mind that it is in the lowest and most densely populated districts that compulsory registration and the supervision of the officer of health would be most needed, and where the medical attendant and even the occupier of the house are the least able to grapple with the obstacles that stand in the way of the isolation and hygienic management of infectious maladies.

We therefore cannot find fault with the resolutions which were recently passed by the Society of Medical Officers of Health, and which were pressed upon the attention of Mr. Sclater-Booth by the deputation to that gentleman. As to who is to be made responsible for reporting the case to the sanitary authorities is a question which requires some consideration, but no one would deny that it is the duty of the medical practitioner in attendance to make the occupier of the house aware of the infectious nature of the disease under his care, and that with as little delay as possible. At all events, the present legislative provisions for preventing the extension of infectious disease is in a very unsatisfactory state, and we feel certain that the profession at large will be disposed to assist rather than oppose the efforts which our sanitary authorities are making to bring about some amendment of the Public Health Act.

Notes on Current Topics.

Suppression of Intemperance.

Not long ago the British public was surprised and not a little indignant at the proceedings of a Liverpool police inspector in his zeal for the abolition of drunkenness. We learn from the *Canada Lancet* that some of our American cousins propose to be equally "thorough" in their dealings with this great vice of the age. It has been seriously recommended, says the editor of the above journal, that the American Government should introduce a general and comprehensive measure for the prevention of all drunkenness. Amongst other matters there is a recommendation that medical vendors alone should be licensed to sell ardent spirits, and that foreign

spirits should be admitted only for medical purposes, or sold in bulk. The absurdity of this proposition and the little influence it would have in attaining the object in view are sufficiently apparent, and we are glad to see that the American editor totally repudiates and even ridicules the idea. As he says, Government is warranted in imposing the highest licence it can consistent with the prevention of illicit sale. Everything else must be left to the gradual improvement of national manners. Nor must we forget to make some allowance for that almost universal craving which, to use the language of the great statesman and orator, quoted by our contemporary, has, "under the pressure of the cares and sorrows of our mortal condition" induced "men at all times, and in all countries, to call in some physical aid to their moral consolations—wine, beer, opium, brandy, or tobacco."

A Case of Intussusception.

A CASE of intussusception of some interest and variety, in which the patient recovered after the separation and expulsion of a large portion of the pleura, is recorded in a recent number of the *Boston Med. and Surg. Journ.* The patient was a man over 70 years of age who, three weeks after an attack of colic and intestinal obstruction passed per rectum a portion of the small intestine measuring upwards of 17 inches in length, an event which was only preceded by a slight elevation of temperature and a feeling of general malaise. The main features of the case, as summed up by one of the doctors in attendance, were :— 1. The great length of the invaginated intestine expelled ; 2. The absence of severe pain and stercoraceous vomiting during the attack ; and 3, the advanced age of the patient. From the circumstance, also, that the specimen when expelled was not inverted, Dr. Wyman (who among others had seen the case in consultation) concluded that the intussusception might have been upwards.

English Practitioners in France.

FROM the *Times'* Paris correspondent we hear that the *Débats* and several other papers condemn M. Marvaise's Bill on foreign doctors, but it has found an advocate in *XIXeme Siècle.* M. Lefort, Professor at the Paris Faculty of Medicine, maintains in that journal that the Bill only puts English practitioners in France in the same position as French practitioners in England. He concludes his article by rallying Englishmen on their notion of carrying English laws with them wherever they settle, and remarks that while France will remain hospitable, she will no longer be a dupe. It is a somewhat significant fact, and one which tells in favour of the view we have all along taken of this question, that English practitioners in Paris approve the Bill as the only practical protection against charlatans.

The Vivisection Act.

THE Chief Secretary has appointed Dr. W. M. Burke, the Registrar-General of Births, Deaths, and Marriages in Ireland, to be Inspector under the Cruelty to Animals' Act, 39th and 40th Vic , cap. 77, for that division of the ngdom.

Salubrity of the Suburbs of Dublin.

THE Irish Registrar-General, in his report of the past week, remarks that there was no death from any of the seven principal zymotics in either Donnybrook or Blackrock. The average death-rates of the four suburban districts of Dublin for the last ten weeks were as follows :— Rathmines, 19·0 per 1,000 inhabitants ; Donnybrook, 19·0 ; Blackrock, 18·0 ; Kingstown, 23·0.

"Castor-Oil Lozenges."

A CORRESPONDENT of a medical contemporary calls attention to the extensive sale of so-called "castor-oil lozenges," which he says are largely used by pregnant women of the lower class, and commonly given to children in the East of London as a pleasant aperient. In the letter it is implied that each lozenge contains three grains of calomel, and the writer states that he has just seen a severe case of mercurial salivation in a young girl who had taken half-a-dozen in two days.

Discussion on the Use of Cold Baths in the Treatment of Typhoid Fever.

THIS subject has formed the basis of an interesting discussion by the Hospital Medical Society of France during many of its sittings, and is not yet finished. As a question of practical therapeutics, its interest is very great. It has had its supporters and antagonists in England, but the prevailing opinion is that its use should be limited to exceptional cases. We have had many specifics for typhoid fever, *e.g.*, the sulphurous acid system, but some of them have had only a brief reign ; and we are still in search of light and instruction.

Many eminent French physicians pronounce in their favour, principally looking to the lowering of the temperature. The remarks of M. Petis are well worthy of consideration, and we give a brief analysis of them.

To his mind the theory of cold recals an old method which made a great noise in its time, viz., bleeding. This doctoring rejects medical ontology. The hyperthermia alone is considered, and is the monster to be destroyed. The hyperthermia is only a symptom—a morbid element, and nothing more. The cold bath abstracts only the caloric, whilst the age, sex, and temperature of the patient are not considered. It is not then, properly speaking, treatment. Every simple formula in pathology and therapeutics is doubtful. The following complications might result from its use :—

1st. Epistaxis, intestinal hæmorrhage, the latter being observed five times in twelve cases where the system was adopted.

2nd. Renal congestion and albuminuria.

3rd. Congestion of the lungs.

4th. Syncope from weakness of the heart's action.

When the blood is driven from the periphery, where does it go ? to the least resting part, and hence such accidents as above mentioned. We give in another column the views of M. Maurice Raynaud.

IN consequence of a sudden and unexpected epidemic of cholera in Madras, the death-rate has risen to 64 per 1,000 of the population.

The Laws of Health.

A SHORT time ago we made some editorial remarks on the above subject, in connection with a series of popular lectures now being delivered before the Society of Arts. We then suggested that as regards the sanitary education of the people, more might be done by single lectures, frequently repeated in the more densely populated districts of large towns than by a course of lectures before a certain number of people, whose position and education placed them less in need of such instruction than thousands of the poor, who would never hear of these lectures. We also suggested that much good might be done by distributing small tracts on health among the lower classes of this and other great cities. The excellent speech, however, which Dean Stanley made last week at one of the lectures over which he presided, reminds us that we forgot one great lever that might be used in raising the sanitary conditions of our poorer citizens to such a standard as would materially add to their health and comfort. There can be no doubt that the clergy have frequent opportunities of impressing upon their poor parishioners the importance of cleanliness and of such other conditions of health as are within their reach. There are, however, few clergymen who are so free from bigotry and narrowness of mind as Dean Stanley, or who would, if the occasion presented itself, follow the example of the great John Wesley, who, said the dean, once converted a whole household by pulling up his shirt sleeves, flinging open the windows, and emptying all the dirty water that was poisoning the domestic atmosphere. We do not think that hitherto the clergy have been so interested in the cause of public health as Dean Stanley represents them to have been, but now that sanitation is attracting so much attention, we believe that we shall find in the industrious curate, or the city missionary, a valuable coadjutor in educating the lower classes in habits of cleanliness and temperance. It is only within the last few years that the profession itself has directed attention to domestic hygiene, and therefore we cannot be surprised at the clergy, whose business is the "cure of souls," not taking much interest in a subject which was even neglected by the medical attendant himself. But times are now changed, and we shall look forward to much assistance from the clergy in questions of a sanitary nature, when we hear the Dean of Westminster asking :—"How can a man turn his mind to great and holy and splendid things, unless he is relieved from the burden of bad air, and fever, and misery that oppresses him?"

On the Movements of the Brain.

IN a woman who had lost a great part of the two temporal and frontal bones from syphilis, MM. Giacomini and Mosso (*Le Journal Thérapeutique*, Jan. 25th, 1877) have established many kinds of movements in the brain.

1. *Pulsations* produced at each contraction of the heart.
2. *Oscillations* corresponding to the movements of respiration.
3. *Undulations*, which are large curves due to the movements of the vessels during attention, cerebral activity, sleep, and other unknown causes.

The authors designate these last movements under the name of *spontaneous movements* of the vessels. Intellectual work reflected itself on the brain, which underwent a visible modification of volume and of the form of the pulsations.

Anæsthesia by the Injection of Chloral into the Veins.

MM. TIZZONI and GRACINTO FAGLIATA (*Revista Clinica di Bologna*) have examined the following points :—

1. Is chloral injected into the blood a true anæsthetic?
2. Is there any serious danger from its use?
3. What are the risks?
4. Upon what element does the chloral act?

They have drawn the following conclusions :—

1. It is not a true anæsthetic, but a powerful hypnotic. Cutaneous sensibility is not abolished except by large doses. The cornea never properly loses its sensibility.

2. It is dangerous ; it is difficult to measure its action, which varies in different people ; it easily excites phlebitis. It is a poison to the heart.

3. Chloral acts directly on the muscular fibre. It determines contraction of the muscular fibre, and the heart stops in systole.

4. The best means to remedy accidents from chloral is to throw cold water on the head and spine. Pretended antidotes of strychnia, quinine, atropine, and curara are bad.

These writers are opposed to the method of Dr. Ore, of Bordeaux.

Short Service Failure.

THE failure of Mr. Hardy's short service system to attract to the army the class of medical officers who would otherwise enter it, brings us face to face with a difficulty which must sooner or later be got over. Under the old rules an officer who served ten years was entitled to a pension of £185 for life, if incapacitated for duty by ill-health contracted in the service. The value of Mr. Hardy's short service proposal was about £75. Can it be wondered that such a scheme failed in attraction to but a few? We express it as our decided conviction that if the right honourable gentleman will restore to the medical officers the privileges granted to them by the Royal Warrant of 1858, abolish the short service, give to the surgeons the command of their own subordinates, insure the retiring allowance after twenty years' service, make surgeons of twenty years in the army to rank *with*, but not *junior* to, all other officers, give to the surgeons staff quarters as staff officers, or allowances *in lieu ;* make the uniform more attractive, and allow a soldier servant and soldier groom to mounted officers ; a few more additional good-service pensions and honorary distinctions; he will find that there will be no lack of candidates for the appointment of royal surgeon in the army. It was always, in our opinion, a mistake to extend the age beyond twenty-five years, or to abolish the examination for promotion, mistakes as easily rectified as transferring stores to officers when they might be equally well cared for by hospital students.

A Royal Hospital Corps.

THE military hospital having become the unit of medical relief in the army, what more fitting opportunity

could there be for embodying into a royal corps the *infirmiers* and officers of the medical staff? It has been truly said that a department tacked on to the tail-end of the Army List will never carry with it the *prestige* of a corps. We fully endorse this sentiment, and believe the change indicated would have the happiest effect.

The New Hospital for Norwich.

A FEW weeks since we mentioned that H.R.H. the Prince of Wales presided at a meeting at Norwich in aid of a fund for the alteration and enlargement of the hospital in that city. The sum asked for on that occasion has been more than subscribed, and the Earl of Leicester came forward with an additional donation of £13,000. Since then the subjec t has taken a new phase, and the old hospital and its enlargement has been discarded for a new building which is estimated to cost from £35,000 to £40,000. To this alteration the Prince of Wales has not only given his sanction, but has promisad an additional £200 from himself, and £100 from H.R.H. the Princess. At a meeting on Saturday last, when the change was definitely decided upon, the Rev. J. Fisk promised £1,000, and additional sums from Lords Calthorpe, Stafford, Leicester, and others went to swell a very handsome contribution.

The Water Supply of London.

THE columns of our contemporaries afford daily evidence of the highly impure state of the London water supply. An inhabitant of that fashionable quarter Kensington, in a letter to the *Times*, complains that a sample of water taken from a cistern in his house was found so charged with organic matters that he and his family were in hourly danger of a fatal overdose of the polluted mixture, or of eventually falling victims to typhoid fever. It will be said by the water company supplying the district this is an exceptional state of things, due to the floods which cover the land in every direction. But do not Major Bolton's monthly reports show that Thames water rarely reaches a decently wholesome standard, and is never free from dangerous organisms. So much has been written and said about the shortcomings of the water companies that it would be difficult to find a word of excuse for the continued existence of a danger to health and life, and that permits water companies to draw their supply of water from so contaminated a source as the Thames, and dole it out at a price out of all reason, were it perfectly pure. A deputation of the representatives of many of the vestries and of the National Chamber of Trade waited upon the Home Secretary, to urge upon him the necessity of bringing the matter before the Government. Mr. McCullagh Torrens and other members of the deputation pointed out the great importance of the question, and the grievances under which the households of the metropolis labour. A practical suggestion towards a solution of the difficulty was offered by the constitution of a central authority to assume the duties of the eight existing companies. It is clear that if some such change could be made a considerable improvement would take place in the quality of the water, a constant supply secured, and a saving effected, which must remedy the unfair inequality that characterises the levying of water-rates. Under many conflicting Acts of Parliament the companies were permitted to charge for the water supplied upon the annual valuation of the house. *The gross annual value* is the interpretation put upon their words, and as the rateable value of the metropolis has, within a very short time, doubled, the amount charged by the companies has increased in a manner not at all contemplated at the time the Act was passed. The eminent water engineer, Mr. J. E. Homersham, has, in the event of the Government refusing to make an attempt to deal with existing evils, proposed to the Wimbledon ratepayers to obtain for them a pure and abundant supply of water from an artesian well sunk into the chalk at Wallington, and pumped into a reservoir at Woodcote, 201 feet above the level of Wandsworth common. He has already bored through the chalk, and found an abundant supply of potable water, of an excellent quality, having sixteen degrees of hardness, but which can be reduced to four by Clark's softening process. As a commercial speculation, this project, if carried into effect by a company, could be made to pay 5½ per cent. upon the outlay, while the locality would be certain to secure an immeasurably superior quality of water obtained from a subterranean source, and as compared with that derived from the Thames, polluted, as Mr. Homersham justly says, "by a million of slop-pails," is as a dose of deadly poison to a wholesome and cooling beverage.

Homœopathic Gynæcology.

IN the *British Journal of Homœopathy* for January, a writer on pathology and therapeutics of the cervix uteri gives sixteen classes of ulceration, viz.—strumous, venereal, gouty, osteo-arthritic, hepatic, mammary, cardiac, asthmatic, choric, cataleptic, epileptic, tetanic, special sensory, mental, moral, mechanical. In hepatic cases moschus is recommended, in cataleptic, cannabis, in tetanic, strychnine. In mental cases, we are told the memory steadily mends under anacardium, while even for moral ones the author does not despair. He tells us of one patient cured of the desire for self-destruction by actœa, which he says also is the best for undefined dread of impending evil. The *Doctor* asks, "could he give us a globule for want of faith? We might try it before the next number of the journal appears."

The Cholera Epidemic in Madras.

SURGEON-GENERAL GORDON, writing to us from Madras, represents matters as being very sad in that Presidency. He says; There is a very severe famine here, scarcity of water, and an alarming epidemic of cholera, the latter chiefly amongst the natives. Last week there were more than 6,000 deaths by it in this Presidency.

Vortex Motion.

IN our last we announced that Professor Osborn Reynolds would lecture on this somewhat obscure subject, at the Royal Institution; and as it was expected to be made interesting by promised experiments, a numerous and critical audience assembled on Friday evening to hear what the learned Professor had to propound. The lecturer adverted to the fact that what he was able to reveal had

been discovered by the simplest and most common-place methods, but much was to be derived from methodical experiments. The study of fluid motion was one of the earliest branches of mathematical research, and the result had been a great success for science, other branches of which had been aided by their investigations, though many persons who had prosecuted them had been compelled to work, to a great extent, in the dark. The learned Professor proceeded to make various experiments, accompanied with lucid verbal explanations, aided by plans, diagrams, and models. Some of these experiments, he remarked, were the effect of very close observation, and by these and others which it was hoped might follow them, the domain of science had been and probably would be enlarged.

Absence of Kidney, Ureter, Vas Deferens, and Vesicular-Seminalis of Left Side.

We learn from the last number of *Le Progrès Médical*, that an extremely rare and interesting case in which the absence of the above organ was described, has recently occurred in the clinique of Professor Bouchard, at the autopsy on a patient who died from cerebral apoplexy at the Hospital Bicêtre. This is the second case reported in France during the last few years; the previous one was brought before the notice of the Anatomical Society of France, in 1870, by Dr. Reverdin.

The Bressa Prize.

By the will of Cesare Alessandre Bressa, Doctor in Medicine and Surgery, signed the 4th of September, 1835, that gentleman left all his property, after paying certain legacies, in remainder expectant on the expiration of a life interest, to the Royal Academy of Sciences of Turin, with power to convert and put the capital out to interest in the way deemed most profitable; and with the interest of this property a biennial prize was directed to be established, and adjudged in the following manner:—"The net interest of the first two years to be given in premium to that person, of whatever nation or country he be, who shall have during the previous four years made the most important discovery, or published the most valuable work on natural and experimental philosophy, natural history, mathematics, chemistry, physiology, and pathology, as well as geology, history, geography, and statistics. The net interest of the following two years to be given only to an Italian, who, by judgment of the above-named Academy of Turin, shall have made the most important discovery, or have published the most important work on any of the above-mentioned sciences. The prize will continue to be distributed in the same order." The Academy has accepted the task, with the intention of fulfilling to the best of their ability the generous wishes of the testator, and the first open prize will be given in the year 1879. The value amounts to 12,000 Italian lire, or about £370 sterling. In accordance with the spirit of Dr. Bressa's will, the Academy will choose the best work or discovery, whether or not it be presented by the author. The prize in no case will be given to any of the National members of the Academy of Turin, resident or non-resident. In the year 1881 the second Bressa Prize will be given for the preceding quadrennial term 1877-1880, according to the above rules, to an Italian. And so on every four years there will be a Bressa Prize for competition among scientific men of any part of the world, and every four years a Bressa Prize which can be competed for by Italians only.

Another Hospital for Dublin.

A special Hospital for the Throat and Ear has been opened in York Street, Dublin, under the patronage of the Duke of Abercorn, and many persons of distinction in Ireland. The Institution is under the auspices of Mr. Smyly of the Meath Hospital, Surgeon to the Lord Lieutenant; of his brother Mr. W. Josiah Smyly, and of Mr. Kendal Franks. The Committee justify the establishment of this Hospital by the great success of two such institutions in London, and the great difficulty of treating diseases of the throat in the general hospitals; and while they repudiate with emphasis any spirit of opposition to any other institution, they state the object of its establishment as to supplement the general hospitals of Dublin, and enable the poor to avail themselves of the recent improvements in the special department of diseases of the throat.

A secondary object and little less important than the first, is to enable the student to become familiar with the daily use of the laryngoscope.

It is the fashion to depreciate the value of special hospitals, on the ground that many of them are proprietary and really for the benefit of the surgeons, though ostensibly charitable. We never joined in this cry, and we are, therefore, always satisfied to recognise the creation of a special hospital, as long as the character of those in charge is such as to guarantee that the poor shall have at their disposal the best advice and care. The charge that special hospitals are really for the benefit of the medical staff, may with nearly as much force be made against general hospitals; and there can be no doubt that certain diseases are better treated under the pecuniary circumstances of a special institution than in the wards of a large general hospital. On this subject Mr. Morell-Mackenzie expresses the following opinion:—

"I feel bound to state my conviction that special hospitals, as a rule, are far more efficient than the special departments of general hospitals. As a rule, in general hospitals the same sets of rooms are used at different times for various specialities, and arrangements which are suitable for the treatment and investigation of one class of diseases are inconvenient for another. Moreover, a special hospital affords the means by which men already engaged in practice may be rendered familiar with all the latest improvements in that department of medicine or surgery to which it is devoted. It displays a greater wealth and a better concentration of material than can be found at any special department of a general hospital."

Vaccination Direct from the Calf.

In a letter to a daily contemporary on Monday Dr. George Wyld advocates, as he did also in a former letter, vaccination direct from the calf. He states that this method has been followed in Belgium for ten years with complete satisfaction both to the public and the profession, and that the protection afforded thereby against small-pox is

such that out of 10,000 traced cases thus vaccinated there has not occurred a single instance of the disease. In a previous letter to the same paper he states that, in his opinion, the lymph derived directly from the calf is "much more powerful in protecting from small-pox than the enfeebled infantile lymph now in use," while it has the further advantage of not involving those constitutional risks so much dreaded by a large proportion of our population.

We understand that several medical men, supported by a City vestry, have in the meantime taken action, and hope soon to produce a supply of vaccine lymph direct from English calves. In the meantime Mr. Allshon, of 51 Edgware Road, will endeavour to keep a supply of calf lymph in points for the use of the profession. Notwithstanding the opinions entertained by most of our vaccination authorities that the lymph does not deteriorate by passing through any number of individuals, it is just possible that lymph direct from the calf may insure a longer period of protection from small-pox than that secured by lymph taken from the human subject, and that the former might afford protection under circumstances in which the latter might prove unsuccessful. There would, however, be much difficulty in keeping up the supply in large cities, and besides the pressure of the great demand for it there would also be the risk of the lymph being sometimes taken from an unhealthy calf—a risk, moreover, over which the medical practitioner would have little or no control, as most of it would probably be purchased from, or supplied by, certain depots established for the purpose.

Army Medical Examination.

It is believed that of the total number of schedules applied for only twenty-four have been returned by intending candidates, and as fifty vacancies are offered for competition on the 12th instant, this result may be accepted as a complete failure. There will no doubt now be some mutual recrimination between the unificationists and the proposers of the short service scheme, each attributing to the other the source of the collapse.

The former are, however, somewhat handicapped in the discussion by the fact that an examination had already failed to attract competitors before the short service was adopted. It is a pity that the opinion of some ordinary executive medical officer of average intelligence is not asked, since the remedy is simple and economical enough, and perfectly obvious to any one unbiassed by preconceived theories.

Typhoid has almost entirely subsided in Paris; there were but 30 deaths from this zymotic last week.

Small-pox is slightly increasing in Vienna, in which city there were 26 deaths last week.

The deaths from small-pox last week in London and the other large towns were 113, the same number as the previous week.

Henry Gray Croly, F.R.C.S., Senior Surgeon to the City of Dublin Hospital, and Member of the Court of Surgical Examiners, Royal College of Surgeons in Ireland, has been unanimously elected Consulting Surgeon to the Rathdown Hospital.

The death of Lady Smith, relict of Sir James Elward Smith, which occurred on Saturday, at her residence at Lowestoft, in the 104th year of her age, recals to memory the services of her illustrious husband, who was a member of our profession, and founder, in 1788, of the Linnæan Society, and President of the same body until his death in 1828. Lady Smith was born in May, 1773, and she was married in 1790.

The Anthropological Society of Paris is busy upon the organisation of an exhibition which is to be held contemporaneously with the great Exhibition of 1878. The Exhibition will be held in the Trocadero Palace, and will have the name of "The Universal Exhibition of Anthropological Sciences." It will be divided into four sections. 1. Anthropology proper and Craniology .2. Ethnography of France and other Countries, especially those inhabited by Savages. 3. Prehistoric Archæology. 4. The History of Language. The Exhibition will be unique. A record of man in the present and past.

We understand that the Veterinary Department of the Privy Council has issued a circular letter to all local authorities throughout the country, stating that there is reason to fear that infected animals may have been moved out of the metropolis before the recent stringent regulations came into force, and urging the importance of strict inquiry as to the sanitary condition of the stock in their respective districts. It is also recommended that competent veterinary surgeons be deputed to act in this emergency, with full power to order the immediate slaughter of any animal affected with cattle plague.

The next meeting of the Pharmaceutical Society of Great Britain will be held this evening at 8 o'clock. The following papers will be read :—

"On the Admixture of Veratrum with Valerian Root." By Prof. Bentley.

"The Colouring Matter of the Petals of Rosa Gallica." By Mr. Harold Senier.

"Note on the Action of Dilute Nitric Acid on Brucia." By Mr. W. A. Shenstone.

"The Pharmacopœia Test for Quinine Sulphate." By Dr. B. H. Paul.

Correspondence.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My attention has been lately drawn to a question highly interesting and important to the medical profession generally, and especially so to those who are indirectly connected with the same—I refer to that class who are termed "unqualified assistants,"—a set of men extremely useful, and it would be a great disadvantage to us who are qualified were we to be deprived of their valuable aid, for I am sure a great

number of them are as well acquainted with the requirements of the "healing art" as those who are in the profession, and more so in some instances. I have known some who, had they been qualified, would have held a position second to none, in fact, would have been leading practitioners, but who, owing to some early misfortune, or youthful indiscretion, have been unable to terminate their studies satisfactorily, and so have been compelled to drop into the ambiguous position of unqualified assistants.

These prefatory remarks will, I sincerely trust, prove to these gentlemen-hangers-on (whose *locus standi* in the profession has given rise to some comment) my desire to treat them with no discourtesy; and all my observations on their position in the said profession will be made with due regard to justice and fair play.

There is not the slightest doubt but that the present ambiguous position of unqualified assistants has been brought about by two principal causes—*Firstly*, many of them being ashamed of their almost menial standing, lead the patients of their principals to suppose that they are doctors *de facto*. *Secondly*, many principals, through a weakness of mind and a silly, false pride, wish their patients to be under an impression that their practices are of such extent that they are obliged to employ qualified assistants, or, perhaps, through a laziness of temperament, they pay them to do most of the work, especially that of an unpleasant nature, which they would be obliged to perform themselves were the patients cognisant that their assistants were unqualified.

I have known some medical men most emphatically inform their relying patients that their assistants could not be otherwise than qualified, because they were very well aware that some invalids have great objections to being attended by men *minus* a qualification, for they imagine, sometimes with great injustice, and much more frequently with justice, that because a man is not qualified he must, of necessity, be an ignoramus; therefore, to quiet their patients, they are gravely told, or indirectly led to believe, by the principals that their assistants stand high in the medical profession, otherwise they would not have employed them.

There is another evil, which, fortunately, has almost gone out of vogue, and that is, if a medical man holds a union appointment he leads his parish patients (who, on account of their position as such, are considered by him as beneath his notice) to believe that his assistant is a doctor, and accordingly they are delivered over to the tender mercies of a man who holds no qualification whatever. That state of affairs has nearly, if not altogether, died a natural, though it must be acknowledged a slow death, for now nearly all the unions (for there are still some exceptions in small country districts) are obliged to be committed to the charge of a properly qualified medical man, and if a medical officer is now appointed to one he is bound, in case of illness or otherwise, to find a substitute, who must possess at least one diploma.

There is yet another evil, and that is, if a medical man has a large private and club practice he employs an assistant—ten to one, unqualified—to attend the clubs while he takes upon himself the charge of the private patients, and this veracious disciple of Æsculapius most likely pursues the same dishonest practice of informing his fortunate club patients that his assistant is, *of course*, qualified, and that if he had not been he would not on any account have employed him, and to make it appear more important, he would not have engaged his valuable services, so that the assistant Dr. Smith or Dr. Jones is employed by his most honourable principal to do all the dirty work; consequently, this questionable doctor is put at once into a false position, and he, if he desires to keep his situation, is, of course, under the necessity of acquiescing in his principal's proceedings, and if the said doctor is of a vain turn of mind he rather rejoices in the cheat than not, and struts about at the clubs, and perhaps gives a specimen of his oratorical powers with the greatest dignity he can possibly assume at their meetings, or at their non-Bacchanalian feasts.

Now, if an unqualified assistant wishes to keep his own self-respect and gain the good opinion of his principal, he should at once disclaim any connivance at false pretences, and if his principal objects to honourable practice, it will do him no harm in the long run were he to throw up his berth at once, for such an act would show that he and his proceedings were looked upon by his assistant with all the scorn and contempt of an honest man, and he would undoubtedly find many who would be only too glad to secure his services as an assistant, and *not* as a *sham* doctor.

Unfortunately for the dignity of the profession, there are many unqualified assistants who, as I have previously mentioned, are ashamed of their position, and, for the sake of appearing what they are not, try all they possibly can to impress upon the patients, &c., that they are veritable medical men, like the poor jackdaw who wished to emulate the peacock, and accordingly abstracted some cast-off plumage, with which he decked himself, being confident that he could not possibly be found out; but when he endeavoured to pass himself off as one the counterfeit was soon discovered, and when the crest-fallen cheat was exposed with what contempt and derision was he driven both from the society of those he so much envied, and essayed so much to imitate, and also from the companionship of his right-minded brother jackdaws, of which I hope there *are* a *few*.

Well would it be for this somewhat numerous class of unqualified assistants were they to take to heart this simple though instructive fable, and act more like honest men, determined to do their duty in that position Providence has called them, and not degenerate into contemptible shams and aping jackdaws.

This most important medical question is so wide, and there is so much more matter appertaining to it than is touched on in this letter that most likely you will hear from me again.

I am, Sir, yours obediently,

Camberwell. E. M. B.

ETHER INHALATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to offer a few observations in reference to your admirably illustrated notice, which appears in this day's issue on the subject of Dr. Ormsby's inhaler.

Far be it from me to detract from the merits of the talented gentleman's inventive genius; at the same time there are many inhalers as reliable as the one you seem to advocate so earnestly.

The question for the medical practitioner to consider is, not who was the originator, or the ingenious adaptor of a particular inhaler; but he should direct his inquiries as to what form of inhaler (no matter by whom introduced) is the *most efficacious in its action* and the *most simple* in its construction. I have used many forms of inhaler, but I find none so efficient as *Skinner's Improved*. It has the advantage of being most moderate in price (7s.), efficacious in action, and simple in construction. It consists of a conical leather bag, with a double lining of thick felt, and in outline resembles a fool's cap. Apologising for intruding so much on your valuable space.

I am, Dear Sir,
Yours very truly,
FRANK THORPE PORTER, L.R.C.S.D.

15 Upper Merrion Street,
January 31, 1877.

[If our correspondent considers that ether vapour, when largely diluted with air, will produce as satisfactory an anæsthesia as when undiluted, he has an innumerable variety of inhalers to select from, and no doubt Skinner's is as good a form as any other. Our experience, however, is that the dilution of the vapour by any means is the cause of all the *desagremens* of ether as compared with chloroform, and, therefore, we do not approve of any apparatus which does not provide for the exclusion of air from the lungs.—ED. M. P. & C.]

Medical News.

Royal College of Physicians of London.—The following gentleman was admitted a Member of the College on Jan. 25th:—

Crocker, Henry Radcliffe, M.D. Lond., Univ. Coll. Hosp.

Royal College of Surgeons of England.—The following gentlemen were admitted Members of the College at meetings of the Court of Examiners on January the 25th and 26th:—

Arnott, Sandford, St. Vincent's, West Indies.
Biale, John S., Phillimore Place.
Blamey, James, L.S.A., Penryn, Cornwall.
Brown, John A., Peckham.
Bunny, Joseph B., Newbury.
Byam, Samuel H., L.R.C.P. Lond., Exmouth.

De Caux, Frederick, L.S.A., Norwich.
Dening, Edwin, Taunton.
Freer, Edward L., Birmingham.
Groves, Henry E., Regent's Park Road.
Haines, William John, Hendon.
Henderson, George C., Jamaica.
Hunt, George A., Rocester.
Jeans, Francis A., Pinner.
Kempe, Arthur W., Brent.
Lake, William W., L.S.A., Ilford.
Langton, Herbert, Brighton.
Lees, Clement, Birmingham.
Liddell, Henry J. S., Ivy Bridge.
Lloyd, David, L.S.A., Newcastle Emlyn.
Maclean, Fitzroy B., Kew.
Marsh, William G. H. B., Bristol.
Morris, Clarke K., Spalding.
Perry, Charles E., Henley-on-Thames.
Roberts, Henry W., L.S.A., South Square.
Robertson, George S., L.S.A., Dover Street.
Ross, John H., Bloomsbury Square.
Semple, Edward, Totness.
Smith, William Henry, L.S.A., Sibsey.
Solomons, Philip F., Ceylon.
Steedman, Percy A., Cape of Good Hope.
Toll, John T., L.R.C.P. Edin., Port Adelaide.
Turner, Alfred M., L.S.A., Gloucester.
Walker, Basil W., Great Yarmouth.
Watson, Charles J., Norwich.
Welchman, Walter H. L., L.S.A., Falmouth Road.

Of the 127 candidates examined during last week, 74 passed to the satisfaction of the Court of Examiners and obtained their diplomas; 19 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 34, having failed, were referred for six months' further professional study.

Liverpool Medical Institution.—At a special meeting of the Liverpool Medical Institution, held on Friday, January 26th, to consider the present method of electing the honorary medical officers to the Liverpool charities, Dr. Turnbull, President, in the chair, the following resolutions were passed:—Proposed by Dr. Waters, seconded by Mr. Bickersteth, "That in the opinion of this meeting the election of the honorary medical officers of the great medical charities by so limited a body as a committee of management is open to grave objection and liable to abuse, and that it is calculated materially to affect the interests of these charities." Proposed by Dr. Cameron, seconded by Mr. Shadford Walker—"This meeting having heard that it will be proposed at the annual meeting of the Royal Infirmary to alter the laws of the institution so as to place the election of the honorary medical officers in the hands of the committee, would earnestly impress on the trustees the desirability of not making the proposed change." Proposed by Dr. Vose, seconded by Dr. Carter—"That copies of the foregoing resolutions be sent to the president and chairman of the Committee of the Royal Infirmary, to the Liverpool daily papers, and to the medical journals."

NOTICES TO CORRESPONDENTS.

"MEDICAL PRESS" DEFENCE FUND.

The Honorary Treasurers beg to acknowledge with thanks the following contributions to this Fund, which they have received since the publication of the last list in our columns:—

	£	s.	d.
Dr. Broadbent, London	1	1	0
Mr. F. P. Hoblyn, Bath	0	10	6

The Poor Medical Student Fund.—The List of Subscribers to the above will appear in our next issue.

The Medical Society of the King and Queen's College of Physicians, Ireland, will meet this evening at 8 o'clock at the College Hall, when the following communications are set down for reading:—Dr. Hayden, V.P., "Notes on Anhidrotics."—Dr. Duffey, "On a Case resembling Addison's Disease."—Dr. Finney, "On Intrathoracic Tumour simulating Aneurism."

To the Editor of the Medical Press and Circular.

Dear Sir,—If a Licentiate of the Dublin College of Surgeons engages in veterinary practice without being legally qualified to do so, is there any way of preventing such a scandal? A gentleman said to me the other day—"Your profession is becoming d—— low when you have to interfere with the Vets."

Yours truly,
Feb. 1, 1877. A. Spavin.

[A licentiate of any college may engage in the disinfection of cloacæ if he pleases. There is no legal qualification for a veterinary surgeon. It is altogether another question whether to engage in veterinary practice is *infra dig.* In our opinion it merits the expletive recorded by our correspondent.—Ed. M. P. & C.]

The Obstetrical Society of Dublin will meet on Saturday next, at 8 o'clock, in the College of Physicians, when the following communications are set down for reading:—Dr. Purefoy, "On a Case of Extra-Uterine Fœtation."—Dr. Finucane, "On Erysipelatous Metritis."

Mr. Lennox Browne wishes us to state that the advertisement which appeared in our last number headed, "Important to all Vocalists," was without his knowledge and sanction. The copyright of his pamphlet, "Medical Hints on the Singing Voice," is the property of Messrs. Chappell, the musical publishers, to whom must be attributed any little indiscretion in the form which advertisements may take, of which the one sent by them in the ordinary course to our publishers last week may be taken as a type. We are glad to have received this explanation from Mr. Browne, as our attention had been drawn to the advertisement as "somewhat unprofessional."

The first evening meeting of the Pharmaceutical Society of Ireland will be held on Thursday, Feb. 8th, 1877, at the King and Queen's College of Physicians, Kildare Street, Dublin. Chair to be taken at 8 o'clock, p.m. *Communications:*—H. N. Draper, F.C.S., M.R.I.A.—"On the Solubility of Ether in Aqueous Hydrochloric Acid."—Walter George Smith, M.D., &c.—(For Exhibition): "Specimen of a new variety of Pale Catechu."—C. R. C. Tichborne, Ph.D., F.C.S., &c.—"On Salicylate of Atropia, and its application to Pharmacy."

Dr. Timothy.—Your communication is unavoidably postponed owing to pressure on our space.

MEETINGS OF THE LONDON SOCIETIES.

Obstetrical Society of London.—This evening (Wednesday), at 8 o'clock, Specimens.—President's Address.—Drs. Hickman, Godson, Heywood Smith, and Elkington: "Cases of Inversio Uteri."—Dr. Braithwaite, "On the Treatment of Retroflexion."—And other communications.

Royal Microscopical Society.—This evening (Wednesday), at 8 o'clock, Anniversary Meeting, President's Address, &c., &c.

Clinical Society of London.—On Friday next, at 8½ p.m., Mr. Christopher Heath: Sequel of a "Case of Aneurism of the Aorta treated by Ligature of the Left Carotid Artery"; communicated in 1872 (a living subject).—Mr. Holmes: Sequel of a "Case of Aneurism of the Aorta treated by Ligature of the Left Carotid Artery": communicated in March, 1875 (a living subject).—Mr. Pugin Thornton, "On a Case of Tracheotomy in which the Operation was performed three times in the course of a few years" (a living subject).—Dr. Greenfield, "On a Case of Hydatid of the Lung."

VACANCIES.

Denbigh Infirmary.—House Surgeon. Salary, £35, with board. Must understand the Welsh language. Address the Chairman at the Infirmary.

Northampton Lunatic Hospital.—Assistant Medical Officer. Salary, £200, with board. Applications to the Medical Superintendent.

Kent County Lunatic Asylum.—Assistant Medical Officer. Salary, £150. Testimonials to Messrs. Beale and Hoare, Maidstone.

Dorset County Hospital.—House Surgeon and Secretary. Salary, £50, with board. Applications, under cover, to the Chairman at the Hospital, Dorchester.

Coventry Hospital.—House Surgeon. Salary, £100, with board. Applications, under cover, to the Secretary.

Maldon Union.—Medical Officer. Salary, £80, with fees extra. Apply to the Clerk of the Board, Maldon, Essex.

Gower Union, Swansea.—Medical Officer for the Eastern District. Salary, £20, with fees extra. Address the Clerk, Victoria Chambers, Swansea.

Stow-on-the-Wold Union.—Medical Officer for the Loughboro' District and Workhouse. Salary, £50. Also Health Officer, for which an additional £15 is given. Address the Clerk to the Guardians.

Westbourne Provident Dispensary.—Resident Medical Officer. Salary, £100. Applications to the Secretary, 24 St. Peter's Place, Bayswater.

APPOINTMENTS.

Brackenridge, D. J., M.D., F.R.C.P.Ed., has been promoted to Senior Assistant-Physician to the Royal Infirmary, Edinburgh.

Evans, D. T., M.R.C.S.E., Resident District Surgeon to the Pendleton branch of the Salford and Pendleton Royal Hospital and Dispensary.

Giffard, D. W., M.R.C.S.E., a Surgeon to the Brighton and Hove Lying-in Hospital and Dispensary for Diseases of Women and Children.

Hollingsworth, J. McKee, F.R.C.S.I., L.K.Q.C.P., Police Surgeon and Medical Officer to the A and D Divisions of the Leeds Force.

Marriages.

Saunders—Howie.—On the 1st inst., at St. Margaret's Church, Lee, Egerton Saunders, Surgeon, A.M.D., elder son of Dep. Insp. Gen. Saunders, M.D., R.N., to Serenah, second daughter of Thomas Howie, Esq., of Blackheath.

Weakley—Dring.—On the 3rd inst., at Emanuel Church, Upton, Essex, S. J. J. Weakley, L.R.C.P., M.R.C.S., of Stickney, Lincolnshire, to Rebecca Hannah, only daughter of Frances Dring, of Forest Gate.

Deaths.

Carey.—On Jan. 23, at Weston-super-Mare, Samuel Orby Carey, L.R.C.S.I., aged 36.

Christmas.—On Jan. 28, at the Grove, Hammersmith, Robert Dann Christmas, Surgeon, aged 46.

Graham.—On Jan. 21, at Dumbarton, William Graham, L.F.P.S.G., aged 43.

Norman.—On Feb. 1, at Manton, near Oakham, G. Blake Norman, M.R.C.S., late of Ilkeston, Derby, aged 76.

IRISH POOR-LAW INTELLIGENCE.

THE SUPERANNUATION PETITION.

Up to the hour of our going to press we understand that more than eighty boards of guardians, or one-half the entire number in Ireland, have signed the petition in favour of the payment of one-half the medical superannuation allowances from the Consolidated Fund, which was submitted to them by the Council of the Irish Medical Association, and was printed in our Supplement the week before last. Many of the boards have not yet had the subject under consideration, and we therefore anticipate the adhesion of at least two-thirds of the Unions.

ENNISKILLEN UNION.

IMPORTANT TO MAGISTRATES.

The Sanitary Sub-Officer reported in the case of the sanitary prosecution against Wm. M'Manus, Coa. The magistrates dismissed the case on the ground that the notice was not a *verbatim et literatim* copy of the report of the sanitary officer.

Chairman: I am afraid that the decision of the magistrates is a mistake, for the Sanitary Board can direct a prosecution without reference to the medical (sanitary) officer.

Mr. Graham: I think so too. It was not necessary to have a notice exactly in conformity with the medical officer's report.

Mr. Morrison: I am certain of it, for the Act does not require a notice at all. No notice was given originally, but I wrote to the Local Government Board asking one, and they prepared a form, but that notice is not recognised by the law.

Mr. Graham: The magistrates thought the notice should have been more specific.

Mr. Morrison: If the magistrates refused to convict on it, you might employ a professional gentleman and appeal.

Chairman: Should we conform to the wish of the magistrates?

Mr. Morrison: If you do you will make nonsence of the notice.

Chairman: The ground is, that the notice is not a *verbatim* copy of the medical officer's report. It seems to me, all the magistrates should desire to know is—is there a nuisance, and has the notice been properly served?

Mr. Morrison: There is no necessity for proving a notice at all. Evidence of the nuisance is all that is required. This notice of ours is simply courtesy and an addition to the Act, so that it is not at all necessary to be decided upon by the magistrates.

SCHULL UNION.—OUR SANITARY AUTHORITIES IN IRELAND!!

A letter was read from Dr. M'Cormack (forwarded to the Poor Law Commissioners), stating that he had attended to a small-pox case which occurred on board a vessel on her way from Liverpool to Mexico.

Mr. Hodnett: Where is the boy now whom Dr. M'Cormack attended to?

Clerk: I suppose he is on board the vessel.

Mr. Leahy: Where is the vessel?

Chairman: I suppose she has set out to sea.

Mr. Hodnett: *Perhaps that was no small-pox case.*

Mr. Sweetnam: *He may have no more small-pox than yourself.*

Mr. Hodnett: *I suppose the boy was vaccinated; but vaccination is only a catchpenny.*

Mr. Sweetnam: *I have been always of opinion that vaccination is a farce.*

THE PUBLIC HEALTH ACT.

A meeting of Town Commissioners in Ireland from towns of less than 6,000 inhabitants, to consider the working of the Public Health Act, was held in Dublin, pursuant to requisition. Deputations attended from Athy, Killiney, Wicklow, Fethard, Cashel, Newbridge, Tuam, and Trim.

The following resolutions were then unanimously adopted:—

(1.) "Resolved, that this meeting (composed of deputations from towns containing under 6,000 inhabitants) is of opinion that the Public Health (Ireland) Act, 1874, as far as it relates to such towns, would be more satisfactorily administered by Town Commissioners than by Boards of Poor Law Guardians, who are already overburdened with other business, and who cannot have the same local knowledge, nor as direct an interest, as Municipal Bodies, in whom the authority was formerly vested."

(2.) "Resolved, that inasmuch as the landlords of towns in Ireland where the Town Commissioners are, or hereafter may be entrusted with the administration of the Public Health (Ireland) Act of 1874, or any Acts incorporated therewith, are as much benefited by the due administration of such Acts as occupying tenants, we deem it just that the rates levied under the authority of those Acts should be borne equally by landlord and tenant; and that in future legislation there may be a clause inserted in any Bill introduced authorising the tenant to deduct from the landlord half such rates, as in the case of the Poor Law Acts."

(3.) "That the number of officers required by the Public Health Act, 1874, are, in our judgment, far too numerous, and that Town Commissioners, acting as the Sanitary Authority, shall have full power to employ their present officers as employés in carrying out the work to

be done, and that the Union medical officers, for economy's sake, shall fulfil the needful duty in such towns; and that such officers, in all such cases, be elected conjointly by the Board of Guardians and the Town Commissioners."

(4.) "That the present meeting be appointed a committee, with power to add to their number, and such committee to form a deputation to wait on the Chief Secretary of Ireland for the purpose of laying the foregoing resolutions before him; and that five do form a quorum."

ABBEYLEIX UNION.

THE FEES OF MEDICAL OFFICERS.

Mr. LODGE said Dr. Palmer had put forward a claim, or rather felt he was entitled to it, for his attendance in the vaccination prosecutions at the Durrow petty sessions.

Mr. Delany—I do not think he is entitled to any fee.

Mr. Lodge—I beg your pardon. He is entitled to a fee if he gave evidence in his own closet not to mind the court.

Mr. Delany—There is nothing in the act about it.

Mr. Lodge—But it is in the *Medical Press*.

Mr. Delany—That is not law. Where is the Act of parliament?

Mr. Lodge—The chairman of sessions has held that the doctor is entitled to a fee in such a case.

Mr. Lyster—But that would not make it law. The *Medical Press* is not legal evidence.

Mr. Lodge—It is only giving you what the barrister ruled.

Ultimately, it was agreed to take the opinion of the Local Government Board on the point whether the medical officer was entitled to a fee in such a case, and the matter dropped.

THE STATE OF THE WORKHOUSE.

The following communication was read:—

"Local Government Board, Dublin,
10th January, 1877.

"SIR,—I am directed by the Local Government Board to inform the board of guardians of the Abbeyleix union, that they have received Mr W. Hamilton's half yearly report relating to the union, in which he states that he concluded his inspection of the workhouse on the 5th inst., and that the infirmary continues to be kept in the same condition as previously reported by him with regard to nursing, clothing, bedding, cleanliness, and general want of comfort; and I am again to request the attention of the guardians to this subject, with a view to their taking steps for having the defects in this department remedied.

"Mr Hamilton further states that complaints were made to him during his inspection by three women in the nursery as to the rule in force respecting visits to the sick. One woman stated that three of her children had been sent to the fever hospital where one of them died, and that she had not seen any of them since their admission. Another stated that her young child was sick in the workhouse infirmary, and that she was only allowed to see it once; while a third woman, named Moore, complained that her infant, aged one year, had been admitted to the infirmary, and that she had been only allowed to see it twice a week, and that the child died on the 19th ultimo, on which day she did not see it until it was dead; and I am to request that the board of guardians will be good enough to give this matter their consideration.

"B. BANKS, Secretary."

Dr. Swan, who was in attendance at the board, said the charges made by Captain Hamilton were of a general rather than of a specific nature, which rendered their explanation the more difficult. With regard to the Inspector's report of a want of clothing and bedding in the infirmary, Dr. Swan denied that there was any want of bedding, though there might sometimes be a want of clothing. Captain Hamilton wished that persons might be allowed to visit their friends every day in the week; but if that were done the discipline of the hospital could not be maintained, nor would such a practice be permitted in any hospital in the three kingdoms. The charge that a woman was refused admission to the fever hospital, where one of her three children under treatment there died, was explained by the fact that under no pretence whatever were persons allowed to visit their friends in the fever hospital. The second charge contained in Captain Hamilton's report—that a woman complained to him of having a sick child in the infirmary, and been only allowed to see it once—could be easily replied to, as the child had been in the infirmary less than a week, and by the rules of the house, which limit visits to the infirmary to two days in the week, it could not have been seen more than once. The charge of the woman Moore, regarding the death of her child on the 19th ult., Dr. Swan explained by stating that the child died suddenly in the evening, although getting on well on the morning of her death; and that had he been aware of such a sudden change he would have given leave to the mother to see it. Even when people in the country had friends in the workhouse who became suddenly ill, messengers were immediately despatched to apprise them of the fact.

The Master said he told Captain Hamilton on the occasion of his inspection that if this woman had asked leave to see her child Dr. Swan would have granted it.

MONAGHAN GUARDIANS.

CASTLESHANE DISPESARY.

THE Clerk read a letter from the secretary of the committee to the effect that Dr. Donaldson, the medical officer was ill. Dr. Donaldson would be unable to resume his duties for a month, as another such attack would probably destroy his life. In these circumstances the committee had granted Dr. Donaldson a month's leave of absence. Dr. Donaldson had recommended Dr. Cranston, as a qualified practitioner to act for him during his illness. The committee had appointed him accordingly, and fixed his remuneration at £14 for the month, subject to the approval of the guardians.

A discussion ensued on the subject of the amount.

Mr. Rice thought £10 would be a fair remuneration, and even liberal under the circumstances.

Mr. Robinson said it would, provided the doctor had no expense; but he had to attend at the dispensary twice a week, and he would have to employ cars for that and visiting purposes.

The Clerk—He complains that he receives red tickets for parties who are not entitled to them.

Mr. Rice proposed that the remuneration be £10.

A division having been taken, the amendment was carried by a majority of one.

DROGHEDA UNION.

THE REGISTRATION ACT.

THE following was read:—

General Registrar Office, Dublin,
22nd Jan., 1877.

GENTLEMEN,—I beg to inform you that the office of Registrar of Births, Deaths, and Marriages, for the district of Stamullen, is now vacant, owing to the removal therefrom of Dr. Adrian. It therefore becomes my duty to request you will appoint a registrar for that district within 14 days, under the powers vested in you by the 26th Vic., cap. 11, sec. 23 and 25. I enclose herewith copy of the general rule.

I am, &c.,

HENRY WILKIE,
Chief Clerk.

Mr. Dowall—He wasn't aware that I had a duplicate key as superintendent registrar. I wrote to the office a

statement explaining the whole circumstances of the case, that he came in and explained how the key was mislaid, and that he wasn't aware that I had a duplicate key; I told them that the return would otherwise be sent off, and that if the matter was overlooked no inconvenience of the sort would arise again,

Mr. Gargan—I think we should ask Dr. Adrian to accept the office again.

Mr. Brabazon—And re-appoint him.

Mr. Dowdall—Will I communicate meantime with the office.

Mr. Gargan—You may say the guardians wish him to hold it.

Mr. Dowdall—After all it is not worth anything to speak of. The whole thing is not worth £3 a year to him, and he has the registration of the Fourknotts, Julianstown, and all that district to attend to.

COUNTY LOUTH INFIRMARY.

A meeting of the governors was held at Dundalk on Tuesday last, to elect a surgeon to the county Infirmary in the room of Dr. Brunker, resigned—when they unanimously elected Dr. Hercules Mac Donnell. B. A, T. C. D. M. Chir. and M. D., University of Dublin. Dr. Mac Donnell was also unanimously chosen as surgeon to the gaol.

KILCOCK DISPENSARY.

At the meeting of the Committee of Kilcock Dispensary district (23rd Jan. 1877), F. K. Coyne, L.R.C.S.I., L.K. and Q.C.P.I., and L.M., was unanimously elected Locum Tenens for three months, during absence of Dr. Wade through illness. There were five other candidates seeking appointment.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 27, 1877.

Total registered deaths in Dublin and suburbs *		...	178
Ten years average of same week	... ...	...	208
Decrease of mortality below average	... ...	...	30
Ratio of deaths, suburb of Rathmines	...	29·2	per 1,000
" " " Donnybrook†	...	23·4	"
" " " Blackrock	...	14·4	"
" " " Kingstown	...	30·9	"
" " Entire Dublin district	...	29·4	"
Comparative Ratios—London	... ...	20·1	"
" " Glasgow...	...	25·6	"
" " Edinburgh	...	21 6	"

* District extends over 10,050 acres, and contains 314,66 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 29; average number in the corresponding week of the previous ten years 38·2. The deaths from these diseases returned last week include 1 from small-pox (that of a woman who was admiitted into the Mater Misericordiæ Hospital from "Howth Road") 8 from fever (3 typhus and 5 enteric fever), 4 from scarlet fever, 2 each from measles, diphtheria, whooping-cough, and erysipelas, 1 each from influenza, diarrhœa, &c.

Fourteen children died from convulsions.

Bronchitis caused 24 deaths, pneumonia 8, asthma 2, and lung disease unspecified 4.

Seven deaths resulted from heart disease, 2 from aneurism, 6 each from apoplexy and paralysis, 1 each from cephalitis and epilepsy, 5 from brain disease unspecified; 2 from liver disease, 2 from Bright's disease, and 3 from kidney disease unspecified.

Seventeen persons died from phthisis, 4 each from scrofula and mesenteric disease, 2 from hydrocephalus, and 8 from cancer.

Six accidental deaths were registered, viz., 3 from fractures and contusions, 2 from burns, and 1 from drowning.

Eight deaths from whooping cough, 6 from measles, 2 each from scarlatina and diarrhœa, and 1 each from fever and diphtheria were registered in Belfast during the week.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1877.

January 2nd.—Maguire, Daniel, Doonflin, Skreen, co. Sligo, Lic. Fac. Phys. Surg. Glas. 1876.

3rd.—Reynolds, George Gerald, 52 Upper Leeson Street, Dublin, Lic. R. Coll. Surg. Irel. 1876.

8th.—Flood, John Wellesley, 69 Pembroke Road, Dublin, M.B. Univ. Dub. 1876, Lic. R. Coll. Surg. Irel. 1876.

9th.—Elliot, Henry George, 26 Ellison Street, Gateshead-on-Tyne, Lic. R. Coll. Surg. Irel, 1876.

9th.—Crofts, Aylmer Martin, Rohavne Court, Roches'own, Cork, Lic. R. Coll. Surg. Edin. 1876, Lic. R. Coll. Phys. Edin. 1877.

15th.—Anderson, Charles, Cantybrindle, Ballinamallard, co. Fermanagh, Lic. R. Coll. Surg. Irel. 1876, Lic. 1876, and Lic. Mid. 1876 K. Q. Coll. Phys.

16th.—Conry, Walter, 9 Charleston Terrace, Rathmines, co. Dublin, Lic. R. Coll. Phys. Edin. 1875, Lic. R. Coll. Surg. Edin. 1875, M.B. Univ. Dub. 1876.

17th.—Farrelly, Patrick William, 21 Claverton Street, South Belgravia, London, Lic. Apoth. Hall Dub. 1875.

17th.—Nelis, James Alexander, 2 Park Villas, Stillorgan Park, Blackrock, co. Dublin, M.B. 1876, and Lic. Surg. 1876 Univ. Dub.

22nd.—Elmes, Robert Rosborough King, Browood, Staffordshire, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phys. Irel.

30th.—Brodie, James Fitzgerald, Palmyra Terrace, Galway, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.

31st.—Blunden, William, Castle Blunden, Kilkenny, M.B. Univ. Dub. 1876, Lic. R. Coll. Surg. Irel. 1876, Lic. Mid. K. Q. Coll. Phys. Irel. 1877.

31st.—Jefferson, James Graham, Lisburn, co. Antrim, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

EXTRACTS FROM REGISTRARS' NOTES.

For the Last Quarter.

(Continued.)

Naas; *Rathmore.*—The filthy state of the pump at Kill, and the want of water in the village of Kilteel, have not yet been remedied. It is just two years since I first brought these matters under the notice of the sanitary authorities, and I have since then made five additional reports on the same subject. I am informed the attention of the Board of Guardians has been called to the subject by the Local Government Board, in consequence of a report from the Poor-law inspector.

Rathdrum; *Rathdrum, W.*—I always found it was next to an impossibility to make the cabin keepers of small towns and villages clean or have them believe that manure kept about their premises was prejudicial to health.

Athlone; *Athlone*, No. 2.—I find no difficulty in making the people in the country act in accordance with the sanitary regulations, but cannot say as much for the townspeople.

Cootehill; *Cootehill, W.*—I am of opinion the entire deaths are not registered in the district, nor will it be perfect until the graveyards are registered, which will make it simple.

Monaghan; *Glaslough.*—In the Register of deaths for this quarter, a female is registered who reached the very advanced age of 108 years. She took her breaktast with relish and was walking about the day of h

The Properties of Squills.

According to Dr. Huseman, in the *Med. Wochenschrift*, this drug, in the form of an extract, such as is employed in the German pharmacopœia, has a very constant action on living animals. It affects the innervation of the heart, and the muscles of the heart, exactly in the same way as do digitaline, antiarine, and those other alkaloids which are especially known as cardiac poisons. The diuretic action of squill can only be explained by the increased blood-pressure which it induces by its influence on the heart, since no other organ is acted on by it, and it does not produce any manifest irritation in the kidneys during its elimination. The indications for and against the use of squill in the different forms of dropsy are almost exactly the same as in the case of digitalis. Extract of squill has no expectorant power due to its elimination by the bronchial mucous membrane, nor has it any antipyretic power; on the contrary, its exhibition produces a greater or less elevation of temperature.—*Med. Surg. Reporter.*

Relative Value of Cinchonidia and Quinia.

New Remedies.—As the result of experiments instituted in the Bellevue Hospital, New York, with the view of determining the above question, it was established that, in all purely medical affections, such as intermittents of all stages, pneumonia, &c., whenever the tonic effects of cinchona are desired to be produced, cinchonidia can, with perfect reliability, be substituted for quinia, although its action is not so prompt, and it requires a slightly larger dose. The difference in the expense of the two articles must be borne in mind. It is *totally inadmissible* in cases of *severe surgical injuries*, especially those affecting the quinto-urinary organs, and in cases of shock, when it is apt to produce emesis, and, in connection therewith, severe congestive symptoms.

To Destroy Warts.

New Remedies.—Mr. Frank Parker, of Mineral Springs, Cork, says that a drachm of nitrate of silver dissolved in an ounce of nitro-muriatic acid makes a solution which, applied to warts with a fine brush, will permanently cure them in a few days.

POISONING BY GELSEMINIUM.

The *St. Louis Eclec. Med. Journ.*, and *N. Y. Journ. of Materia Medica*, recommend the following in cases of gelseminium poisoning.

℞. Carbonate of ammonia, 1 drachm;
Water, 2 ounces. Dissolve.

Dose.—One teaspoonful every hour. Give also one-tenth of a grain of sulphate of strychnia in an ounce of brandy every two hours, until four doses are taken, when it is to be discontinued. The ammonia and brandy should be continued until the toxic effect of the gelseminium is subdued.

The hypodermic injection of whisky is also asserted to act as a corrective to the toxic effects of an overdose of gelseminium.

INFLUENCE OF FORESTS ON OZONE.

In a note by M. L Fautrat, in the *Bulletin Hebdom.*, No. 475, of the Scientific Association of France, it is shown from observations made at Halatte and Ermenonville, that less ozone was observed in forests, particularly forests of pine, than in the open country, and more ozone at a height of 46 feet above the ground than near the surface. This statement goes far towards corroborating the opinion expressed by Mr. Kingzett in his paper on "Nature's Hygiene" (vide *Pharm. Journ.*, No. 366), that plants do not produce ozone, but peroxide of hydrogen, and that the hygienic influences attributed to the pine and eucalyptus (the oil of which has been shown by Faust and Homeyer to consist mainly of a terpene and cymene $C_{10}H_{16}$ and $C_{10}H_{14}$) are due to this latter agent, for the fact has been established beyond doubt that all bodies of the chemical formula $C_{10}H_{14}$ or $C_{10}H_{16}$ give by atmospheric oxidation, peroxide of hydrogen, and *never* ozone. The following and other substances have been examined in reference to this matter, and the observation holds good in every case—turpentine, hesperidine, myristicene, wormwood-oil, cymene, menthene, &c.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 27th,* 1876; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, January 27th, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . . .	10,050	314,666	29	200	178	22	42	1	2	4	2	2	8	1	7	6	58
Belfast . . .	20,687	182,082	30	145	106	14	23	...	6	2	1	8	1	2	1	1	19
Cork . . .	13,816	91,965	27	55	47	9	16	...	...	1	...	...	2	...	...	1	16
Limerick . . .	8,509	44,209	28	15	24	5	6	...	...	...	...	...	...	1	...	2	12
Londonderry . .	21,865	30,884	12	20	7	2	1	...	...	...	...	...	...	...	...	...	...
Waterford . .	17,209	30,626	15	17	9	3	...	...	...	...	...	..	..	...	2	4	2
Galway . .	21,358	19,692	11	7	4	1	3	...	...	...	...	...	...	...	...	...	2
Sligo . .	30,835	17,285	9	11	3	...	1	...	...	...	...	..	...	...	..	1	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 14, 1877.

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ON THE ELECTRO-MOTIVE PROPERTIES OF MUSCLE. (a)

By J. Burdon-Sanderson, M.D., F.R.S.

It has long been known as regards the living animal body that the only tissues which are electromotive are the nervous and muscular. All others behave, so far as has been ascertained, as ordinary moist conductors. Investigated electroscopically they exhibit, so long as they are in the living state, no variation of potential. In the plant it is the same. An ordinary stem of a herbaceous plant has the same potential as the soil in which it grows, or exhibits such trifling variations that it may be said to be constant. In most of the innumerable researches which have been made in the domain of animal electricity since the early discoveries of Du Bois Reymond, the method has been adopted of comparing the electrical state of the part to be investigated not with some other part of the organism outside of the area of electrical change, and therefore possessing in relation to such change a constant potential, but with some other part of the electrically active organ itself. Thus, in the case of muscle, the cut surface has been compared with the natural surface, the tendon with the muscular surface, &c. These considerations led us to begin our investigation by comparing those parts of the leaf of *Dionæa*, which appear to be the seat of electrical change, not with other parts of the same organ, but with the earth or with some other part of the same plant which we had previously ascertained to be electrically indifferent and constant, *i.e.*, free from electrical vicissitudes. The way in which this was carried out will be explained in the next section.

The greater number of the observations were made at Kew during the month of August of this year, the plants being obtained from the hot-houses of the Royal Gardens, through the kindness of the director, and brought to a conservatory in the house in which one of us resided several days before they were used. The parts to be compared were connected with the electrometer by means of electrodes of the same construction as those which we always employ for electro-physiological purposes. Each consists of a V-tube supported by a convenient holder, and half filled with saturated solution of zinc sulphate. Into one arm is plunged a zinc rod, of which the immersed end is amalgamated into the other, a glass tube filled with kaolim made into a paste with 0·75 per cent. solution of chloride of sodium. The upper end of this mass of clay forms a cushion, which can be moulded to any required shape. Electrodes of this form are convenient to work with, and possess manifold practical advantages, the greatest of all being (1) the facility with which they can be renewed in case they are found (by testing with the galvanometer) to exhibit polarity, and (2) the facility with which they can be brought into any desired position.

The arrangement most usually adopted is as follows :— The pot containing the plant had been previously kept plunged in water. Three electrodes are used, by one of them (called the fixed electrode) the damp surface of the pot is connected with a gaspipe. The other two (called movable electrodes) are in contact with any two surfaces of the leaf which it is desired to investigate. By means of a switch either can be brought into connexion with the larger mercurial surface of the electrometer. The capillary surface is connected directly with the earth. In many of the experiments the capillary surface was connected directly with the fixed electrode.

In experiments, of which the results were communicated to the Royal Society in 1873, it was found that the passage of induction shocks in rapid succession (faradization) through the tissue of the leaf in the immediate neighbourhood of the external surface of a lobe, produced effects which resembled those which follow mechanical excitation. It also appeared that this mode of excitation was exhausting; for although a leaf could be excited at 2 minutes' intervals for an hour or two without any appreciable impairment of its excitability, it soon ceased to respond when excited very frequently.

(a) Read before the Royal Society.

During the last summer we have confirmed these observations, using not only faradization but single induction-shocks. For both purposes we have found it convenient to employ as exciting electrodes steel needles sheathed in glass and bound together so that their exposed points were about a millimeter apart. These points were thrust through the epiderms of the leaf either on the internal or external surface.

For the production of single closing shocks the primary circuit of Du Bois's induction-apparatus (that of a single Daniell) was closed at regular intervals by a Donder's fall-apparatus (a modification of Pflugers') the opening shocks being suppressed by a suitable contrivance. The experiment was begun with a fresh leaf, and with the secondary coil at a distance of from 15 to 20 centims. The electrometer indicates that there was no effect, the distance was gradually shortened until the electrical disturbance took place. The excitation was then repeated at minute intervals until the leaf ceased to respond. It was always found that it was necessary to push up the secondary coil to within a couple of inches of the primary—in fact, to use induction-currents of such strength as would be sufficient to awaken reflex action from the cutaneous surface of the frog. There was an appreciable delay between the passage of the induction-shock and the electrical disturbance which resulted from it, a delay of which the duration varied according to conditions to be discussed in the next section.

When a leaf is excited at minute intervals, or oftener, by closing shocks which are of just sufficient intensity to produce a response, it invariably happens that after a time the effect ceases, *i.e.*, that the mercurial column remains motionless. The effects can, however, be reproduced either by shifting the needle points to a new spot or by diminishing the distance of the secondary coil. The same result can be attained without interfering either with the coil or the electrodes, by allowing the leaf to rest for a longer interval.

We next proceed to compare the effects of single shocks with that of faradization. The difference is striking. If the same experimental method is employed as before, with the exception that each excitation consists of the passage through the tissue, not of a single induction-shock, but of a rapid succession of such shocks, in alternately opposite directions, it is found that an effect is obtained with currents of relatively small intensity, so that if the experiment is begun with the coil at twenty centims. distance, and pushed up a centimeter at a time, the leaf begins to respond after one or two approximations.

This observation appeared to us to indicate plainly that, with relation to stimuli, the excitability of the leaf resembles that of the terminal organs of the higher animals, with reference to which it has been lately ascertained that they can be so excited as to awaken reflexes by relatively feeble electrical stimuli, if applied at very short intervals and repeatedly. We therefore proceeded to make experiments in which each excitation consisted of a definite number of induction-shocks in rapid succession. The results were in accordance with our expectations. It having been ascertained that with the electrodes in a certain position a single instantaneous contact had no effect when the secondary coil was at seven centims., but was followed by an excursion when it was pushed into 6 5 centims., it was set once more at seven centims. Again, a single contact was without result; two such contacts at one-fifth second intervals were also futile ; but after three contacts there was an excursion. This experiment having been several times repeated, the coil was pushed back to eight centims., and successive experiments were made with series of two, three and four contacts at one-fifth intervals, which were in each case without effect. After five contacts, however, there was an excursion. On now interposing the vibrator of the induction-apparatus, of which the rate of vibration was thirty per second, it was found that an excursion was readily produced at a distance of eleven centims., thus showing that the feebler the excitation, the more frequently must it be repeated, in order that a result may follow.

These facts afford the key to the understanding of the phenomena when the leaf is excited at short intervals by faradization, the excitation being continued each time until an excursion is produced. When this phase is adopted we have the opportunity of observing the combined influence of summation and of gradually increasing exhaustion. At first the leaf responds after eight or ten excitations, and a series of results present themselves quite analogous to those related in the preceding paragraph ; but as the tissue immediately surrounding the electrodes loses its excitability, the number of excitations required to awaken it to action rapidly increases, the effect being postponed for longer and longer periods until it finally fails to occur.

The result may be thus interpreted. Each excursion is an effect to which each of the induction-shocks which precedes it contributes. At first the summation is rapid ; for the tissue traversed by the currents is still prompt to enter into that molecular change of which the excursion is the visible sign. As this promptitude to change or, as it might be called, explosiveness, diminishes, the number of individual stimuli required in order to bring about the discharge becomes rapidly larger and larger, until at last the result is indefinitely postponed.

When a leaf is excited at regular intervals by single shocks of such intensity as to be just beyond the limit of adequacy, so that the slightest diminution would render them futile, it is sometimes observed that the effects become rhythmical. Thus, in a series of fifty-four successive excitations at half-minute intervals, we obtained the following results :—Excitations one, two, three, and four were effectual ; but of the sixteen excitations following, every other was futile, the alternate ones being followed by excursions ; then followed during eight minutes a series of futile excitations, after which the leaf was allowed to rest for two minutes. On resuming, the alternate rhythm again appeared for six excitations, then becoming modified so that an excursion followed every fourth instead of every third excitation, a state of things which continued for a quarter of an hour. In other instances the same tendency showed itself, but less distinctly, the usual result being (as has been already stated) no further effect was produced so long as the same spot was acted upon by currents of the same intensities.

The fact that by changing the seat of insertion of the needle-points the excursions could at any time be reproduced we regard as of importance, as showing that the excitability of the plant is a property possessed, so to speak, independently by the protoplasm of every cell in the excitable area. When, after repeated excitations at any particular point, effects cease to manifest themselves, their absence denotes, not that the whole leaf is exhausted (for if it were so, change of insertion would not renew them), but merely that the excitability of the tissue in the immediate contact with the needle-points has been blunted.

Influence of Temperature.

The conspicuous analogies which, throughout our investigations, have presented themselves between the phenomena of excitation in the leaf, and those which occur in nerve and muscle, rendered it of great importance to ascertain whether those physical agents which are known to exercise a decisive influence on the excitation process in animal tissue have a similar influence on that in the plant. This subject we propose to investigate more fully next season. In the meantime we submit the results of two experiments, either of which would be sufficient to show that the influence of temperature on the plant corresponds completely with what is known as to its effect on the contractile tissue of animals.

In each case a leaf, which for this purpose was necessarily detached from the plant, was investigated at the ordinary temperature of a room, then placed for twenty

minutes in a chamber warmed to 45° C., and then cooled by placing a block of ice in its neighbourhood. The results of the chronometrical comparison of its condition, under these circumstances, are as follows :—

Experiment 1.

Time, in Seconds, after Excitation of

	Beginning of excursion	Maximum of excursion	End of excursion
Leaf at ordinary temperature, 18°-20° C. . .	0·22	0·86	
After 10 min. in chamber	0·97	0·51	
After 22 min. in chamber	0·92	0·42	
Cooled 5 minutes . .	0·29	0·92	
Experiment 2.			
Leaf at ordinary temp. .	0·23	1·46	2·2
After 20 min. in chamber at 45° C. . . .	0·11	0·79	1·37
Cooled 5 minutes . .	0·44	1·48	3·1
Cooled 20 minutes . .	0·44	1·68	2·94

THE DUBLIN ORTHOPÆDIC HOSPITAL, A BRIEF ACCOUNT OF THE PRACTICE PURSUED THEREIN. (a)

By Robert Lafayette Swan, F.R.C.S.
Lecturer on Anatomy in Steevens' Hospital Medical School.

An hospital for the practice of orthopædic surgery has been for some time in operation in this city, and I think it right in this place to give some account of its formation and the practice pursued therein.

The reasons which acted as the motor power in the origination of the idea of forming such an Institution were not a few, and I shall here endeavour briefly to recount them. I must first, however, state that those reasons did not consist in there having been heretofore a lack of orthopædic practice, or surgeons who successfully relieved crippled humanity in this city by their skill and ingenuity in that special branch. The hospital records of Dublin demonstrate that the efforts of Adams, Stapleton, Elliot, Cusack, Tufnel, and many others, have maintained the advancement of this branch of surgery in Ireland.

But without an exception, every hospital surgeon with whom I have conversed on the subject, has confessed that the difficulties in the way of the treatment of even one of the commonest varieties of deformity, club-foot, in a general hospital were always great and sometimes insurmountable. In the first place, the onerous duties of a large surgical hospital will scarcely always admit of the constant watching and drain on time which a single case of this nature demands. The dependence also on the punctuality of instrument makers, and I may state the frequent difficulty in procuring appliances in this city, all create obstacles which often test the patience and temper of the surgeon.

Again, in a surgical ward, where diseases and accidents of more fatal importance are paramount, a young child is seldom left without some female relative to tend it. Such a person, usually the mother of the patient, whether induced by other ties at home, or becoming weary of the monotony of an hospital, soon, taking into consideration the tediousness of the treatment, removes the child from under the surgeon's care, and thus the labour of months often goes for nothing, or indeed, proves an obstacle to subsequent treatment, which, however, is seldom attempted, as the parents have lost their faith in interference, which they themselves have caused to be abortive. Such a result is unlikely to occur in an orthopædic hospital, where nurses are specially retained for tending young children, and the presence of the parent is unnecessary. Such causes, terminating through no fault of the surgeon, in either partial success, or in a relapse after a completely successful issue, have engendered an apathy in the minds of many of the least educated classes in this country in reference to this subject. They regard as irremediable fatalities such affections as spinal curvature, club-foot, and other deformities; and in many cases, are content to allow their offspring to grow up miserable and helpless themselves, and objects to others of pity or contempt. To meet the immediate requirements of this class, there has certainly heretofore been in Dublin no plain remedy. Amongst the profession, the Whitworth Hospital, Drumcondra, has been known as an Institution where orthopædic surgery was practised, but solely from the reputation acquired in this department by its visiting surgeon, Dr. Elliot. Its published prospectus, however, in no way refers to this subject, but runs as follows :—

"This hospital is open for the reception of patients labouring under general, medical, and surgical complaints. No cases of fever or any other contagious diseases are admitted. The dispensary in connection with the hospital is open on the mornings of Monday and Friday for medical patients, and on Tuesday and Saturday for surgical cases, from ten till eleven o'clock."

Many of our noblemen and landed proprietors in this country are governors of the Royal Orthopædic Hospital, Oxford Street, London. From this circumstance, the fact may be deduced that in a period of one month, I observed four cases, two of spinal curvature, and two of talipes sent over from this country for treatment. In the Dublin Orthopædic Hospital, which up to this time has been generously supported by the merchants and gentlemen of Dublin and many of the counties, amongst which may be particularly mentioned those of Limerick, Cork, and Kilkenny, we have at present but eight free beds. The average expense, however, of each case for instruments and appliances on leaving will amount to nearly £10. This, if we turn out two cases annually from each bed, leaving £30 per annum as its standing cost, will give an average of £50 per bed per annum.

In the Royal and National Orthopædic Hospitals, except in a few cases supported by endowment, the sum of ten pounds is deposited by each applicant before admission is granted. This sum, I am informed, is collected in England, when the parents are poor, by the sympathising assistance of their neighbours. I am convinced that in Ireland, now that grinding poverty has left the land, this principle of self-help only requires cultivation. We have also a certain number of beds set apart for paying patients. It has been decided by our committee that in no case shall they be filled unless with the concurrence and subsequent co-operation of the medical attendant of the patient. They have considered that there are already too many methods of encroachment on the private revenue of the profession.

Regarding the principles of treatment pursued, I will not, sir, weary the Society by recounting well known facts, or by a recapitulation of those conjectural doctrines little worthy of repetition. I shall merely trespass so far as to give a very brief outline of the means adopted as a general rule by us for the relief of three very common varieties of deformity; namely, curvature of the spine, rachitis, and talipes. Spinal curvature, for the application of treatment, may be divided into two varieties, antero-posterior and lateral. The first of those may be subdivided into angular, the result of caries, and into that exaggeration of either the dorsal or lumbar curve, consequent on relaxation of the ligamentous and muscular structures, in which no caries of the bone exists. As, however, this form of curvature is often seen in rachitic subjects, it is not unlikely that a pathological change in the bodies of the vertebræ may

(a) Paper read before the Surgical Society of Ireland. The discussion will be found on page 127.

increase it. In the first variety, or angular curvature, perfect rest in the horizontal posture is adopted. This is enforced by the application of a well-fitting padded splint, embracing shoulders, pelvis, and the entire dorsal surface on which the patient rests until a cure is effected by ankylosis. In reference to this treatment as distinguished from the ingenious deduction of Pott, that suppuration should be induced because nature pointed out that it gave relief, I cannot omit quoting the following statement of Mr. Brodhurst:—

"The importance of this fact (perfect rest in the recumbent position) cannot be too much insisted on. Without it all other treatment is useless. I have never known an abscess to form when the treatment has been strictly carried out; but on the other hand I have often known an abscess to be absorbed when the recumbent position has been strictly maintained." The formation of compensating curves will show, when the erect posture may be resumed, of those the inferior kind generally first appeared. Their formation is usually completed in eight or ten months. Lateral curvature may be divided into primary and consecutive. The pathology of the primary form is analogous to that of the posterior curvature already alluded to. Its treatment requires no comment. That variety of lateral curvature dependent on a remote cause is more obscure in its diagnosis. I may here mention an affection by which my attention has been forcibly arrested recently as a frequent cause of lateral curvature: I allude to valgus. Here we have a series of compensating curves implicating the vertebral column, pelvis, knee, and tarsus; and it is interesting to trace the deformity to its source. The treatment in such a case is obvious; a restoration of the arch of the foot by a valgus sole-plate, with perhaps an outside stem and ankle-strap, will probably cure the affection.

The surgical treatment of rickets requires in the abstract but a few words. In all cases, before nature has produced a consolidation of bone, and a deposition of additional material to strengthen a distorted limb, the careful application of gentle pressure will restore symmetry. When, however, this period has elapsed, it requires very violent measures to rectify deformity; in other words, the application of immense force is necessary to fracture the distorted bones. How far this forcible treatment is justifiable is a question. Regarding the treatment of talipes, under which head I will include all distortions consequent on irregular muscular contraction or combined with contraction of fibrous structures, after an observation of the practice and results in London and on the Continent, and the various opinions held on the subject, we are inclined to follow the course exclusively adopted in the Royal Orthopædic Hospital, London. There they divide tendon or fascia, as required. The limb is maintained in the position of the original deformity by means of a padded and pliable metal splint, for a period of four or five days after operation, until the incision in the integuments is healed, and a newly organised structure thrown out before a stretching apparatus is applied.

I have observed that few London surgeons regard Mr. Barwell's method of treatment as satisfactory, although I am aware the Mr. Sayre in America, and more than one Parisian surgeon, speaks highly of this practice. I take this opportunity of expressing my thanks to Mr. Brodhurst, Mr. Reeves, and the other surgeons of the Royal Orthopædic Hospital for their extreme kindness, affording me as they did every facility for observing the practice of the hospital.

I have the honour, sir, to lay before the Society, a modification of Scarpa's shoe, with which I may state I have obtained extremely satisfactory results. In equinovarus, as may be easily observed, and which I can illustrate in these (exhibits dissections) dissections made by my colleague Dr. Bookey, three distinct deformities exist. Firstly, elevation of the heel occurring at the ankle-joint, from the gastrocnemii. Secondly, adduction; and thirdly, rotation in the axis of its anterior segment, occurring at the median joint of the tarsus, from the combined action of the anterior and posterior tibial muscles. The movements for remedying the first and second distortions are not original, but that for the third, which rotates the sole in the axis of the foot, I have not before seen, and I think its application will facilitate the treatment of that deformity.

In conclusion, sir, we are aware that the success of our infant Institution will in a great measure depend on the estimation in which it is held by the profession. They naturally sway the public in such matters. We earnestly solicit their support, in order that it may attain a full growth.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page* 101.)

Hereditary Influences.—The history of deafness in the family should especially be inquired into in those cases where the difficulty of hearing comes on without any assignable cause, and where there is no marked abnormal condition to account for the malady. That deafness "runs in" certain families is well known, and this hereditary tendency (apart from such affections as gout and syphilis) will throw light on many cases in which the cause is obscure. I have just at present a lady under my care who is very deaf, and whose mind is beginning to fail. She is one of a family, two other members of which are deaf. Deafness has been transmitted for generations; and, coincident with the deafness, there is also a family history of insanity. Gout is perhaps the most mischievous heirloom. It may produce its effects at any age, and these are often most insidious, but those cases that I have seen were all over the age of thirty. I have noticed the coincidence of exostoses of the external meatus frequently in gouty patients, and in those in whose family there has been a history of gout. Hinton drew attention to a peculiar "irritability of the meatus attended by slight serous or sticky discharge, with itching or pricking pain, the walls being somewhat swollen and having a tendency to purple in their redness" as a form of gouty affection. This I have many times seen.

In January, 1871, a gentleman consulted me for deafness in the right ear, the left being hopelessly deaf for many years. He could not hear the tuning-fork louder in either ear on closure. The watch was heard at one inch with the right ear, the nail at two-and-a-half feet. He never had discharge or pain, and never had any noises. The external meatus was narrowed and contracted from small exostoses, and the membrane was thickened and vascular. There was occasional sense of fulness and throbbing. The sound with the otoscope was abnormally moist. He had consulted Mr. Hinton in 1869, and I had several communications with him about this case, in which he took a great interest. Both ears were much in the same condition. The appearance before referred to—viz., a moisture and packing up with epithelium. Mr. Hinton regarded the case as of a gouty nature. The patient was always relieved by iodide of potassium and gouty remedies, the employment of the douche and of injections of iodide of potassium into the middle ear, and careful attention to the external meatus. The last time I saw him, he was considerably and permanently benefited.

In 1870, a gentleman (age 60) consulted me for deafness, arising from a condition much the same as that described in the last case. The exostoses were perhaps larger. He had become gradually deaf, and was perhaps worse in one ear than the other. He never had suffered from gout himself; his grandfather and father both died from the

effects of gout. Other members of his family are greatly afflicted by the same malady. He was convinced that his condition proceeded from the same cause, and, doubtless, he was correct. Nothing improved him.

In 1873, a gentleman (age 40) consulted me for extreme deafness in both ears. There was a gouty history and a gouty family. He lived always well, and indulged pretty freely in alcohol. The meatus of one ear was almost completely occluded with an exostosis, and there was a similar condition, though less in degree, of the other. Under treatment directed to reducing the congested condition of the meatus by frequent cleansing with astringent injections, and attention to the cavity of the tympanum, with constitutional remedies, he improved considerably before he passed from my care.

Present Symptoms. PAIN.—Pain, more or less violent, is present in all acute inflammatory affections of the ear. For instance, it is, as a rule, very acute in ordinary furunculous abscess of the meatus, in acute perforation of the membrana tympani, and in acute inflammation of the same. Pain, under any of these conditions, may produce a state bordering on delirium, so wild and fierce may it become, especially at night. So, also, the constant deep throbbing pain, when mischief has extended to the internal ear, is peculiarly intense and most difficult to relieve. This latter pain, in those cases which I have seen, is characteristic as radiating over the side of the head and is often accompanied by frontal ache and great intolerance of light. In children, especially, is the occurrence of pain of importance, as it is often the only guide to the malady from which the little one suffers; the carrying of the hand to the head and the affected ear drawing the attention of friends and physician, long before the occurrence of discharge, to the seat of the mischief. But in many cases it is surprising what an abnormal condition of things may exist without the occurrence of pain. Constantly we see persons with evidence of long-standing disease, as exostosis of the meatus, polypus, thickening of the membrana tympani, or even perforation of the same, and thickened states of the membrane of the cavity of the tympanum, or ankylosis of the ossicles, all lesions of a chronic character in which no pain has been complained of, and in which patients deny its existence. Some of the most intractable forms of deafness, with nervine complications, are those in which there never has been from first to last any pain. The presence of pain is of value chiefly in showing the acute nature of the attack, and (excluding causes existing in the meatus) it will point to inflammation of the membrane, and if there be no appearance of such, to mischief in the cavity of the tympanum or in the internal ear. The advent of acute pain in an old-standing case of aural disease, where there is not any manifest cause for its occurrence, should always be looked on with suspicion, the more especially if such be accompanied by any general constitutional symptoms, such as rigors, vomiting, alterations in the pulse, constipation, or drowsiness. Pain in the ear under any circumstances should both in old and young receive immediate attention, and its source be carefully ascertained.

DISCHARGE.—The history of a discharge, the length of time it has lasted, and the states which preceded its occurrence, the fact of its being coincident with pain or relieving it, its nature, if mixed with epithelium and mucus, its quantity, should separately be inquired into. It is well to see if there is any foul smell, and if the discharge be mixed with blood. One clear rule should be always observed—namely, to regard discharge from the ear as but a symptom of some diseased state of the auditory passages, and one which must be dealt with only after ascertaining its exact source. Nothing can be more mischievous than to regard the mere discharge as the disease, and to remain satisfied with undivided attention to it without arriving at a correct conclusion as to the cause of this symptom. Frequently, I have seen polypus, perforation of the membrane, destruction of the ossicles in cases treated as "otorrhœa," and these serious complications overlooked from neglect of the simple precaution of examining an ear carefully with a speculum when the discharge has been all removed. As a diagnostic symptom, discharge is valuable by directing our attention specially from the external meatus to the membrane and the middle ear, the constant sources of its presence.

SYPHILIS.—In children the fact should not be forgotten that transmitted syphilis is a frequent source of ear mischief. It is difficult to say when the morbid changes which bring about this terrible form of deafness commence. Struma and syphilis have both their share in producing aural complications in young children. But while frequently to the former are attributed the symptoms which are observed in the young child and infant, the presence of the latter is overlooked. In many obscure cases, where there is no proof of the parents being strumous, and no appearance of a strumous diathesis in the child, the search must be cautiously but carefully made for a syphilitic origin. More particularly is this necessary in those acute cases which we occasionally meet when a child or young infant is attacked rapidly with inflammation in the middle ear, followed by profuse otorrhœa, and perhaps convulsions and death. In such a case that I saw lately there was general blood-poisoning and collections of pus formed in different parts of the body; the attack was ushered in with snuffles and an abscess over the antrum. The father had syphilis, and the previous children had all died shortly after birth. Suspicions must be awakened by such a history, and it should not be overlooked, both for the sake of the patient and the surgeon. But those cases are most frequently met with in which the deafness is hereditary, and the child has never heard well, without any history of discharge, and when there has been no complaint of pain. These children are not brought in the earlier years of childhood, and we are often not consulted until the growing deafness has become so inconvenient, at or about the age of puberty, that the parents, particularly amongst the poorer classes, are forced to get advice. The symmetrical nature of these cases, as pointed out by Mr. Hutchinson, may assist in the diagnosis. The presence of the characteristic teeth, also described by him, the coincidence of syphilitic lesions of the cornea, the proofs of old skin affections, and the general characteristic appearance with which we become familiarised on seeing a number of such cases, will confirm the diagnosis. We have Hinton's testimony that one-twentieth of the cases of deafness attending Guy's Hospital had as their cause hereditary syphilis. This proportion has certainly not been nearly so great in the cases under my care. This, of course, would be accounted for by the greater prevalence of inherited syphilis in such a city as London. These three cases are typical of the hereditary syphilitic class, and therefore I refer to them here.

Mary A., orphan, age 18. Could trace no family history. Has always been deaf; barely hears the watch on contact with left ear; altogether deaf with right. There has never been any pain or discharge. Cornea of both eyes is dull. There is a peculiar nasal voice, and difficulty in pronouncing some words. The external meatus of both ears is healthy; the membrana tympani of both is very concave, and dull, with a prominent malleus. Eustachian tubes are free. She hears a tuning-fork well in both ears when placed on the head, the sound becoming duller on closure of the ear; tonsils congested, teeth normal.

A. M. H., female, age 15. Her father, who is dead, was affected with deafness. She has been deaf since childhood, and the deafness has greatly increased of late. The cornea of both eyes is dull, and old interstitial deposits exist. Hearing apparently almost completely destroyed, neither hearing loud noises nor conversation in the loudest tones. External meatus healthy; membranes extremely concave and dull, with marked pockets; Eustachian tubes closed. Has the same peculiar lisp and difficulty of pronunciation as in last case. Teeth partially syphilitic and discoloured.

Miss —, age 15, consulted me, November, 1874, for old

interstitial keratitis. She was the first child not still-born of the family; all the previous children were syphilitic. She has also now slight deafness and typical syphilitic teeth. Her eyes were healthy until she was five years old, when she had an attack of interstitial inflammation of the cornea, and a second attack five years subsequently. She has the peculiar look and curious articulation which I have noticed in some of these patients.

The method I adopt to note the degrees of hearing is as follows :—

H.D. W. not heard.	If the watch be not heard when pressed against the ear.
Contact.	When it is heard only when it touches the ear.
1-50.	Heard at one inch.
2-50.	Heard at two inches, and so on to
50-50.	Normal. H.D.

If the watch is found to fail, the nail furnishes a good test in bad cases, the distance at which the click of the nail is heard being noted. Or the tuning fork may be tried with the normal ear and the affected one, and the length of time the perception of the sound is retained marked. So also the patient may be tried by engaging him in conversation at different distances, and with his face turned away from the examiner. The fact of his hearing better in a railway carriage, or worse at a dinner table, when many persons are speaking, and not being able to join in a conversation, should be recorded. This latter peculiarity points particularly, in my experience, to affections of the middle ear and ankylosis of the bones. In some instances the tuning fork will be heard only when placed against the teeth. I can only call to mind one case in which the sound was not so conveyed.

PAPERS ON THERAPEUTICS.

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,
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ACIDUM NITRO-HYDROCHLORICUM.

In the concentrated form as "aqua regia" nitro-hydrochloric acid is not officinal, but is sometimes employed as a caustic, and Macnamara recommends it as being one of the most valuable and efficient remedies of the class, especially in the treatment of sloughing ulcers of the tonsils, in cancrum oris, and in the ulcerated sore-throat of scarlatina. The diluted acid is extensively used in the form of lotion or bath in cases of obstruction of the liver and chronic affections of the spleen. As a topical application the best method of procedure is to ring out spongiopiline in a lotion of it, consisting of six or eight ounces of the acid to the gallon of water: the piline should be laid over the affected region and covered with oil-silk. It may be permitted to remain on for an hour, and the application should be repeated three or four times daily. The dilute acid is used in this country in the form of a foot-bath, but in India the whole body is immersed, except the head. When the foot-bath is used the feet should be kept in it for 15 or 20 minutes, and should then be well rubbed with flannels.

According to Sir R. Martin the body-bath should be used as follows: Three ounces of hydrochloric acid and two ounces of nitric acid should be mixed with five ounces of water. Six ounces of this may be added to two gallons of water for a bath: the bath should be taken twice daily for about ten or fifteen minutes, and the temperature, according to Dr. Lendrick, should be between 90° and 95° F. It is hardly necessary to say that a wooden vessel should be used.

There can be no question that nitro-hydrochloric acid more than any other mineral acid influences the liver and other glandular organs of the alimentary canal. In chronic hepatitis it was recommended by Scott, Annesley, Sir P. Martin, and others, and is a powerful agent for good. Its use is absolutely contra-indicated in cases attended by high fever, or where there is a tendency to rapid suppuration. In jaundice and dropsies arising from derangement of the liver or spleen its employment both externally and internally has been attended with beneficial results. In the jaundice of torpidity, or in catarrhal jaundice, nitro-muriatic acid is a favourite remedy, but it is the experience of most physicians that it is useless, if not pernicious, in jaundice resulting from obstruction, or that due to organic disease. In the early stages of cirrhosis it is stated that apparent benefit has been derived from the use of this acid. In biliousness due to torpidity of the small glands of the mucous membrane of the alimentary canal it has been found of service. In intestinal dyspepsia characterised by chronic diarrhœa it is often useful, and in such cases it acts not as an astringent but by restoring the normal digestive power.

Nitro-muriatic acid has been recommended by Scott as a remedy in syphilis, but it has not proved advantageous in the hands of the majority of practitioners, and its employment will probably soon be limited to those cases in which mercury is contra-indicated.

In certain skin diseases, as in acne, in favus, according to Prof. Wilson, and in some of the exanthemata, lotions of nitro-hydrochloric acid have been successfully tried. In scrofulous cachexia it has been found useful. The acid has been used in chronic rheumatism. As a gargle in scarlatina it has been highly praised. Macnamara advocates its internal administration in this disease, and his formula is as follows :—

℞ Acid. nitric. dil., ℥j.;
Acid. hydrochlor. dil., ℥ij.;
Syr. rosæ, ℥ss.;
Infus. rosæ, ad ℥viii.;
Dose, ℥ss—i.

So ordered, he states that we get it fresh, and no doubt for internal use the freshly prepared acid is preferable. The acid has been used rather extensively in India in the treatment of cholera in doses of three drops, combined with ten drops of tincture of opium every one or two hours. Sponging the chest with it has been recommended in bronchitis. Hunt advocates its use in epilepsy. It has been used in the treatment of phosphatic, oxalic acid, and cystic oxide diathesis. In the second of these Prout urged that its administration should be continued until lithic acid or lithate of ammonia begins to appear, or for two or three weeks. Animal diet should be given, and starch and sugar avoided. The long continued use of nitro-hydrochloric acid occasions thirst, soreness of the gums, and salivation. In poisonous doses, the acid under consideration, gives rise to symptoms and results similar to those produced by nitric acid. The appropriate antidotes are the same as those for other mineral acids.

Clinical Records.

MERCER'S HOSPITAL.

Large Naso-Pharyngeal Polypus necessitating excision of a considerable portion of Right Upper Jaw—Amputation of Thigh in Upper Fourth—Ditto of Leg below Knee, with subsequent Disarticulation of Head of Fibula—Dislocation of Patella from accident reduced by operation four years afterwards—Strangulated Inguinal Hernia (2 cases) —Cancer Lip—Severe Injury to Head and Face, complicated with Fracture—Ditto of Forearm, followed by extensive Gangrene of Skin—Compound Fracture, with Dislocation of Elbow.

During the month of January several important surgical cases—operative and traumatic—were under Mr. O'Grady's care for treatment in the surgical wards of this institution. Amongst others were those quoted.

On the 18th inst., a lad past fourteen years of age was operated on for naso-pharyngeal polypus, which not only occupied these spaces, but also extensively involved the

right inferior maxilla, expanding and perforating that bone, a portion of the growth showing exposed beneath the cheek. The anterior and alveolar portions of the jaw-bone itself were also much diseased, sinuses leading through the cheek in different spots to the damaged bone; ectropion being present too. The extent of disease enforced the extensive removal of bone—the floor of the orbit—with the malar articulation, however, being preserved intact. The incisions ran beneath the orbit along the side of the nose into the nostril, and through the upper lip. To the attachment at the occipito-sphenoid bone, after the surface had been well scraped, the actual cautery was freely applied. The case progressed most favourably; in a week the line of union was so little noticeable that the patient, who was a very intelligent lad, could not trace it when scanning himself in a looking-glass; there is no deformity, and the deeper part of the chasm continues to fill in nicely.

The thigh amputation was on the 9th, for wide-spread suppuration of the soft tissues and disease of bone consequent on un-united fracture of femur, which had been operated on several weeks previously. The exigencies of the case required the section of the bones to be nearly subtrochanteric. The prolonged drain had reduced the patient, a young man, to a very enfeebled condition, signs of incipient chest damage being present too. Since the operation progress has been far more favourable than was expected, the stump advancing steadily towards repair, the patient improving daily in health, and being now able to sit up and commence the use of crutches.

In the accident ward is another case of amputation of the leg, which to all appearance had progressed excellently after the operation, the stump being in three weeks nearly healed, and the patient already able to get up daily and begin to move about on crutches. Profuse hæmorrhage suddenly occurred, and proving uncontrollable by other means, necessitated the stump being laid open freely, when the bleeding vessel was seen to be one of large size, situated deep between the two bones so placed that it could not be got at to secure it, though distinctly seen spouting. The head of the fibula was necrosed, the sawn extremity being extremely sharp, and was evidently the cause of the mischief to the vessel. The diseased head of the fibula having been disarticulated, the bleeding artery was then ligatured without further difficulty. The man was much prostrated from the previous loss of blood, and convalescence was slow; he gradually, however, gained ground, and eventually made a good recovery, having commenced to use a pin leg, and being about to leave the hospital.

In the same ward is another case possessed of some points of considerable interest. A boy, aged thirteen years, dislocated his patella outwards whilst leaping off a hedge four years ago. Articular disease supervened of a chronic type, gradually becoming extensive, and rendering the condition of the joint an unpromising one. Hoping there might be a better prospect for conservative treatment if the displaced bone was restored, this was attempted, and successfully effected after free section (by a fine tenotome) of extensive inter-osseous fibrous adhesions. Much difficulty was experienced in dressing the case, from the tendency of the patella to slip back to its acquired bed. The limb was at first kept at absolute rest on a "McIntyre;" subsequently a sloped-back splint being provided, so as to allow exercise to be taken, the joint being the while kept immovable. So far progress has been favourable, but from the amount of disease prognosis must still be considered doubtful.

Two patients, the subjects of strangulated hernia, were also under observation. One, a man, aged 57 years, was operated on at the end of November, but had to be retained in the wards after complete recovery from this for urinary trouble. The rupture was inguinal, of considerable size, and three days strangulated. The sac had to be opened; it contained about seven inches of gut, the greater portion of which was extremely dark and unpromising-looking. Nevertheless, recovery proceeded with rapidity, the patient being able to go about with a truss in a month, and with every fair likelihood of a radical cure. The issue in the second case was not so fortunate. The hernia in this was also inguinal, four days strangulated. The patient, a thin, spare woman of 50 years, but looking older, was in a very prostrate condition on admission. Stercoraceous vomiting had occurred early. The sac, which was of unusual thickness, had to be opened. After the operation complete relief was afforded to the sickness of the stomach. Nourishment and stimulants were freely taken, and with relish; large quantities of flatus were passed by the anus, a full and healthy fæcal evacuation also taking place on the second day. The weakness, however, continued progressive; the patient steadily sank and died, just three days after the operation.

Amongst the minor operation cases under observation during the month were three of cancer of the lower lip. Two of them were of limited extent, and removed by the ordinary V incision. In the third case, which was further complicated by severe chronic bronchitis, were two separate and distinct small-sized growths, so far apart as to require independent removal at the same sitting.

An important case of head injury presented in the person of a publican, who fell off a car, and was, it is presumed, severely kicked whilst on the ground by the horse. The left side of the face was split up and down at the commissure of the lips, requiring numerous sutures (carbolised catgut) for readjustment. Over the eyes at the same side was another jagged wound, where the finger made evident that a portion of the supra-orbital margin had been knocked off. *The detached bit of bone was nowhere to be found.* Marked palpebral and subconjunctival ecchymosis were present. There was mental abberation for some hours, and subsequent head symptoms, and in less than a month the patient left the hospital, his stay there so long being caused by extensive suppuration of the right hand, consequent on local injury, also received at the time of the accident.

On the same day the foregoing case was admitted there was also a woman, 50 years of age, taken in, who had fallen down a flight of stairs and received a severe lacerated wound of the right forearm, about its centre; this ran obliquely round the limb, nearly completely surrounding it. The wound at first presented nothing remarkable in its appearance, but the integument (which was not to any notable extent "undermined") along its lower border sloughed to nearly a hand's breadth, as did also the subcutaneous areolar tisssue very extensively. After a detention of three weeks in hospital the woman was able to leave, the wound being then a large healthy ulcer, healing nicely.

In the same ward another complicated injury of upper extremity was also for a short time under treatment in the person of a woman aged 54. She was reticent as to the cause of her hurt, which was evidently due, however, to a severe blow, such as possibly might be inflicted by the squared extremity of a poker. The radius was dislocated forwards, and the ulna broken about an inch from the tip of the olecranon, the skin at seat of fracture being perforated and discharging synovia in small quantity. The dislocation was easily reduced, but the action of the triceps rendered it difficult to secure the fracture in accurate apposition. The wound was sealed by compresses of lint soaked in "Friar's balsam," and after the fingers and limb had been carefully bandaged, a suitable gutter splint was applied. No bad symptoms supervened. In six days the patient took her discharge, and, it is to be regretted, has not since been heard of.

THE mortality from the seven principal zymotic diseases exclusive of small-pox is still considerably below the average of the last ten years throughout the United Kingdom.

PROFESSOR PIROGOFF has been appointed by the Russian Government to take the direction of the field ambulances in the event of active operations supervening.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 26TH, 1877.

GEORGE W. CALLENDER, F.R.S., President in the Chair.

PRESIDENT'S ADDRESS.

Mr. CALLENDER (the President) delivered the annual address.

CASES OF SUBCUTANEOUS SECTION OF THE NECK OF THE THIGH-BONE.

Mr. B. E. BRODHURST contributed a paper in which two cases were fully reported, and seven others, also operated upon by himself, were referred to. In each of the two cases the right thigh was flexed upon the pelvis, and the knee was crossed over the opposite thigh in such a manner as to close the vagina and to interfere with the evacuation of the bladder. As a consequence of this position excoriation of the thighs, with considerable discomfort, constantly occurred; whilst the shortening of the limb, in one instance to the extent of seven inches, and in the other to the extent of four inches, rendered it necessary that artificial support, such as sticks or a crutch, should be used in walking. In the first case the patient's age was eighteen when she first came under Mr. Brodhurst's care in 1864. As the result of an accident at eight years of age, hip-joint disease had been established, followed by suppuration, and eventually by bony ankylosis, with the thigh flexed and adducted. Mr. Brodhurst divided the neck of the femur subcutaneously. The external wound was an inch and a-quarter in length, and the knife was then passed down to and over the neck of the femur; it was then withdrawn, a small strong saw was introduced, and the bone divided immediately above the trochanter. The saw was then reapplied, and a small portion of the bone removed. The wound healed by first intention. The limb was placed semiflexed on an interrupted splint. In six weeks the patient walked with help, and bore some weight on the foot. Fair motion of the limb in all directions resulted, and still remained, twelve years after the operation. In the second case the girl was aged 16, and had bony ankylosis at the hip-joint, with great flexion and inversion of the thigh. Inflammation had commenced nine years previously, and was followed by abscess. Mr. Brodhurst, in this case, made the external wound only just large enough to admit the small saw with which the neck of the femur was divided. The bone was exceedingly solidified and thickened, felt like ivory, and twenty minutes were occupied in completing the section. There was some hæmorrhage. After section the limb could be fully extended, but extension was painful, and consequently, for several days the thigh was kept slightly flexed. Suppuration took place, and an abscess formed at the junction of the upper with the middle third of the thigh. The splint was removed, and extension was then made by means of weights. In about three months the patient could walk and bear her weight on the limb. Mr. Brodhurst had done eight similar operations, some with the smallest possible opening, others with an opening about an inch in length, and he "had always found that where the opening was small, and there was, in consequence, stretching and bruising of the adjacent soft structures, suppuration followed; but that, where more room was allowed for the necessary movements in dividing the bone, healing took place very rapidly." A large opening was therefore desirable to prevent injury to the soft structures, but it need not be placed so as to correspond, when the operation was complete, with the section of the bone. "The subcutaneous character of the operation did not depend so much on the size as on the position of the wound." In some cases which had been recorded, after operation, the deformity had remained. The wound should then have been enlarged, and either a wedge-shaped or circular piece of bone removed, or the operation of Mr. Gant, of division below the trochanter, should have been chosen. Where the bone was very hard, it should be divided with the saw; the chisel of Volkmann, as used by Mr. Maunder, should be reserved for cases where the bone was tolerably soft. Where the ankylosis was fibrous the bone was soft and divisible with the chisel; but it was undesirable to resort to a cutting operation when deformity might be removed without the use of a knife.

ANKYLOSIS OF HIP-JOINT: SUBCUTANEOUS SECTION OF SHAFT OF FEMUR.

Mr. CROFT exhibited a patient whose case, he said, bore upon the question of the respective merits of dividing the femur above or below the trochanter. The man was a clerk, aged 22. In June 1875, he first felt pain at the hip. Until then, he had felt quite well, except that three months previously he had contracted gonorrhœa. The discharge ceased soon after the pain at the hip began, and never reappeared. Two months before the pain commenced, he fell from a height of about five feet on to his hip. There was swelling about the hip and thigh at the end of June: and in the groin at the end of July. In August, there was great pain on moving the hip, and no starting pain at night; the end of that month there was a large abscess. In October, the abscess was punctured, and a large quantity of greenish pus was let out. The discharge lasted until February 1876; it then ceased and a sound scar formed. In March, he walked about with the help of a chair. On May 29th, he was admitted into St. Thomas's Hospital; he had never had rigors nor cough. On admission, he was thin and perspired easily; his appetite and secretions were natural. The thigh was rotated outwards, so that the neck of the thigh-bone touched the rim of the acetabulum. On June 23rd, the angle formed by the thigh and the middle line of the trunk was one of 140 degrees. On July 3rd, the patient was examined under chloroform by Mr. Croft and Mr. MacCormac. No motion could be produced, and it was concluded there was bony ankylosis. On July 12th, the shaft of the femur was divided below the trochanter by Mr. Croft, in the presence, amongst others, of Messrs. Adams and Gant. This operation was chosen because, had section of the neck of the femur been adopted, the incision must have been made through old scar-tissue, whilst there were also adhesions in front of the bone which would have formed obstacles to the use of the saw at that spot. Further, Mr. Croft did not wish to obtain any movement of the limb. The operation was an antiseptic one; the opening in the skin was as small as possible, and the wound was dressed antiseptically. A good deal of suppuration at first occurred at the site of the operation, but a free drainage was established, and the patient then continued to improve. Now there was firm bony union at the line of section. The case was interesting from the nature of the operation. It was unique in being an operation done with the saw below the trochanters in an adult. Probably, if the wound had been closed hermetically directly after the operation, there would have been no suppuration. The saw and knife which were used were both dipped in carbolic solution before the operation, the spray was used during, and antiseptic gauze applied after, the operation.

Mr. BARWELL regarded the employment of antiseptics as of great importance, and cited two cases in neither of which did suppuration or pain exist. With respect, however, to the choice of instruments, he thought that the dust left from the use of the saw was liable to irritate the wound and set up suppuration. As the operation was one of convenience merely, the percentage of deaths was too high to warrant its adoption. But with the use of the chisel and the antiseptic method the risk was reduced to a minimum, and with antiseptics the subcutaneous method was not so imperative. Mr. Barwell then referred to the various modes of operation that had been adopted, and said, that whatever might be the ultimate result of any operation its value must depend upon the presence or absence of suppuration.

Mr. GANT thought that the views taken by members were too mechanical, the most important point being the conditions that were most favourable to the operation. Adams's operation was not adapted to two conditions of disease—viz., where there was scrofulous disease of the joint, in which case the neck of the thigh-bone was gone, or was not sufficiently vascular to unite; and, in the second place, where the neck was much enlarged by deposit due to chronic rheumatic affection. These facts induced him in 1871 to recommend division of the neck just below the trochanter, and two cases were referred to in which this measure was followed by success. As to the operation, neither Barton's nor Sayre's could be called subcutaneous. The saw could not be set aside for the chisel. His operations had been recently successfully performed by Prof. Pancoast, and Mr. Maunder agreed with Mr. Gant in not regarding Mr. Brodhurst's case a subcutaneous one. He thought the rivalry between the chisel and saw a wholesome one. In his opinion, the saw was preferable for section of the neck of the thigh-bone when it was desirable to establish a false joint by simple linear section of the bone,

and on account of the possibility of suppuration he thought this would ultimately be the only case in which the saw would be used. Mr. Croft's case did not appear a favourable one for the use of the saw; and in only one out of his own eight cases did he use that instrument, and the patient, though done in June, was not well yet. In nine cases where the chisel was used suppuration had only occurred in two.

Mr. FURNEAUX JORDAN stated that he was the first to perform subcutaneous division of the neck of the femur by Adams's method. This was in a young woman with strumous disease of old date, with great flexion and adduction of the affected limb. A punctured wound was made and the neck of the bone was divided with a strong saw. The operation was not strictly subcutaneous, and no antiseptic precautions were used, but, nevertheless, the case did well.

Mr. BRYANT also thought that Mr. Brodhurst's cases could not be called subcutaneous. He had a good opinion of the subcutaneous operation, and four cases in which he had performed it with a saw were successful. No antiseptics were used, a small valvular incision was made, the operation occupied only two or three minutes, no suppuration occurred, and the recovery was rapid. Mr. Bryant then said, that when the neck exist Adams's operation was better than division below the trochanter, but if it were present, Gant's or Barton's. With regard to the instrument, he thought that the choice of chisel and saw seemed to depend upon the fancy or whim of the operator.

Mr. BRODHURST said, that none of the operations could be strictly subcutaneous, and that it did not matter whether the incision was one or one and a quarter inches in length. He had also operated with a small wound, merely a puncture three times. He had operated on nine cases in all, in three with a small incision, in the others with one of about one inch. A full incision gave greater freedom of movement and prevented any suppuration arising srom bruising of the parts.

Mr. CALLENDER suggested that the operation should be called "valvular," as "subcutaneous" was certainly an incorrect definition.

SURGICAL SOCIETY OF IRELAND.

THE Fourth Meeting of the Session was held on Jan. 19th, the Vice-President of the College, Dr. ROBERT MCDONNELL, in the Chair.

Dr. SWAN read a paper on

THE DUBLIN ORTHOPÆDIC HOSPITAL, ETC.,

which will be found on page 121.

Mr. TYRRELL said that they must congratulate themselves that a new Institution had been opened, one of two for the treatment of those deformities, which Mr. Swan said were not treated so effectually, or at least that the public did not think they were so effectually treated in the general hospitals of Dublin. He (Mr. Tyrrell) could only speak for the Institution (the Mater Misericordiæ Hospital) with which he was connected. He was bound to say that at that hospital they were not deficient of careful nursing, nor had they found in any case that the youngest of the patients were frightened by the presence of others in the wards, or that their parents had not entire confidence in the Institution and in those who had the management of it. As the best proof of that they had several cases under their care now—and in fact always had, at any rate, since he had been connected with the hospital—of various deformities; in fact, their space was too limited for the numbers that applied, although it was considerable. They gave, too, any length of time—six months, nine months, twelve months, as the case may be, so that as regarded the expenditure of time on these cases they were also not deficient, and that they might not be quite efficient to treat those cases it was not for him to say; at the same time he was bound to observe that he did not think orthopædic surgery presented those innumerable difficulties that it should be raised into a specialty in Dublin, and that ordinary surgeons were, to let deformity by deformity escape from them under their eyes, until at length they would positively have nothing but toe-nails to clip. So much for the general policy, at the same time not wishing in the slightest degree to put any stoppage on the superabundant charity of the opulent. Still, he did say, so far as he was concerned, that orthopædic cases were never refused, nor were any of the varieties of disease to which the human frame was liable ever driven from the doors of the Mater Misericordiæ Hospital. With respect to the special instruments, he did not think they called for much comment. He must say, however, that in the ordinary talipes, of which he had treated some few cases, particularly in the minor varieties, that he thought Mr. Barwell's method—although Mr. Swan said he was not now regarded as an authority—was most effective. With regard to the diseases of the spine, he (Mr. Tyrrell) presumed that there was no hospital in Dublin which did not treat them, particularly the forms of Pott's curvature, which was—by rest; and he hoped there was no Institution that would send away a child or an adult if they had it in their power to make them sound and well. He did not of course wish to detract from the merits of the Institution with which Mr. Swan was associated, but at the same time, it would not be fair to the Institution with which he (Mr. Tyrrell) was connected if he did not state that that hospital was in every way prepared to treat these cases—they had all the appliances, expense was no object, the expenditure of time and nursing was no object.

Mr. ORMSBY wished to mention that he published a few weeks ago an account of the practice which was pursued in his Institution. Some of the splints exhibited by Mr. Swan he (Mr. Ormsby) had been in the habit of using for the last four or five years, and if Mr. Swan had looked at his (Mr. Ormsby's) little book he might have seen nearly all the remarks which he had given to the members of the Society that evening. He had also failed to allude to Dr. Little, the father of orthopædic surgery in London. For his (Mr. Ormsby's) part, he never for one single moment thought that orthopædic cases should not be treated in a general hospital, as he did not think there was great difficulty in treating such cases in a general hospital; but as there were hospitals for eyes, ears, throats, and so on, he thought it was well that they should have hospitals for the special treatment of orthopædic cases, especially when there were three of the kind in London. He was in Bartholomew's and University College Hospitals recently, and he did not see a single orthopædic case. The surgeons there did not want the trouble of them. These cases were extremely troublesome, and hospital surgeons could not give up the time that was requisite to them. It was very difficult and irksome to be changing splints, and if they were not changed every day it would lead to results that would render it necessary to take them off altogether, and thus the labour often of months would be destroyed.

Dr. THOMSON said, that he did not know that the members of the Society would be altogether satisfied with the exposition of orthopædic surgery that they had had that night; firstly, from the reader of the paper; and secondly, from the surgeon of the second or rival Institution. Mr. Swan had given them some reasons for the establishment of the new orthopædic Institution, and Mr. Ormsby had attempted to defend the principle by stating there were hospitals for the examination of the throat and other portions of the human body, and taking that ground he (Mr. Thomson) thought that he might have said that they should have Institutions for the treatment of affections of the nose, and for the paring of toe-nails, as Mr. Tyrrell had suggested. He (Mr. Thomson) would not have thought for a moment of entering upon the question of general or special hospitals, but that it had been introduced by the reader of the paper, and, from his (Mr. Thomson's) own point of view, he thought that this question of specialism had got into rather an exaggerated growth. He thought the intention of all hospital teaching was this: that they were to instruct the students to the fullest extent in their power, as they were hereafter to be practitioners in the country or in cities. They all knew that every student could not be an hospital surgeon, and that, in the great majority of cases, they were isolated in country districts where they would have to get independent. They knew also that the present tendency of medical education was to multiply the number of lectures, and the teaching in general; and if they were to compel students to attend these special hospitals, as well as to attend the lectures at the general hospitals, he did not know in what way they were to enable them to get through their work in the space of twenty-four hours. He held that a general hospital was a fair place for the student for learning this practice of orthopædic surgery. The dispensary doctor who was in the country would, from time to time, have those cases brought before his notice. The parents of those children who had suffered from these deformities might not be able to send them up to the city from inability to undergo the expense attendant upon such a course, and the dispensary doctor

might, if he had seen such cases treated in the general hospital which he had attended in the city be able to afford that relief which the child should receive. Now, the whole principle, he maintained, of this specialism was to cut off the student from knowing anything whatever of the treatment of such ordinary cases as this; and therefore he held that they ought not for a moment to countenance what he would call an exaggeration of this principle of specialism. Leaving that branch of the question, he would now go simply to the question of treatment. He came there that night certainly expecting to hear something of the treatment of these cases that had been presented at both of the hospitals superintended by Mr. Swan and Mr. Ormsby, and he did not know that he (Mr. Thomson) had been enlightened, or that any other member of the Society had. All he could say was this: As at Mater Misericordiæ Hospital, so at the Richmond, they were always very glad to admit every case of orthopædic surgery that presented itself. There was not one of his colleagues who had not from time to time in his own presence (as he had also himself) operated on many of these cases of talipes that had been referred to, nor had any rejection of cases ever been attempted. They had obeyed the usual principles, and treated those cases upon the ordinary and upon the true principles of treatment, and they had had results, he thought, quite as satisfactory as probably were attained in these special hospitals. The point Mr. Swan had mentioned—some modifications of a Scarpa's splint, which he had exhibited that evening. His (Mr. Thomson's) experience of the treatment of talipes was that the splint devised by Mr. Tufnell, the "L" shaped tin splint, was an extremely satisfactory instrument, and it did for the surgeon all that he really required in these cases. Mr. Ormsby had spoken of the difficulty the surgeon experienced in attending to these cases in a general hospital, and assigned as a reason that the splints must be changed every day or adjusted in order to avoid any scoring of the integuments. His (Mr. Thomson's) experience of Mr. Tufnell's splint was that it was an instrument that might be allowed to remain on for several days, and if it was properly put on with a paraffin bandage, it might remain on as long as a week, and for even longer. It remained so perfectly fixed that it produced no inconvenience or any scoring of the limb. With regard to the difficulty surgeons had in attending to these cases at general hospitals, he thought in every hospital where there was a desire on the part of the surgeon to make their pupils practically acquainted with the surgery of the hospital, there ought never to be any difficulty in the treatment of cases of this kind, and especially where the resident surgeon happened to supervise the operations of the students in the absence of the surgeon himself. He (Mr. Thomson) knew in the hospital with which he was connected the students were always glad to get the dressing of these cases, and they were able to adapt the instrument to the limb, and to carry out the principles which were laid down for their guidance by the surgeons in whose charge those cases might happen to be.

Dr. E. H. BENNETT said he must also rise to defend a branch of the profession to which he belonged from the charge which was brought forward publickly against it in the advertisements of the two Institutions, which charge was—that the general hospitals were incompetent to a large extent to treat these deformities. That was a charge that the staffs of the general hospitals would not admit, and it was well known that they did not neglect to treat those cases, and they would not admit that charge in any degree.

Dr. CORLEY said as regarded the necessity for these special hospitals, he thought the multiplication of small hospitals was one of the greatest evils that a place like Dublin could be subjected to; but it would be a much greater evil if the profession was to be separated into distinct branches such as was contemplated in such hospitals as the one under discussion.

Mr. RAWDON MACNAMARA said he did not think they were called there to discuss that. They were called there to hear an account of the conduct of a certain Institution, and the practice therein pursued; and for his part he regretted that the author of the paper did not enter more largely into the latter portion of the subject. He was perfectly prepared to assert on behalf of the hospital to which he belonged, that they were capable of discharging their duty.

Mr. B. WILLS RICHARDSON wished to mention that since the Adelaide Hospital had been opened they had never refused any of these deformites. They invariably treated such cases, and he was very seldom without a case of the kind in hospital.

Dr. B. F. MCDOWELL.—I can say the same for Mercer's Hospital.

Dr. DARBY said that during the time he was a student he spent seven years between Richmond and Steevens's Hospitals, and he saw a great many orthopædic cases treated there, but he never saw a case of the kind neglected in either of those Institutions; neither did he ever see a case in which the surgeon had not time to treat them properly, and he (Dr. Darby) saw those cases treated with the greatest success.

Dr. THORNLEY STOKER believed that at the Richmond Hospital they were as competent to deal with such special cases as Dr. Swan had referred to, or any other Institution could be. They had means at their command inferior to none, and they could and were willing to keep cases any length of time that was necessary.

Mr. F. T. PORTER said it appeared to him that they could not utilise these special Institutions, as they were at present constituted. Students would not attend them for the reason that they were not obliged to attend them, and for that reason he thought it would be much better to have both orthopædic and ophthalmic wards in general hospitals, and to have specialists in charge of these wards, because the students must attend the general recognised hospitals. He thought for educational purposes it would be much better to have those special subjects taught in that way.

The VICE-PRESIDENT said that before the discussion closed, he desired to make one or two observations. It was quite obvious, too, that a paper of the kind read by Dr. Swan, was likely to give rise to a slight conflict of opinion between the advocates of special hospitals, and those who are the advocates of the large general hospitals to which they were attached. The paper so completely opened up the question that he thought it came legitimately before the meeting, and he did not wish to curb the discussion. The case had been put well on both sides, and there was, too, a great deal to be said on both sides. These special hospitals had been to a certain extent established, and of course there were limits to which they should be restricted. They did not object at all to midwifery hospitals, and hospitals for the special treatment of syphilis are in existence; and now they had their orthopædic hospitals coming more and more into play, and how far it was desirable to curb the specialism was a most legitimate subject for discussion in a Society like this.

Dr. SWAN, in reply, said he certainly must admit that there were a great many deficiencies in his paper, particularly with regard to the practice adopted in the orthopædic Institution to which he belonged. However, he admitted in the paper that it was only a brief outline of what they intended to do. He must altogether disclaim having made any statement which any person could convert into an expression of his opinion of the incompetency of any general hospital, or hospital surgeon in Dublin, to treat orthopædic cases. With regard to his having placed an orthopædic Institution in opposition, as regarded the material benefit they derived, to any general hospital—he never intended to do any such thing. He intended to act for himself, independently. Of course, however, he invited criticism as regarded the necessity for the establishment of such hospitals, and it had drawn a very marked expression of opinion from many gentlemen present.

NUMBERS OF HEMP SEED CALCULI PASSED PER URETHRAM.

Mr. B. WILLS RICHARDSON said that a few years ago he had a gentleman very advanced in life under his observation, who in the space of a few months passed upwards of 200 small hemp-seed calculi, and eventually died of renal disease, hæmaturia having been an almost constant symptom.

Under one of the microscopes on the table there was a section of one of these calculi made for him by Mr. Charles Baker, of Holborn, London. The calculus was so small, he did not venture to cut it himself, and under the other microscope there was a complete transparent section of a mulberry calculus an inch in diameter, which he himself prepared.

Both calculi, it would be seen, were identical in structure, and it was scarcely necessary to say were composed of oxalate of lime.

The specimens were mounted in Canada balsam.

The Society, after viewing the sections under the microscopes, adjourned.

THE medical officers and officials of the Glasgow Western Infirmary have presented Dr. Lilly, the Superintendent, with a handsome gift consisting of a silver salver and tea and coffee service as a token of their esteem on the occasion of his relinquishing the appointment.

Parliamentary Intelligence.

INTEMPERANCE.

In the House of Lords, on Friday,

The Archbishop of CANTERBURY rose to move "That a select committee be appointed for the purpose of inquiring into the prevalence of habits of intemperance, and into the manner in which those habits have been affected by recent legislation and other causes." This was merely a motion for the re-appointment of the committee which began its labours within a few days of the end of last session, and was unable to bring its proceedings to a successful issue.

The motion was agreed to without comment, and the House immediately adjourned.

THE SMALL-POX EPIDEMIC.

Sir TREVOR LAWRENCE asked the President of the Local Government Board whether, having regard to the severity of the present epidemic of small-pox, the urgent necessity of providing facilities for vaccination in its most efficient form, and the prejudices which, however unreasonable, exist in some parts against vaccination from arm to arm, he will take steps to provide a supply of vaccine lymph from the calf for such public vaccinators as may require it, as is done in Belgium.

Mr. SCLATER-BOOTH said this subject had received the attention of the Government. In times past the practice which prevailed in Belgium and other countries was inquired into, and an account of the inquiries were contained in the twelfth annual report of the medical officer of the Privy Council. The result of his inquiry at that time was not favourable to the experiment, and a subsequent investigation was of a conflicting character. The subject was, however, now under consideration, and would not be forgotten by the Government.

THE ROYAL COLLEGE OF PHYSICIANS.

AT a meeting of the College held on Thursday week, a communication was received from the General Medical Council, asking the College under what conditions it would be disposed to admit foreign graduates to examination. The President said that the matter had been brought before the Censors' Board; but, as the present regulations afforded comparatively easy and convenient facilities to foreign graduates, the Board did not think it advisable to make any alterations.

The propriety of demanding from candidates additional knowledge on the subject of psychological medicine was also taken into consideration. But the Council did not think it advisable to take such a step, considering that students had already permission to substitute a three months' attendance at an asylum in lieu of a like period of attendance on ordinary hospital practice, and as, moreover, they had the opportunity of attending lectures on mental diseases at the medical schools.

A report by the Leprosy Committee on the therapeutic value of the "cashew" and "gurjun" oil treatment of leprosy was adopted by the College, and was ordered to be forwarded to Lord Carnarvon and the India Office for their information. The report stated that the conclusions drawn on the subject by Dr. Gavin Milroy, from his personal investigation in the West Indies, were that the cashew oil diminishes or disperses for a time the local tubercular formations, but that the coincident general improvement is chiefly due to the hygienic measures and liberal diet prescribed at the same time, and that there is no proof that the oil can effect a decided cure. The gurjun oil is also considered a remedy of considerable efficacy in modifying local conditions and in improving the general condition of the leper. On account, however, of the good effect of improved hygienic conditions, the College would strongly urge the Government to direct its attention to this important consideration. The College decidedly recommends that lepers should be placed under the immediate charge of the Government in hospitals or asylums provided for the purpose, and where not only all necessary hygienic conditions would be attended to, but where the real value of any system of treatment could be thoroughly investigated by competent medical men.

It was also decided that the work of preparing a new edition of the "Nomenclature of Diseases" should be forthwith commenced, and that a committee should be appointed by the College for the purpose of carrying out this decision.

It was also resolved that a new Roll should be published.

Drs. Habershon, Barnes, Bucknill, and H. Weber were elected members of Council.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 14, 1877.

THE DATE OF MEETING OF THE GENERAL MEDICAL COUNCIL.

A RUMOUR has reached our ears to the effect that the 10th of May is all but fixed for the assembly of the General Medical Council, and the report comes with so much probability of truth, that we feel justified in expressing a very strong opinion upon the matter. The selection of so late a period of the Parliamentary session for the deliberation of the Council is to all intents and purposes an abdication by it of any claim to control the medical legislation of the present session, and so far is a very humiliating confession of a want of influence with the Government, with Parliament, and with the public in those matters which the Council is supposed to rule. It will be recollected that last year Mr. Cowper-Temple's Foreign Diplomas Bill, Mr. Russell Gurney's Lady Doctor Act, and Mr. Gibson's County Infirmaries Surgical Qualification Act, were settled by Parliament while the Council slept, and had, to all intents, become law before their opinion was or could be expressed. This year we may anticipate renewed legislation upon th

recognition of foreign degrees, stimulated by t bill recently introduced into the French Chamber to exclude English diploma holders from French practice. We may not improbably have other important legislation deeply affecting the profession, and are these matters to be left to the arbitrament of Government and the House of Commons without a word of advice from the Medical Council? It seems to us that the medical interests of the country are from year to year deliberately sacrificed to the convenience of a few individual members of the Council, and it is time that it should be understood that our medical Parliament makes no claim to exercise any influence in these matters, and that its views may therefore be disregarded.

We trust that it may not yet be too late for the President to alter the date of meeting and to call the Council together for the second or third week in March, in which case the profession might hope for that careful elaboration of coming medical law which its importance deserves, and which it too seldom receives. The President is invested with the power of mustering the Council, and must therefore, be held responsible for the postponement of its sitting to a time when its deliberations can yield no good result, and we have confidence that a reconsideration of the circumstances will convince him that so late a date as the 10th of May would be a cardinal mistake, and one which ought to be speedily remedied.

PSYCHOLOGICAL MEDICINE.

At a recent meeting of the Royal College of Physicians of London, the College came to a decision respecting the propriety of requiring from their candidates some guarantee of their having obtained more knowledge of psychological medicine than that usually picked up at our medical schools. The question had been under discussion at a previous meeting of the College, and it was handed over to the Council to make a report on the subject. The decision arrived at by the Council, and approved of by the College, was (as we have already pointed out), that they did not think it advisable to make any special regulations on the subject. The reasons on which the Council based their recommendation were—that the College had already given students permission to substitute a three months' attendance at an asylum in lieu of a like period on ordinary hospital practice, and that students had also the opportunity of attending lectures on mental diseases at the medical schools.

We think that few will find fault with the decision which the College has arrived at upon this important question. Considering the large number of subjects which at present engross the attention of the student, the more extensive acquaintance with these subjects which he is now expected to show before our chief examining boards, and the comparatively short time he has for doing it all, it would be imposing too much upon his working powers were psychological medicine to be made a special subject of study or of examination. Already the curriculum of studies pursued at our medical schools embraces so many subjects that—in respect of some of them—more than a mere smattering is rarely attainable; and, unfortunately, as the experience of our public examiners so frequently teaches, the acquisition of a thorough knowledge of the more important and practical branches of medicine is sacrificed to a superficial acquaintance with subjects of comparatively little importance. We shall hear a candidate talk glibly about the chemistry of the alcohols or the characters of a calycifloral plant, while he cannot diagnose an emphysematous lung, pass the catheter, or use the short midwifery forceps.

Ready, however, as we are to endorse the decision of the College and to deprecate the devotion of the student's time to too many subjects, or to such as may be styled mere professional accomplishments, we certainly think that psychological medicine is a subject to which neither teacher nor pupil has hitherto paid much attention. It is a very significant fact that most of our text-books on practical medicine ignore the subject altogether In one of our most recent—and, otherwise, one of our best—medical treatises not a page is devoted to mental diseases. Nor does this class of maladies receive any more attention at the hands of our lecturers on medicine. Like diseases of the skin, they are either dismissed with a very brief notice, or they are wholly disregarded. The consequence of this is that the graduate in medicine enters upon practice with little or no knowledge of this important subject. When he is called to a case of mental aberration, he is completely in a fog. A medical expert is, if at hand, at once called in, or the poor patient is hurried off to an asylum.

We are at a loss to understand why the diagnosis and management of the more common forms of mental derangement should not be as familiar to the general practitioner as the diagnosis and management of any other class of diseases. To be able to recognise and treat a case of incipient mania is surely of as much consequence as to recognise and treat a case of pneumonia or pleurisy. The general practitioner has often the great advantage of seeing these cases from their commencement, and at a time when they are more amenable to treatment than they are after some period has elapsed. Everyone knows how troublesome these cases are, especially when the ordinary medical attendant of the family has at once to leave their treatment in the hands of strangers. The incipient or actual lunatic is suspicious of the attention which certain visitors appear to pay him. He resents their interference, and his symptoms are perhaps aggravated by their presence. On the other hand, much might be done by the persuasion and skilful management of his own medical attendant, which could not so well be accomplished at a later period, or by persons to whom he is a perfect stranger. In saying this, we are fully aware of the many instances in which the early removal of the patient to an asylum offers the best chance for his recovery; but, even in these cases, several days must often elapse before he can be removed, and during which as respects his treatment, much valuable time may be lost.

We, therefore, hope that the decision which the College of Physicians has arrived at with regard to the study of psychological medicine will not prevent this subject taking a more important place than it has hitherto done in the ordinary course of studies pursued at our medical schools, and that when our pupils are launched into practice, they may feel as competent to handle a case of mental derangement as to treat an inflammation or fever.

THE PRESS AND THE LAW OF LIBEL.

At the Court of Appeal, sitting at Westminster, a case was recently decided, which is of unusual interest, and which should particularly command the attention of journalists.

The original action was brought by Dr. Purcell, medical officer to the Board of Guardians of Altrincham, Chester, against the proprietor of a Manchester newspaper. It appears that some of the members of this board had made some severe strictures upon the conduct of Dr. Purcell, charging him with neglect of his duties, inhumanity, and other offences. Dr. Purcell could not legally proceed either against the Board of Guardians, or the individual members who had aspersed his character, but as a full report of the proceedings at the board, including the charges that had been brought against him, was published in the *Manchester Courier*, he brought an action against the proprietor of that paper for libel. The first trial of the case, however, resulted in a compromise being agreed to, subject to the point of law as to whether the report was privileged, and whether the proceedings of the Board of Guardians were of sufficient public interest to justify a full and complete report of them. This question was argued before the Court of Common Pleas, in the hearing of Messrs. Justices Brett, Archibald, and Lindley, and the case was decided in favour of the plaintiff, on the ground that the proceedings of the board are not a matter of public interest, and that therefore a newspaper was not warranted in publishing a report of them. Against this decision the proprietor of the *Manchester Courier* appealed, the result of which, however, though still in favour of the plaintiff, showed how lawyers, like doctors, sometimes disagree. The Court of Appeal, in direct opposition to the decision previously arrived at by the Court of Common Pleas, ruled that the proceedings of the Board of Guardians was a matter of public interest, but that a newspaper is not on that account justified in publishing an account of them. The original verdict, therefore, has been confirmed, although on different grounds, and Dr. Purcell will recover his damages with costs.

We cannot help sympathising with our professional brother in having such grave charges brought against him, particularly as after all, these charges were found to be without any foundation. At the same time we think, that both of these verdicts are very much open to criticism, and that if the decision of the Court of Appeal is to be a precedent in such cases, it will somewhat hamper the freedom of the press, and make journalists careful how they publish the reports of public meetings, during the proceedings of which reflections have been cast upon the character or conduct of any person. It must, however, be said, that the question at issue, or the point of law that was raised, is not one that can be settled so readily as some may imagine; an opinion which is borne out by the very different decisions respectively arrived at by the Court of Common Pleas and the Court of Appeal. The judgment of the former was anything but satisfactory, either in the interests of the public, or of the individual. It still left a difficult question to be decided, namely, what meetings may be said to be of public interest or concern? The meeting of some denominational society might certainly not be considered a matter of public importance; but should that circumstance preclude a journal from publishing a full report of its proceedings? If, again, a meeting of medical men was held to discuss the conduct of some member of the profession who had been acting in a dishonourable or discreditable manner, would a full report of it warrant an action for libel, merely on the ground that the object of the meeting was not one of public interest? The fact is, the distinction between meetings which are and those which are not of public concern, is not admissible in these cases. The law of libel is for the protection of the individual, and he would consider himself just as much aggrieved and his prospects just as much damaged, were the libel uttered at one kind of meeting as at another. Besides, the publication of the libel does away with the distinction. Directly the libel gets into the newspapers, it becomes a matter of public information, if not of public interest.

Perhaps the Court of Appeal saw the fallacy that was involved in the judgment of the other Court, for they ruled that the publication of a full report of what took place at a meeting was not justifiable, even if the proceedings were a matter of public interest.

This appears to us a thorough and sweeping decision, and at once throws the responsibility of making libellous assertions, not upon those who uttered them, but upon the publisher of the paper in which they are reported. We are not, however, on that account disposed, like an able contemporary paper, to condemn too hastily the decision of the Court of Appeal. At first sight it would seem more fair in such a case to punish the utterer, rather than the reporter of the libel, but not only is spoken libel, as distinguished from a written or printed libel privileged, when it can be shown that the utterer was speaking in the interest of the public, and while discharging a public duty, but it is evident that it must make a great deal of difference to the injured party, whether the charges brought against him extended little further than the precincts of the place where they were made, or were published to the world. That a charge brought against anyone at a public meeting by a person acting in a public capacity should be privileged, is we think perfectly just, but although we would for obvious reasons defend the rights of journalists, we must allow that there are difficulties in the way of according the same privilege to the press. If an individual be guilty of the conduct of which he is accused the publicity given to it at a public or *quasi* public meeting would be sufficient to secure his punishment in some form or other, and thus to satisfy the ends of justice. If, on the other hand, he is innocent of the charges brought against him, then the publication of them to the world would be nothing less than an intolerable act of injustice. It is true, that should the decision arrived at by the Court of Appeal be considered final in such matters, our newspaper reports will not in certain cases be able to be as "full and ungarbled" as some might desire. But surely a little garbling is somewhat excusable when a man's character is at stake, and especially when the accusations in question rest upon the bare assertion of the parties making them. At all events, the subject is one that requires very grave consideration; and when the

law of libel undergoes revision, as it very much needs to be, it is to be hoped that such a question as this, will receive the attention of those who are best qualified to settle it.

Notes on Current Topics.

The Intemperance Question.

A "FIRST DISTRICT" Conference, in connection with the Western Temperance League, was held on Friday week, at Newbury, the object contemplated by the promoters being to "elicit expressions of opinion as to the best means of diminishing the prevailing evil of intemperance." Mr. Walter, M.P., presided, and his observations and suggestions were marked by so much good sense and moderation, that they deserve the serious consideration of those whose attention is just now occupied with this important question. In the first place he very justly observed, that the evil of intemperance is, perhaps, much exaggerated, and that while so much is talked about the abuse of alcoholic stimulants and over-drinking, the evils resulting from over-eating are quite lost sight of. He also thought, as many others do, that the promotion of temperance among the working classes must be left in a great measure to the influence of education and to a general improvement in the moral and social condition of those classes. He was also of opinion that the cause of temperance would be much promoted if a less "heady" kind of beer was drunk by the people; something like the Bavarian ale, of which so much is consumed on the continent. This revolution would be a great advantage, as much of the drunkenness among the working-classes is due to the kind of beer they drink.

A Pocket Inhaler.

THIS age abounds in medical, as well as in other inventions, and we are continually coming across some ingenious contrivance by which a medicine can be more conveniently or pleasantly taken, or otherwise better adapted for the purposes for which it is employed than the means already in use.

One of the newest inventions of the kind is Austin's Pocket Inhaler, which will be found very useful in the treatment of catarrh, sore throat, hoarseness, and similar complaints. It consists of a simple glass tube, open at both ends, but fitted with cork stoppers. Inside the tube are seven or eight smaller tubes, made of some absorbent material, and the ends of which reach within an inch of the mouths of the glass tube. When in use the stoppers are removed, a small quantity of the inhalant is dropped into the small tube, or "case," as it is called, of the inhaler. The instrument is then charged ready for use, and as the ends of both the inhaler itself and the enclosed tubes are open, air freely mixes with the vapour of the substance inhaled.

There can be no doubt that the direct application of medicated vapours to the mucous membrane of the air passages is very much neglected, and one reason for this is the cumbersome apparatus usually sold for the purpose. One great recommendation of this inhaler is, that it is so small it may almost go into the waistcoat pocket.

More of the Irish Inquest System.

WE observe it recorded in a local paper that the Sligo county coroner held an inquest last week on the body of a man named Gilgan, who was found dead on the mountains. The wildest rumours were afloat as to how he came by his death—some that he was poisoned, and others that he met with foul play. A jury having been sworn, the first witness was his brother-in-law, Quinn, who said that deceased had been at a place a few miles on the other side of the mountain, and that he must have lost his life in crossing the mountain. He distinctly swore that he had not been in his company, or seen him for two or three days previous to his death. It may be judged with what surprise the jury heard from the next witness that Quinn and he were both in the company of deceased on the night he was lost! That all three were drinking together, and had come on their way together towards deceased's and Quinn's home, to a place where Harte had to turn off to his own home, and that deceased and Quinn were the worse of liquor. Naturally the jury wished to have Quinn recalled to rebut or explain his evidence, but he could not be found, so the coroner, having put the question to the jury, they, after some discussion and hesitation, brought in a verdict of "Died from exhaustion and exposure."

It would seem that there was no medical examination of the body, and, in fact, no evidence whatever as to the cause of death.

Short Cuts for Female Doctors.

"MISS ELIZA LOUISA WALKER-DUNBAR has received the licences in medicine and midwifery of the King and Queen's College of Physicians in Ireland. Miss Walker-Dunbar, who graduated as M.D. at Zurich in 1872, formerly held the post of House-Surgeon at the Bristol Hospital for Sick Children, which she resigned, however, on account of a disagreement with the staff. She has been engaged in private practice in Clifton. Miss Walker-Dunbar is the first lady whose name is enrolled as a licentiate of one of the Colleges of Physicians of the United Kingdom." This announcement, which has already appeared in another form in our columns, is one of the most pregnant announcements which has of late years occupied the attention of the profession. It is the record of the fact that Mr. Russell Gurney's Act of last session has drawn back the bolt and thrown wide open the gates of the medical profession to all comers. Those who have been readers of the MEDICAL PRESS AND CIRCULAR will be aware that we have throughout the whole controversy advocated the freest free trade in doctoring for the ladies. We have claimed for them neither more nor less favour than their male competitors are allowed; and, albeit, we have not the faintest belief in their ultimate success as practitioners, we have protested with all emphasis against the stupid policy of exclusion towards them. While, however, we are willing to give *place aux dames*, and to contest our foothold with them in the contest for public favour, we clamorously protest against any special favour shown to them and denied to male students. They have demanded to be admitted to the battle of medical life, and they have no right to anything more than "a clear stage and no favour." We are surprised to find that the Irish College of Physicians is bidding hotly for the patronage of

the lady doctors by accepting from them curricula which they would not receive from a male student. They have, we are informed, altogether exempted Miss Walker-Dunbar from examination in certain subjects in consideration of her holding the M.D. of Zurich. Thus they have recognised as evidence of competency a foreign degree which was unanimously refused admission of the profession last year, and which, if presented by a masculine medical student, would have been unhesitatingly refused. Of the degrees of the Zurich University the College has no knowledge, nor can it exercise any control whatever, and the acceptance of such a qualification is, in fact, a favour specially accorded to the ladies, and a bait for the patronage of the female medical students. As such we protest against it, and we ask the particular attention of the Medical Council to what we feel it necessary to characterise as an abuse of the qualifying powers of the College.

The Mutual Post-Mortem Association.

The *Medical Examiner* publishes in its last issue the text of the will subscribed by each member of the Societé d'Autopsie Mutuelle of France. Translated it is as follows:—"I, the undersigned, desire and wish that after my death my autopsy shall be made in order that the discovery of the deformities and hereditary diseases which may be found therein may serve as a guide for the use of the proper means to prevent the development of such conditions. I desire, moreover, that my body shall be utilised for the advancement of the scientific object which I have pursued during life. With this object I bequeath my body, and especially my head and brain, to the anthropological laboratory, in order that it may be used as may seem expedient, notwithstanding anything to the contrary of the execution of this bequest, which are my voluntary sentiments spontaneously expressed herein. The parts of my body which shall not be utilised shall be buried in the following manner." Each member of the society directs the ceremonial of his interment as he may see fit.

"Milk of Sulphur."

Mr. George Mee writes in the *Pharmaceutical Journal* a fair, honest, and straightforward view of the "milk of sulphur" controversy, which, as our readers already know, has been encumbered with all sorts of side issues which have nothing to say to the matter. "The milk of sulphur question," says Mr. Mee, "is on all fours with the coffee question. I for one decidedly prefer chicory mixed with my coffee, and believe it to be more wholesome than coffee alone. Decisions in abundance insist that when chicory is mixed with coffee a label stating the admixture shall be duly affixed; any one selling milk of sulphur with the pet admixture of lime sulphate is bound to disclose the same. There is not one law for coffee and another for milk of sulphur. Coffee unquestionably meant formerly the chicory admixture in practice, precisely the same as London milk meant cow produce and pumpenheimer." Special pleading will not convince any one that milk of sulphur is not an adulterated article. Whether the Pharmacopœia of 125 years ago contained it,—whether some customers prefer it,—whether it is more efficient than pure sulphur,—these considerations have nothing to say to the matter. The public is not aware that it is one-half sulphate of lime, and to sell it to them, concealing that fact, is not honest, and ought to be forbidden by law.

The Prevalence of Intemperance.

We are glad to see that last Friday the House of Lords on the motion of the Archbishop of Canterbury, appointed a Committee to inquire into "the prevalence of habits of intemperance." The object of this committee will be to inquire into the causes on which the prevailing intemperance of the working classes appears to depend and how far it has been influenced by recent legislation. We are far from thinking that people may be made temperate by act of parliament, but we highly approve of the step which the Upper House has thought proper to take as a large body of evidence will be accumulated and many valuable suggestions be made to mitigate an evil which is a disgrace to the country.

Health of the War Office.

Sir William Jenner and his colleagues have, says the *Sanitary Record*, completed the inspection of the War Office, which they were commanded by the Queen to make in reference to the detailed report of its sanitary unfitness which was recently made by the above journal. They have paid many visits to the building, selecting those times when the clerks had occupied the rooms during the day and were leaving the office. They have had the basement examined, and have satisfied themselves as to the state of the ventilation, and of the sanitary arrangements generally. We trust, with our contemporary, that some means will be taken to make this report public. Another clerk of the War Office is this week prostrated by typhoid fever, and therefore the sooner the real state of this government office is made known the better.

A Health Resort.

Under the above heading the *Times* publishes the following letter from a correspondent:—

"Kindly allow me a little of your space to bring into public notice the defective state of the drainage, and therefore of the sanitary condition of many parts of Southsea. Many houses are unconnected with the main drain and are drained into cesspits, the result of which in weather such as the present has been to fill up both cesspits and drains leaving the houses in a worse state than if not drained at all, for the sewage is forced back under them, and the consequences have been and are most fatal."

This fully accounts for the prevalence of typhoid fever at this place. We believe many cases of this fever have recently occurred at Southsea some of which have proved fatal. This watering place has the credit of being a very pleasant health resort, and of being, like Portsmouth, of which it is a sort of suburb, remarkably healthy. It is therefore to be hoped that the sanitary authorities of that town will lose no time in removing the stigma of bad drainage which is at present attached to it, and which the letter of the *Times'* correspondent has now made public.

Official returns for 1876 show that in Paris no less than 992 deaths resulted from typhoid fever in that city; fortunately the epidemic has now subsided.

The Water We Drink.

A DAY or two ago there appeared in one of the newspapers a letter from a correspondent residing at Lancaster Gate complaining of the bad condition of the water supplied to him by the water compony. Having sent a sample of it to a first-rate analyst, it was found to contain a considerable quantity of ammonia, nitrates, and nitrites, organic matters and chlorides, and sulphates also being in notable amount. The sanitary arrangements of the house, as regards tanks, &c., were found on examination to be quite satisfactory. The writer does not state whether his cistern had been properly cleaned out. Neglect in this respect is often the cause of a condition of the water for which the companies get blamed. If the water was found to be in such a state in such a residence as that at Lancaster Gate in what condition must it often be in those houses where great attention to cleansing is probably more frequently the exception than the rule!

Unqualified Assistants.

IN reference to the letter of our correspondent published in our last on the above subject, we decidedly agree with him in regarding many unqualified assistants as well acquainted with the requirements of the healing art as those who are in the profession, and more so in some instances. It is no doubt partly owing to this fact that the system of employing unqualified men has escaped the general censure of the profession, and that in many cases principals prefer a good experienced assistant without diplomas to one who may have half a dozen qualifications, but who is fresh from the hospital and his books. Nevertheless, this fact is no plea for the inconsistency of the profession and our medical authorities doing all they can in one direction to satisfy the public with properly qualified practitioners, while in another they allow the full liberty of practising medicine to a class of men whose qualifications have never been tested by any examination whatever. Our correspondent dwells upon the fact that many principals are in the habit of representing to their patients that their assistants are qualified when they are not. This circumstance only makes the matter worse, as it involves deception on the part of the principal, and induces the patient to place a degree of confidence in the assistant to which he can lay no claim.

Infant Mortality amongst Mill Workers.

THE certifying surgeon of the Belfast Factory district, in a recently published pamphlet, says that he regards the mother's return to the mill as almost a sentence of death to the child. Dr. Purdon has taken statistics from all classes, from which it appears that while only 15 per cent. of deaths take place in the upper class in the first two and a half years, and 20 per cent. amongst the artizan and labouring, 35 per cent. are cut off in the factory. The report says :—

"The oilers and tenters generally marry those who are employed in the same department with them, and very frequently both parties work in the mills and factories leaving the care of their offspring to the 'Baby Farmer,' who feeds them on improper diet, tea and whisky—and, in order to keep them quiet, different preparations of opium."

The object of the pamphlet is the establishment of creches for the care of those who are so entirely helpless and dependent.

The Metropolitan Hospital Saturday Fund.

A PUBLIC meeting of the council and supporters of the Hospital Saturday Fund was held on Saturday, at the Royal Infirmary for Women and Children, Waterloo Road, for the purpose of receiving reports of the past year's work, and declaring the awards due to each hospital, &c.; Captain Mercier in the chair.

The total amount of the past year's collection was £5,520 ; of this sum £4,250 was available for distribution, and the committee recommended the following awards :—Hospitals : London £393, Royal Free £134, Middlesex £193, St. George's £197, Charing Cross £107, King's College £131, Royal London Ophthalmic, University £116, Seamen's £97, West London £88, St. Mary's £85, Hospital for Sick Children £88, German £82, City of London (diseases of the chest) £81, Metropolitan Free £63, North Eastern, for Children, £52, Royal Westminster Ophthalmic £49, Samaritan Free £46, Royal National for Consumption £41, National Orthopædic £41, London Homœopathic £41, Evelina, for sick children, £45, East London, for children, £41, Victoria, for children, £35, St. Mark's, for fistula, £38, Royal South London Ophthalmic £31, Poplar £33, Royal, for diseases of chest, £32, Royal Fever £39, Hospital for Women £33, St. John's, for skin, £31, Hospital for Diseases of the Throat £35, St. Peter's, for stone, £24, Royal Infirmary for Women and Children £26, Invalid Asylum £24, Hospital for Nervous System £21, Home for Sick Children £23, French £24, City Orthopædic £26, Central London Ophthalmic £24 ; the other awards to hospitals were under £20. Convalescent Homes : Metropolitan £125, Mrs. Gladstone's Free £48, London and Dover £39, St. Andrew's £20. Dispensaries : Finsbury £30, Holloway and North Islington £30, Camberwell Provident £29, Chelsea, Brompton, and Belgrave £29, Islington £29, St. George and St. James £31, Western General £27, West Ham and Stratford, £26, Infirmary for Consumption £27, Metropolitan £24, Royal Kent £26, Royal South London £22, Westminster General £24, Clapham General £23, City £21 ; the remainder were under £20, making in all, 104 institutions.

Incomes of the London Charities.

OUR contemporary, the *Illustrated London News*, has been classifying the charities of the metropolis, with their individual and aggregate incomes, and the deductions therefrom show that the oft-repeated assertion that such incomes have seriously diminished has no foundation in fact, the sum total has increased last year over its predecessor by £139,268. The aggregate total is given as between £6,000,000 and £7,000,000. Of this gigantic sum eighteen general hospitals are put down as receiving £269,337 ; ten consumption hospitals, £45,911 ; five ophthalmic hospitals, £12,835 ; three orthopœdic hospitals, £4,019 ; four skin hospitals, £3,050 ; seventeen hospitals for women and children, £55,326 ; five lying-in hospitals, £7,076 ; twenty-two miscellaneous special hospitals, £89,294 ; thirty-three general dispensaries,

£23,003; fourteen provident dispensaries, £9,256; two institutions for vaccination, £2,750; five ditto for surgical appliances, £10,337; thirty-five convalescent institutions, £39,719; twenty-four charities for the blind, £47,622; seven for deaf and dumb, £16,276; nine for incurables, £38,232; six for idiots, £68,885; thirteen nursing institutions, £3,642; 172 institutions for the aged, £400,411; ninety-eight institutions for general relief, £283,797; twenty-six food institutions, £9,448; fifty-four orphanages, &c., £160,288; sixty-seven institutions for reformation and prevention, £94,776; sixteen ditto for protection, £63,983; making in all 1,050 institutions.

THE number of deaths from small-pox in the twenty-two large towns and cities of the United Kingdom rose last week from 113 to 130. Of these, 103 occurred in London, 19 in Liverpool, and 8 in Manchester and Salford.

DR. LE MOYNE, the owner of the Washington cremation furnace, has endowed a Professorship in the Washington and Jefferson College, and expended 10,000 dollars in founding and endowing a town library.

PROGRESS OF THE SMALL-POX EPIDEMIC.

AT the fortnightly meeting of the managers of the Metropolis Asylums Board, on Saturday last, Dr. Brewer in the Chair, Mr. Barringer, as chairman, brought up a report as to the Homerton and New Limehouse Hospitals. During the past fortnight, 178 additional small-pox patients had been admitted into the Homerton Hospital, 39 had died, and 199 had been discharged or been transferred to the Limehouse Hospital, which was opened for the reception of convalescent small-pox cases on Monday, the 29th ult., from which date to the 9th inst. 51 patients had been removed from Homerton, and 8 from Stockwell Hospital while three have been discharged recovered. The report was received. A report was presented from the committee appointed as to the new Fulham and Deptford Hospitals, which stated that the contractors had made good progress, and that if the continued pressure of small-pox epidemic had required it, both these hospitals would have been ready for the reception of patients on the day originally named—Thursday, the 15th instant. The pressure having for the moment at all events, slightly diminished, the committee had fixed Monday, the 19th instant, as the day on which the subordinate staff will commence duties, and within a very few days the committee will be prepared to receive patients; although the number of patients at the moment in the several hospitals of the managers is not greater than it has been for some weeks past. The committee, after anxious deliberation and consultation with the other hospital committees, came to the conclusion that it was desirable to open these additional hospitals with as little delay as possible, and made the following recommendations: First, that the Homerton Fever Hospital should be restored to its original purpose as soon as possible; secondly, that it is expedient to reduce the numbers in the small-pox hospitals at Homerton and Stockwell to those for which they were originally certified; thirdly, that to give effect to the recommendation of the select committee of the House of Commons that the other districts of the metropolis should bear equally with Hampstead the annoyances of an infectious hospital, it would be the wish of the managers to open the new sites during the present epidemic; and, fourthly, that although the temporary hospital at Limehouse was a fitting place for the cure of convalescent patients during a time of extreme pressure, the managers would desire to carry out the principle on which they always acted and treat their patients in more isolated localities immediately that it was possible for them to do so.

Correspondence.

ETHER INHALATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to your criticism on my portable regulating inhaler (Jan. 31st) I beg to say that the difference between it and the other inhalers you mention is not merely in my having placed the ether in a reservoir instead of a sponge, but in the arrangements for regulating the strength of the vapour without admitting fresh air.

The instrument in question is a more portable form of the "Gas and Ether Inhaler" I have been using for three years, and described in the *British Medical Journal* of July 15, 1876, the gas part being left out. This gas and ether apparatus was the result of several alterations of my nitrous oxide inhaler published in the same journal, Nov. 7, 1868. This had a supplemental bag which economised the gas and acted the same part towards the gas which the india-rubber diaphragm in Dr. Morgan's inhaler afterwards did for ether.

I abolished the supplemental bag on finding that by means of a lever I could keep the inspiring-valve open when I wished, and so make the patient breathe backwards and forwards, out of and into the bag containing the supply of gas.

The next alteration was the arrangement for making the supply of gas pass through a vessel containing ether. The lungs were cleared of air by breathing pure gas and then ether was added. I described this amongst other ways of giving anæsthetics in a paper read before the British Medical Association in London in 1873. It was at that time, as far as I know, the *only* way by which ether could be inhaled without air. I had not then sufficiently mastered some of the difficulties in my way, and was using for all long operations the double current inhaler to which air was constantly supplied.

At the same meeting Dr. Morgan explained his apparatus. He laid much stress on the advantages of exclusion of air, but inasmuch as he had about 200 inches of air in his apparatus to begin with, and allowed air to get under the face-piece if the vapour was too pungent, or opened a funnel placed on purpose for admitting air into the ether-vessel, and, moreover, spoke of the blood retaining the arterial colour, I do not think, in practice, he so effectually excluded air as he might have done by the old plan of using a bullock's bladder or the American way of using a large cup-shaped sponge.

In the monograph Dr. Morgan sent me, he speaks of eight minutes as the ordinary time for procuring insensibility when his inhaler was used. That is, in itself, a proof that air was not excluded.

Both the inhalers which you suggest I have not duly acknowledged, have apertures for the purpose of admitting air when the vapour is too strong. In my instrument, if the vapour should be increased so rapidly as to produce any sign of local irritation, by simply turning the regulator the atmosphere is made less pungent without admitting fresh air.

The vessel holding water to prevent the ether becoming too cold is another feature distinguishing it from them.

Let me add that I think it a mistake to say that the intoxication, &c., depend on the mixture of air with the ether vapour. Whatever plan is used, we ought to give some air when convulsive twitchings, deep coma, intermittent breathing, or failing pulse is observed.

The intoxication depends upon the continuance of ether in the blood and tissues, and by combining deoxidation with etherizing, we can accomplish the narcotism required without so much ether as usual getting into the system.

I am, Sir, yours faithfully,

J. T. CLOVER, F.R.C.S.

3 Cavendish Place, London, W.

VETERINARY SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a foot-note appended to a letter which appeared in your issue of the 7th instant, you state that "There is no legal qualification for a Veterinary Surgeon." Will you permit me to refer you to the Royal Charter granted by her most gracious Majesty the Queen, in the seventh year of her reign, constituting all such persons as had then been educated at the Veterinary Colleges of London and Edinburgh, and who had obtained certificates of qualification to practise as veterinary surgeons, and such other persons as there were or might thereafter become students of the said Colleges, &c., members of

one body politic and corporate, by the name of "The Royal College of Veterinary Surgeons," by which name they should have a perpetual succession and a common seal.

I presume that you will admit that all persons who have studied veterinary medicine, and entered the profession, under the provisions of such Royal Charter, are *legally* qualified to practise as veterinary surgeons. At present there is no penal clause to prevent unqualified persons *assuming* the title, and practising as veterinary surgeons, which is, I think, greatly to be regretted; but as your remarks convey an erroneous impression as to the legal qualification of the members of the Royal College of Veterinary Surgeons, I trust you will insert this note. I have confidence in appealing to your sense of justice to do so, from having observed that you recently enriched your pages with original contributions by an eminent veterinary surgeon, Mr. G. Fleming; and I trust that neither you nor your readers considered it *infra dig.* to the profession the MEDICAL PRESS AND CIRCULAR represents, that Mr. Fleming selected it as one channel through which to convey information on medical subjects, equally interesting and instructive to the enlightened medical and veterinary practitioner, whose paths run side by side in scientific research, so that the one may often assist the other, but neither can despise the sister science without suffering loss in his own, whether it be the medical or veterinary branch.

Your obedient servant,

ALFRED J. OWLES,

Staff Veterinary Surgeon.

[We do not for a moment desire to depreciate the scientific value of veterinary surgery, or the status of that profession. We simply desired to state that there was nothing to prevent any person—competent or incompetent—from practising in that line, and calling himself anything he pleases. We do not consider it *comme il faut* for a medical practitioner to take fees as a vet., while at the same time holding office as a surgical practitioner. The combination of functions does not seem desirable from any point of view.—ED. M. P. & C.]

ETHER INHALERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to make a few observations in reply to your comments on my letter of the 31st ult.

Skinner's inhaler, when *properly applied*, excludes the *atmospheric air*. The *expired air* is, however, allowed to re-enter the lungs, a circumstance which owing to the quantity of carbonic acid in expired air rather accelerates anæsthesia than otherwise. That carbonic acid is itself anæsthetic is a well-known fact exemplified in the case of those who are charred in lime-kilns. I have tried many inhalers and have witnessed the employment of Dr. Ormsby's, and have arrived at the conclusion that Skinner's is the most efficacious in all repects.

I am, Sir, yours very truly,

FRANK THORPE PORTER, L.R.C.S.I.

15 Upper Merrion Street, Feb. 9, 1877.

[A patient lying on the operating-table emits say thirty cubic inches each expiration, and requires the same amount to fill his lungs again. Skinner's inhaler is a cone of about six cubic inches capacity. It is, therefore, pretty plain that twenty-four cubic inches of expired air must get out somewhere no matter how perfectly the inhaler is applied, and must be replaced by fresh air at next inspiration. *Ergo*, a very large dilution of the ether vapour must take place. Hence, if our opinion as to the necessity for exclusion of air be correct, Skinner's inhaler must prove ineffective in the long run.]

THE IRISH COLLEGE OF PHYSICIANS AND THE BALLOT QUESTION.

MANY of our readers are aware that for a couple of years the Irish College of Physicians has been exercised upon a reform of its ancient electoral system which had, up to that time, been a close ballot without examination, and which had been very emphatically condemned by the visitors of the College. This condemnation rendered necessary some change, and it was decreed by a vote that the Fellows, who are not only the corporation, but the governing body also, should determine to declare a certain number of vacancies in their own body, and then proceed to elect by ballot. After consideration of certain other proposals, it was decided to apply to Government for a new charter, in which the perpetuation of the ballot was the prominent feature. Sir Michael Hicks Beach, the Chief Secretary for Ireland, has recently returned his reply to this request in form of the following memorandum.—

Memorandum of conversation of President and Vice-President with the Chief Secretary, on Friday, December 29th, 1876

The Chief Secretary said he was anxious to see us in reference to the application of the College for a new Charter.

He said that he did not like the notion of election by ballot for the Fellowship; but that if the Fellows were elected by examination or otherwise, and that a Council was established, he saw no objection to the election from the body of Fellows to the Council by ballot.

The Chief Secretary also stated that, in his opinion, the by-law under which a lower fee was charged to candidates in arts of certain universities than to other persons, was contrary to the spirit of the Act of 1862 (25 Vict., ch. 15), and that it had been so represented to him by the Queen's University.

With regard to the formation of a new order of members, the Chief Secretary considered that the enlargement of the number of Fellows, and the establishment of a Council, would render this unnecessary, inasmuch as he presumed that the higher order of fellowship would entitle the holders thereof to all privileges attainable under a new order of members.

With regard to the power of receiving the resignation of a Fellow, the Chief Secretary saw no difficulty, as a matter of policy, in the introduction of such a clause in any new Charter which might be granted.

And lastly, the Chief Secretary suggested that in future the by-laws of the College should be submitted to the Privy Council for their approval, before they become binding on the College.

The Chief Secretary desires it to be distinctly understood that the law officers of the Crown have not yet been consulted on the above suggestions, as they have not yet been put into a definite shape; and that the views which he has expressed with regard to them, are subject to the opinion of he law officers on points of law.

Without entering into unintelligible detail, we may point out (1) that the Chief Secretary entirely disapproves of the election of Fellows by ballot alone; (2) that he disapproves of the continued administration of the College by the whole body of Fellows who are endowed with absolute caprice as to who shall be of their conclave, and who shall not; (3) that he wishes to provide for new Fellows, and the enlargement of the College, by establishing an administrative Council, such as exists in the Irish College of Surgeons and elsewhere.

The proposals of Sir Michael Beach are perfectly reasonable, and in accord with the experience afforded by other licensing corporations. They are calculated to remedy, without risk to the efficiency of the College, the very great faults of the existing system, and to confer great benefits upon the Licentiates of the College—by throwing open the Fellowship which is now, to all intents, hermetically closed to most of them. It would give impetus to the College financially and morally, and free it of the atmosphere of mediævalism which impedes its growth; yet we regret to learn that the Fellows have decided to reject the Chief Secretary's suggestion, and stick to the ballot with all its abuses and injustices.

There is nothing new or surprising in the fact that a self-elective body objects to the disturbance of its balance of power by the introduction of new members, but it seems to us that if the Licentiates of the College ever

mean to occupy any position in their college, the time has come to throw their influence into the scale in support of the reforms suggested by the Chief Secretary. Like some of its sister corporations the College is behind the age, and the idea seems to rule within its walls that the institution is a pleasant club, into which any person coming without suitable introduction should be treated as an intruder. This is not our idea of a corporation discharging a public duty as a licensing body, and we are glad to find that we hold this opinion in such distinguished company as that of Her Majesty's Chief Secretary for Ireland.

Obituary.

SIR WILLIAM FERGUSSON.

Sir William, whose lengthened illness has long been known to all, died on Saturday evening last, at his house in George Street. He was one of the ablest of surgical operators, and as such his place cannot be refilled. He was remarkably self-possessed and deliberate, never moving a hand without effecting some part of the operation. In operative surgery he excelled; his equal we have never yet seen. As a surgeon he was both bold and cautious, yet truly conservative, always avoiding an operation when possible, but never shrinking from it when necessary. He possessed a refinement in touch, and a delicate manipulation which placed him above every surgeon of his day.

For some time Sir William had suffered from albuminuria, and during the greater portion of last year he was unable to devote himself to practice.

For a time it was doubtful whether he would again engage himself in his duties, but towards the beginning of the last winter session he found himself well enough to return to hospital work. During the past fortnight some symptoms of uræmic poisoning exhibited themselves, and he gradually sank.

Sir William was born on the 20th March, 1808, at Prestonpans, East Lothian, and was educated at the University of Edinburgh at the expense of his uncle, Colonel Fergusson, his intention being to study for the law; but in the year 1825 he became a pupil of the celebrated anatomist, Robert Knox, and took the diploma of the College of Surgeons of Edinburgh. In association with Knox he taught anatomy for some years, and prepared many dissections, which are now to be seen in the museum of the College of Surgeons of Edinburgh. It may be recollected by some that in consequence of the resurrectionists and the murders by Burke and Hare, Robert Knox was obliged to leave Edinburgh, but Mr. Fergusson continued to teach anatomy.

In 1831 he established himself as an extra-mural lecturer on surgery, and was soon afterwards appointed surgeon to the Royal Infirmary, where his dexterity as an operator first displayed itself. In 1840, when a medical school and hospital were established in connection with King's College, London, the appointment of Professor of Surgery was offered to Mr. Fergusson, who was then 32 years of age. It was a serious matter for him to decide upon. He felt confidence in himself that if he remained in Edinburgh he should do well, but he scarcely dared to contemplate a change into London, to rival surgeons who had already attained European eminence. He, however, accepted the office, and commenced practice in London at a house in Dover Street. It is needless to say that his fame as an operator soon spread through London and through the world, and great indeed is the number of surgeons of all nationalities who have gone to King's College Hospital to profit by witnessing operations performed by him.

In 1842 he published a work on practical surgery, and in 1849, on the death of Mr. Key, he was made Surgeon-in-Ordinary to Prince Albert. In 1855 he became Surgeon-Extraordinary to the Queen. In 1866 he was created a Baronet, and in the following year was made Sergeant-Surgeon to the Queen. Sir William was Examiner at the College of Surgeons of England for a short time only, other calls on his time being so numerous.

As Professor of Surgery at the London College of Surgeons he delivered two courses of lectures on the Progress of Surgery, and in 1870 was elected President. The following year he gave the Hunterian oration.

His writings, though not published in lengthy volumes, are numerous and scattered, and neither time nor space will permit us to do justice to a report on the advance of surgery initiated by him. To him almost entirely we owe the present state of "Conservative Surgery."

His introductions in re-sections of joints, hare-lip, cleft palate, lithotomy, must ever indelibly imprint his name on time as the surgeon of this century.

Medical News.

Army Medical Department.—The Director-General of the Army Medical Department presents his compliments to the Editor of the Medical Press and Circular and begs to enclose a list of Candidates of Her Majesty's British Medical Service who were successful at the examination in London in August, 1876, and who have passed through a course of instruction at the Army Medical School:—

	Marks.		Marks.
Allin, W. B. ...	5360	Laffan, G. ...	3402
Ryan, M. R. ...	4896	Bourke, U. J.	3397
Reynolds, E. O.	4570	Robinson, R. ...	3146
Robbins, H. J.	4546	Lamprey, J. J.	3072
Morris, G. G.	4474	Allen, W. H.	3050
Hayes, A. C. ...	4333	Gunning, R. C.	3010
Williamson, J. F.	4270	Russell, G. M.	2945
Carey, J. T. ..	4236	Cotton, H. ...	2910
Rainsford, W. J.	4183	Hunt, J. P. ...	2882
Boulger, J. ...	4105	Pepton, J. L.	2882
Tuthill, P. B. ..	4015	Carleton, A. W.	2878
Boyd, T. ...	3930	Hughes, G. A.	2866
Johnston, P. H.	3896	Keith, A. C. ...	2861
Murchison, F.	3625	Brodie, J. ...	2685
Emerson, J. B.	3482	Eagar, F. G. L.	2662
Hewett, A. ...	3480	Large, B. W.	2478
Roche, E. A. ...	3477		

Indian Medical Service.—The following is a list of candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley:—

	Marks.		Marks.
*Moorhead, J.	5638	Eaton, G. B.	4525
Beatson, C. H.	5393	Eyre, M. S. ...	4505
Owen, C. W.	5060	Channer, O. H.	4496
Griffiths, G. S.	5000	Young, E. W.	4465
Grant, P. M.	4966	M'Calman, H.	4350
Lee, W. A.	5934	Ross, D. R. ...	4308

* Gained the Herbert Prize and Martin Memorial Gold Medal.

Naval Medical Service.—The following is a list of candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley:—

	Marks.		Marks.
Henwood, J. D.	4735	Armstrong, G. W. ...	3844
Walsh, H. W. D.	4657	Kellett, L. H.	3586
M'Swiney, M. O'C. ...	4571	Dow, J. C. ...	422
Guppy, H. B.	4452	Newland, C. F.	325
Connell, J. J.	4437	Barcroft, P. J.	230
Mugliston, T. C.	4405	Twigg, G. D.	3197
Williams, F. E. H. ...	4045	Fogerty, G. J.	960
Williamson, F.	3897	Bookey, W. J. B.	2810
Murdoch, R.	3880	Browning, J. M.	2708
Rae, W. M. ...	3850	Corcoran, L. W.	2460

NOTICES TO CORRESPONDENTS.

"MEDICAL PRESS" DEFENCE FUND.

THE Honorary Treasurers beg to acknowledge with thanks the following contributions to this Fund, which they have received since the publication of the last list in our columns:—

	£	s.	d.
Dr. Forrest, Dublin	1	1	0
,, Reardon, Kildorrery	1	1	0
,, J. H. Benson	1	1	0
,, Young, Monaghan	1	0	0
,, Brady, Clara	0	10	6
,, G. M. Mayberry, Kenmore	0	10	6
,, F. G. Mayberry, Kenmore	0	10	6
,, Cahill, Ballinacargy	0	10	6
,, Palmer, Durrow	0	10	6
,, Battersby, Wellington Road	0	10	0
,, Ashe, Dundrum	0	10	0
,, O'Dea, Spid al	0	10	0
,, McDonnell, Dunmore	0	10	0
,, Kittea, Nenagh	0	10	0
,, Lynch, Williamstown	0	5	0
,, Drapes, Keadue	0	5	0

SANITARY INSTITUTE OF GREAT BRITAIN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly permit me to inform your readers that the Sanitary Institute propose to hold a public meeting early in March next at the Society of Arts to consider the report recently issued by the Committee appointed by the President of the Local Government Board upon "The Modes of Treating Town Sewage." His Grace the Duke of Northumberland will preside at the meeting, and the discussion will be opened by Sir Joseph Wm. Bazalgette, C.B.

Gentlemen desirous of taking part in the discussion will greatly oblige by forwarding to me their names and the heads of the subjects on which they desire to speak.

I am, Sir, your obedient servant,

11 Spring Gardens, London, S.W. LORY MARSH, M.D., *Sec.*

MR. F. M. TODDY is thanked for his kindly interest. His communication received as we were going to press shall appear in our next.

G. P. B., Mentone.—For a university student, Carpenter. For a hospital student, Küss or Kirke. We know of no work which answers your second question. Perhaps the nearest approach will be found in the little pocket "crams" in the Students' Aid series.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Will you kindly say where I may get a good brief article on *Thermometry* applied to disease. What of *Aitken's smaller* volumes on the "Practice of Medicine?" And would it be practically as valuable to the busy "rural" practitioner as the larger book? Watson's last edition disposes of the thermometer curtly enough.

Yours truly,

H. J.

[There is not any small work on medical thermometry. A brief article in the *Dublin Medical Journal*, Vol. 53, p. 101, 1872, contains an abstract of the principle points in medical thermometry taken from Winderlich's great work.—ED. M. P. & C.]

THE PREJUDICE AGAINST MEDICAL STUDENTS.—A correspondent gives what he considers another instance of unfairness in the administration of the law. He was at one of the London Police-courts on Monday last for a short time and heard the "night charges" for drunkenness disposed of. The fines ranged from 3*s.* to 1*s.* each, except in the case of a medical student, who was fined 6*s.*, although his case offered less aggravated circumstances than any. Our correspondent is naturally indignant at this, and thinks that the shame of such a charge being proved is quite serious enough without the infliction of a double fine. We are quite in accord with our correspondent against the injustice of dealing out different laws because the individual charged happens to be a medical student, and we fear with him that it is another instance of that prejudice one is unfortunately accustomed to see shown against medical students. But we feel less regret in this instance, as the accused should not have given the magistrate the opportunity of comparing his case with less educated men.

HUNTERIAN SOCIETY.—The Annual Oration will be delivered this evening (Wednesday) at 8 o'clock by Dr. Moxon. There will be a meeting for the election of officers half-an-hour previously.

HARVEIAN SOCIETY OF LONDON.—On Thursday evening at 8 o'clock Dr. de G. Griffiths, "On Fæcal Collections simulating Utero-ovarian Disease."—Mr. Osman Vincent, "On the Anatomy, Pathology, and Treatment of Knock-knee."

PROF. PARKER will lecture at the Royal College of Surgeons of England on Friday at 4 p.m. "On the Osteology of Birds."

MEDICO-CHIRURGICAL SOCIETY OF LONDON.—On Tuesday evening the Ballot opens at 7.30 and closes at 8.30. After which various papers are set down for reading.

THE TITLE OF DOCTOR.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Wishing to compliment a medical gentleman lately on his addition of Dr. to his name and door-plate, I asked what university conferred on him the degree. His answer was, "I am a licentiate now of the Royal College of Physicians of London and take the title of doctor by right of courtesy." He said others did it why should not he? Now, Mr. Editor, who is to question this new title; the College is evidently afraid; who is to do it? Let me and others know.

Yours truly,

M. D. DE JURE.

P.S.—I shall never meet a medical doctor "by courtesy" in consultation till I learn he is entitled by law and does not visit for, or prescribe for, a few coppers per head.

ART IN HOSPITALS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A misapprehension has arisen as to the *bond fides* of my offer of a hundred guineas towards a fund for introducing art into hospitals, because of the condition that 1,000 subscribers should each also contribute a similar sum. I withdraw such condition. I will gladly give one hundred guineas to a responsible committee, as soon as one is formed, to promote the Art Fund of the Hospitals of London.

I am, Sir, your obedient servant,

J. LAWRENCE-HAMILTON, L.R.C.P.

34 Gloucester Terrace, Hyde Park, W.

[*** The idea of collecting and expending a sum of one hundred thousand guineas on art treasurers, old china, bric-a-bac, &c., for our hospitals was no doubt a grand conception, but we think it rather fortunate that the public declined to respond to the appeal for the reasons stated in our issue of Jan. 31st.—ED. M. P. & C.]

VACANCIES.

Kent County Lunatic Asylum.—Assistant Medical Officer. Salary, £150. Testimonials to Messrs. Beale and Hoare, Maidstone.

Dorset County Hospital.—House Surgeon and Secretary. Salary, £80, with board. Applications, under cover, to the Chairman at the Hospital, Dorchester.

Coventry Hospital.—House Surgeon. Salary, £100, with board. Applications, under cover, to the Secretary.

University College Hospital.—Secretary. Medical qualifications not necessary, but business competence. Testimonials to the Secretary of Council, Gower Street, London, W.C.

Halifax Infirmary, Yorks.—Assistant House Surgeon. Salary, £50, with board. Testimonials to the Chairman of the Medical Staff

Cheltenham Hospital.—Junior House Surgeon. Salary, £80, with board. Applications to the Secretary.

Brighton Lying-in Institution.—House Surgeon. Salary, £120. Testimonials to the Chairman of Committee, 76 West Street.

Dunboyne Dispensary, Dunshaughlin Union.—Medical Officer. Salary, £110. Applications to Hon. Sec.

Gort Union.—Apothecary. Salary, £40. Applications to Hon. Sec.

Taunton Union.—Medical Officer. Salary, £52, with extra fees. Address the Secretary.

Chelmsford Union.—Medical Officer and Public Vaccinator. Salary, £48, with fees extra. Applications to the Clerk of the Guardians.

Newport (Mons.) Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications, with testimonials, to the Chairman of the Infirmary.

Crediton Union.—Medical Officer for the Cheriton Fitzpans District. Salary, £15, with usual extra fees. Address the Clerk to the Guardians.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

A Handbook of Hygiene. By George Wilson, M.D. Third Edition. London: J. and A. Churchill.

Outline Diagram Forms for Clinical Case-Books. By G. Rowell, M.D. London: Smith, Elder, and Co.

How to Use a Galvanic Battery. By Herbert Tibbitts, M.D. London: J. and A. Churchill.

APPOINTMENTS.

AVELING, J. H., Obstetric Physician to the St. Marylebone General Dispensary.

CRICHTON, J. S., M.D., L.R.C.S Ed., Medical Officer and Public Vaccinator for the Parish of Arbirlot, Forfarshire.

DAVY, J. W., M.B., C.M., Resident Assistant House Surgeon to the North Dispensary, Liverpool.

FINLAY, D. L., M.D., Medical Registrar to the Middlesex Hospital.

JONES, H. T., L.K.Q.C.P.I. and L.M., M.R.C.S.E., Medical Officer of Health for the Hucknell-Torkard Urban Sanitary District, vice McDermott.

MACDONNELL, H. H., M.B., C.M., Surgeon to the Louth County Infirmary, and to the County of Louth Gaol, Dundalk.

MUIRHEAD, C., M.D., F.R.C.P.Ed., has been promoted to third Ordinary Physician to the Royal Infirmary, Edinburgh.

SMITH, G. F. K., F.R.C.S.E., a Surgeon to the General Infirmary, Northampton.

STRUGNELL, Mr. F. W., Resident Surgeon to the Small-pox Hospital, Highgate.

Births.

ANTHONY.—On the 12th ult., at Fort Agra, India, the wife of Mark Anthony, M.D., Surgeon Royal Artillery, of a daughter.

BRAMWELL.—On the 5th inst., at 31 Percy Gardens, Tynemouth, the wife of J. W. Bramwell, M.B., of a daughter.

DARBY.—On the 6th inst., at Monasterevan, the wife of Dr. Darby, of a daughter.

MCCARTHY.—On the 5th inst., at Bridgemount Abbeyfeale, the wife of John P. McCarthy, M.D., of a son.

Marriages.

TREVES—MASON.—On the 8th inst., at Holy Trinity Church, Sydenham, Frederick Treves, M.R.C.S., of Wirksworth, Derbyshire, to Anne Elizabeth, younger daughter of Alfred S. Mason, of Sydenham Park, S.E.

Deaths.

POWER.—On Jan. 25, at Mannheim, Baden, John Livingstone Power, L.R.C.P.Ed., Surgeon-Major 4th Regiment.

SMITH.—On Jan. 24, at Winchcomb, Gloucestershire, Samuel Smith, M.R.C.S.E., aged 68.

SPONG.—On Jan 31, at his residence, Albion Terrace, Faversham, Kent, William Nash Spong, F.R.C.S., aged 30.

STACE.—On Jan. 23, at Southampton, Joseph Stace, M.R.C.S.E., formerly Surgeon H.E.I. Co.'s Service, aged 92.

IRISH POOR-LAW INTELLIGENCE.

SANITATION *v.* EXPLOSION.

In an editorial note which appeared in our issue for the 20th of December last we referred to the report of the proceedings of the Castlebar Guardians, contained in the local paper. It seemed from that report that Mr. H. C. Larminie had been appointed Inspector under the Explosives Act of 1875, at a salary of £20 a year, and that the Local Government Board had expressed its opinion that such appointment was unnecessary. Not having the reports of previous meetings of the guardians, nor the text of the Explosives Act, before us, and judging principally from the letter of the Local Government Board, we assumed (incorrectly, as it now appears) that the appointment had been made by the Board of Guardians, of whom Mr. H. C. Larminie and his brother (Mr. A. Larminie) are members; and we compared the taste with which the appointment had been made, and the salary attached to it, with the unwillingness of guardians to appoint their sanitary officers, and the small remuneration granted to them. We have been informed that Mr. H. C. Larminie and his brother consider that an injustice has been done them by our observations, and—with the desire of setting ourselves right if we had committed any error in the matter—we have obtained the files of papers containing the reports of previous meetings of the guardians, and have examined the Act under which the appointment was made. As the result of this further inquiry we find that the power of making local appointments under the Act is vested by Clause 67 in the "local authority" which is defined to be "in any place in which there is no local authority otherwise defined—the justices in petty sessions assembled." By Clause 69 "It shall be the duty of every local authority to carry into effect within their jurisdiction the powers vested in them under the Act," and in other parts of the Act officers are spoken of as acting on behalf of the local authority, but there is no clause which orders the appointment of any such officers, and it would seem to be left entirely to the discretion of the J.P.'s whether they will appoint or not.

By clause 70, it is provided that

"All expenses incurred by the local authority in carrying into effect the execution of this Act, including the salary and expenses of any officer directed by them to act under this Act shall be paid out of the local rate," that source being, in the case of a rural district, described as the county rate.

It is, therefore, obvious that we were led into error by the ambiguity of the letter of the L.G.B., and by our unacquaintance with the Explosives Act, and that neither the Board of Guardians nor the Messrs. Larminie were in any way responsible for the appointment, but that the responsibility lay altogether with the justices at petty sessions. Nay, more! we find that the Guardians had discouraged with all their energy the creation of a new, and, perhaps, unnecessary burthen on the ratepayers, and had actually appealed to the L.G.B. against the act of the justices in taxing the Union with a new salary. We take the earliest opportunity, therefore, of repudiating any idea that influence was, or could have been, exercised by the Messrs. Larminie with the Board of Guardians for personal objects, or that the Guardians could have yielded to such influence if it had been exerted. We regret having been betrayed into a mistake as to the law of the matter, and if the Messrs. Larminie consider that our observations involve any imputation on them, we unhesitatingly withdraw any phrase which is capable of bearing such interpretation, and express our regret for appearing to have done them an injustice.

THE CARLOW WORKHOUSE ELECTION.

We have received a long letter from Dr. Thomas P. O'Meara, in reference to the recent election of Dr. Rawson to the Carlow workhouse, and anent our observation respecting the issue by Dr. O'Meara of a circular to the electors, in which the offices held by his opponent were set forth with the purpose of showing that the duties of the office could not be efficiently discharged by him. We stated that the issue of such a circular was neither creditable nor professional. We must be excused publishing Dr. O'Meara's letter, not at all from any desire to deny justice to him, but because it deals only with Dr. Rawson's merits and demerits, with which question we have nothing to do. That subject was for the consideration of the guardians; they had the subject before them, and could, if they desired, have all the facts before them, and they —not the Medical Press—are the judges in the matter Our concern is with the issue of a circular, depreciatory of an opponent, and we repeat that such a course is not *en regle*.

A candidate for office should recommend himself to the electors, not by crying down his opponent, but by crying

up himself, and however he may—verbally—represent the incapability of any other candidate, it is certainly not a professional or creditable course to publish such detraction in circular form. Dr. O'Meara complains that Dr. Rawson had made his canvass and secured voters in advance of his father's resignation. We do not think it desirable that appointments should be obtained by this process, but, after all, it is a matter for the electors, who ought to have the discretion not to pledge their votes without knowing the candidates. If they are so inconsiderate as to do so, we can hardly blame any candidate for taking them at their word. We think it right to publish the last paragraph of Dr. O'Meara's letter, which does justice to his principles:—

"I regret exceedingly that the politico-religious element was introduced into the contest. This was done by Dr. E. Rawson's friends in the first instance, and subsequently by some articles in the —— ——. The latter I never saw, nor do I know anything whatever about them. I am exceedingly sorry that politics or religion should ever be introduced into affairs of this kind, and I trust I shall always endeavour, as I have hitherto done, to eliminate such bitter elements from matters that should be purely professional."

We most cordially participate in Dr. O'Meara's views on this point, and deeply regret that the choice of the most competent attendant for the sick poor should resolve itself, as it often does, into a despicable squabble between contra-religionists and opposing politicians.

The Vital Statistics of Ireland.

THE annual report of the Irish Registrar-General just issued states that during the year 1876 there were registered in the Dublin district 9,006 births, a ratio of 29 per 1,000 of the population. The average in the preceding ten years was 28 per 1,000. In London the number was 36 in every 1,000, in Glasgow 58 per 1,000, and in Edinburgh 33 per 1,000.

8,097 deaths were registered in the Dublin district during the year, being 25.7 in every 1,000 of the population, against an average death-rate of 26.4 per 1,000 for the previous ten years. The death-rate of the north side of the river was 28 in every 1,000, and on the south side 27 per 1,000. In the suburban districts of Rathmines, Donnybrook, Blackrock, and Kingstown, the number of deaths was 20 in every 1,000 of the population.

The deaths registered in Belfast afford a ratio of 25 in every 1,000, in Cork, 27 per 1,000; in Limerick it was 27, in Londonderry 18, in Waterford 23, in Galway 22, and in Sligo 18. The death-rate of London was 22 in every 1,000, of Glasgow 25, and of Edinburgh 20.

The number of deaths in the Dublin district referred to zymotic diseases was 45·1 in every 10,000 inhabitants, being 468 less than the average annual number for the preceding ten years, and lower than in any of those years except 1873 and 1875, in which deaths from these diseases numbered respectively 1,378 and 1,396. There were 9 deaths from small-pox registered—1 in the third quarter and 8 in the fourth. Fever caused 260 deaths, being 13 more than in the preceding year, but 86 under the average annual number for the ten years 1866-75. The deaths from fever were tabulated as follows:—Typhus 62, enteric 151, and simple continued fever 47. The increase on the number in 1875 was confined to typhus, only 49 deaths from which were registered in that year. The deaths from scarlet fever number 194, being slightly over the mortality in 1875, but little more than half the average annual number in the years 1866-75, the disease having been very fatal in 1869 and 1874. Whooping-cough caused 195 deaths, 112 of which were registered in the first quarter; measles proved fatal in 133 instances; croup in 73; diphtheria in 25; quinsy in 7; and erysipelas in 47. There were 243 deaths ascribed to diarrhœa; this number is 31 under the average for the previous ten years. Bronchitis proved fatal in 1,282 instances, or 4 per 1,000 of the population. This mortality, though over the average, is less than that in the year 1875, when 1,379 deaths from bronchitis were registered. Of the 1,282 deaths from this disease, 597 were registered in the first quarter of the year. Pneumonia caused 242 deaths, pleurisy 22, asthma 17, laryngitis 6, and lung disease unspecified 143, the deaths from diseases of the respiratory organs (exclusive of phthisis) thus amounting to 1,712, or 21 per cent. of the deaths from all causes, and equal to 54 in every 10,000 inhabitants, which is considerably over the average, but not so heavy as the mortality in the preceding year. As many as 594 deaths (almost exclusively children) are ascribed to convulsions. Apoplexy was assigned as the cause of death in 101 instances, paralysis in 154, cephalitis in 52, epilepsy in 30, insanity in 10, chorea or St. Vitus's dance in 2, and brain disease unspecified in 129. There were 390 deaths referred to heart disease, 34 to aneurism, 7 to pericarditis, 13 to jaundice, 8 to inflammation of the liver, 99 to liver disease, 2 to spleen disease, 33 to Bright's disease, 8 to inflammation of the bladder, 4 to inflammation of the kidneys, 3 to ischuria, 2 to diabetes, 1 to stone in the bladder, and 83 to kidney disease unspecified. Phthisis caused 931 deaths; this number, which is equal to 29·6 in every 10,000 of the population, is 57 under the average for the ten years 1866-75, and is less than the mortality in any of those years except 1874, when only 862 deaths from phthisis were recorded. There were 604 deaths from other constitutional diseases, including 171 from hydrocephalus, 127 from mesenteric disease, 51 from scrofula, 142 from cancer, and 6 from gout; the total deaths from this clase of diseases being equal to 48·8 in every 10,000 inhabitants, against an average of 52·7 for the preceding ten years. There were no deaths from small-pox registered in any of the seven provincial town districts.

The deaths registered in Belfast include 149 from whooping-cough, 105 from fever, 86 from scarlatina, 15 from diphtheria, 13 from measles, and 165 from diarrhœa; these 533 deaths being equal to 12 per cent. of the total deaths, and 2·9 per 1,000 of the population. In the year 1875 the deaths from the seven principal zymotic diseases were equal to 6·1 per 1,000 persons, scarlatina having caused 356 deaths, and measles 280.

In Cork last year there were registered 68 deaths from fever, 40 from measles (30 of which were recorded in the first quarter), 30 from whooping-cough, 17 from scarlatina, 6 from diphtheria, and 80 from diarrhœa, the rate afforded by these 241 deaths being 2·6 per 1,000 of the population.

There were no deaths from diphtheria, measles, or small-pox registered in Limerick during the year. The mortality from the other principal zymotic diseases yield a rate of 2·9 per 1,000 persons, the number of deaths being 126—viz., 39 from whooping-cough, 34 from fever, 17 from scarlatina, and 36 from diarrhœa.

Of 559 deaths registered in Londonderry, 64 resulted from the principal zymotic diseases—viz., 31 from scarlatina, 11 from whooping-cough, 7 from measles, 4 from fever, 2 from diphtheria, and 9 from diarrhœa. The rate represented by these deaths is 2·1 per 1,000 of the population.

With the exception of 28 deaths from fever in Waterford, the principal zymotic diseases caused but few deaths in Waterford, Galway, or Sligo during the year.

THE RIGHT OF MEDICAL OFFICERS TO TAKE LYMPH FROM VACCINATED CHILDREN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Malin, Feb. 3, 1877.

DEAR SIR,—It is generally acknowledged that arm-to-arm vaccination is the most satisfactory, but it seems the medical officer has no power to enforce it. Refusal by parents to allow lymph to be removed for vaccination purposes is very general in this district, and it seems from the following official communication that I have no remedy.

Yours truly,
J. W. GILMORE, M.D.

Local Government Board, Dublin,
January 20th, 1877.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 13th instant, and of its enclosures, and in reply to your inquiry respecting the prosecution by the Board of Guardians of Inishowen Union of a woman, named Connor, who, it appears, refused to permit you to take vaccine matter from the arm of her child, the Local Government Board desire to state that there is no legal enactment which enables a medical practitioner to insist upon taking lymph from a child brought to him for inspection after vaccination; but there is rarely much difficulty experienced in effecting the desired object by a little ordinary persuasion with the parent.

By order of the Board,
B. BANKS, Secretary.

To Dr. Gilmore, Inishowen Union.

MARYBOROUGH DISTRICT LUNATIC ASYLUM.

At a meeting of the board of governors of this Asylum, held on Wednesday last, the 7th inst., the Right Hon. the Earl of Rosse occupied the chair.

Having complimented the medical superintendent, Dr. Hatchell, on the condition and general management of the asylum, the governors unanimously increased his salary, as also the salaries of the clerk and storekeeper, and the male and female attendants, taking into consideration the arduous nature of the duties performed by them.

EXAMINATION OF LUNATICS IN BRIDEWELLS

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A person, who resided in my dispensary district having been found a short distance from her own house under circumstances which created a suspicion that she was of unsound mind and intent on committing suicide, was arrested by the police and taken at once—without having been seen by any medical man—to the Bridewell in the adjoining town, which is situated about half a mile outside the boundary of this district, and two days after she had been taken to the Bridewell two of the borough magistrates called in the dispensary medical officer of the district in which the woman was then confined, and had her examined, and an order made out for her removal as a dangerous lunatic to the county asylum. Ought not the magistrates to have summoned me to examine the woman? I have had to go to the same town to examine similar cases without fee or reward before the present act came into force empowering the magistrates to grant remuneration for the examination of dangerous lunatics and surely it would only be fair to allow me to examine those who belong to my own district now that we are paid for doing so. Will you kindly inform me through the columns of your journal what steps, if any, should be taken in the above case?

I am, yours &c.,
M.D.

[The 15th section of the Medical Charities Act says:—It shall be the duty of any salaried medical officer of a dispensary district under this Act, or (if more than one), *then the nearest of such medical officers*, save in the case of his sickness or necessary absence, and then the other nearest of such medical officers, . . . to examine and certify under the statute in that behalf as to the case of any dangerous lunatic brought before a justice of the peace, *within his respective district*, when summoned by such justice so to do.

The 30th and 31st Vict., cap. 118, says also:—Whenever any person shall be brought before any two justices, and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime for which, if permitted, such person would be liable to be indicted, the said justices shall call to their assistance the medical officer, or, if there be more than one, the nearest available medical officer of the dispensary district *in which they shall be at the time*, and if there shall not be any such medical officer available, then the nearest medical officer of any neighbouring dispensary district, who shall examine such person, &c., &c.

By the preceding clause of the same Act it is provided that it shall not henceforth be lawful for two or more justices to commit to any gaol in Ireland any person proved to their satisfaction to be a dangerous lunatic or dangerous idiot.

It would seem that the magistrates did not commit the lunatic to the Bridewell, and not certify her as a lunatic till two days afterwards. From the use of the words "before a justice of the peace within his (the medical officer's) respective district," and also from the words "in which they shall be at the time," it seems evident that the question turns upon whether the justices' inspection of the lunatic took place at the Bridewell or within the district of our correspondent. If the former, then the justices were right in calling in the dispensary doctor nearest the Bridewell, and M.D. has no remedy.—ED. M. P. & C.]

ANTI-SUPERANNUATION ELECTIONEERING.

WE learn from the *Wexford People* that a deputation from the ratepayers of the electoral division of B idgetown, waited on Mr. Murphy, the guardian of the division, for the purpose of requesting him to give his vote against the motion for giving superannuation allowance to Dr. Furlong. The deputation stated that they had made a canvass of the ratepayers of the division, and they had found that about nine-tenths of the ratepayers were opposed to superannuation. They wished to assure him that they entertained the most kindly feelings towards Dr. Furlong, and that they were opposed to the motion purely on principle. They well knew, and indeed it had been proclaimed in the board room, that should this motion succeed it would be quickly followed by many others of a similar nature, and in a short time a most obnoxious and unbearable tax would be imposed on the ratepayers.

Mr. Murphy said he was very sorry that he could not comply with their request on this occasion. Had the wishes of the ratepayers been intimated to him at an earlier period, he would have been happy to comply with them, but after having conscientiously given his vote on two occasions for the motion, he could not now stultify himself by opposing it. He felt that he had always done his best for the interests of the ratepayers, and regretted this difference of opinion between him and them, particularly as he did not intend to contine as the representative of the division longer than next March.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 3, 1877.

Total registered deaths in Dublin and suburbs *	...	177
Ten years average of same week	...	202
Decrease of mortality below average	...	25
Ratio of deaths, suburb of Rathmines ...	21·9	per 1,000
„ „ „ Donnybrook†	28·1	„
„ „ „ Blackrock ...	14·4	„
„ „ „ Kingstown ...	8·4	„
„ „ Entire Dublin district ...	26·1	„
COMPARATIVE RATIOS—London	22·6	„
„ „ Glasgow... ...	25·1	„
„ „ Edinburgh ...	21 2	„

* District extends over 10,050 acres, and contains 314,66 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 30; average number in the corresponding week of the previous ten years 36·7. The deaths from these diseases returned last week include 2 from small-pox, 1 of which occurred in the Mater Misericordiæ Hospital, and the other in Cork Street Fever Hospital, the former being that of a man who was "not vaccinated," and the latter that of a woman who was returned as "vaccinated;" 8 from fever (3 typhus, 3 typhoid, and 2 simple continued fever), 6 from diarrhœa, 3 each from scarlet fever and measles, 2 from croup, &c.

Ten children died from convulsions.

Bronchitis proved fatal in 24 instances, pneumonia in 4, pleurisy in 1, and lung disease unspecified in 2.

Nine deaths were referred to heart disease, 4 to apoplexy, 7 to paralysis, 4 to brain disease unspecified, 3 to liver disease, and 2 each to Bright's disease and kidney disease unspecified. Phthisis caused 19 deaths, hydrocephalus 2, mesenteric disease 1, scrofula 1, and cancer 2.

Six accidental deaths were registered, viz., 5 from fractures and contusions, and 1 from burns.

Eight deaths from whooping-cough, 7 from measles, 4 from scarlatina, 3 from diarrhœa, 2 from fever, and 1 from diphtheria, were registered in Belfast during the week.

CICATRICES OF THE KIDNEYS.

AT a meeting of the Anatomical Society, reported in *Le Progrès Médical*, sept. 9th, 1876, p. 647, M. Ferrand presented two kidneys, the surface of which were furrowed by a quantity of depressions more or less marked. They were taken from a patient who had suffered from heart affection and emphysema, the immediate cause of death, at the age of 60, being pulmonary emphysema.

M. Ferrand requested an expression of opinion as to the nature of these depressions—whether they were due to abscess, embolisms, cysts, or if the case was one of simple lobulated kidney. The president, M. Charcot, was of opinion that they were traces of embolisms dating back some twenty-five to thirty years, and that they testified to the existence of an old attack of endocarditis, accompanied by vegetation growths, which affection of the heart had been happily cured.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February 3rd,* 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, FEBRUARY 3RD, 1877. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	26	177	158	15	37	2	3	3	...	...	8	6	6	5	57
BELFAST . . .	20,687	182,082	33	133	112	16	13	...	7	4	1	8	2	3	1	...	19
CORK	13,816	91,965	28	69	50	8	14	...	...	..	1	...	...	...	...	2	25
LIMERICK . . .	8,509	44,209	27	18	23	2	6	...	...	2	2	...	...	2	...	...	7
LONDONDERRY . .	21,865	30,884	19	12	11	1	...	...	...	...	...	1	...	...	...	...	...
WATERFORD . .	17,209	30,626	19	22	11	4	3	...	...	...	...	..	..	...	...	...	...
GALWAY . .	21,358	19,692	29	12	11	...	3	...	...	...	1	...	...	...	..	...	5
SLIGO . .	30,835	17,285	27	8	9	...	5	...	...	...	...	..	...	...	1	2	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1877.

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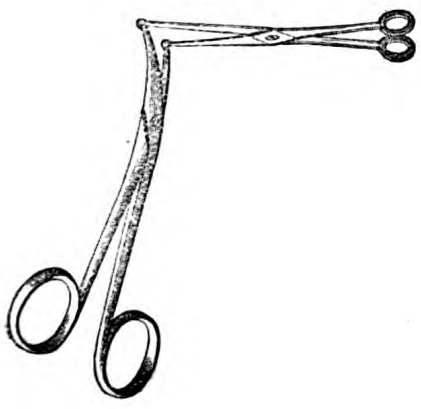
Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page* 124.)

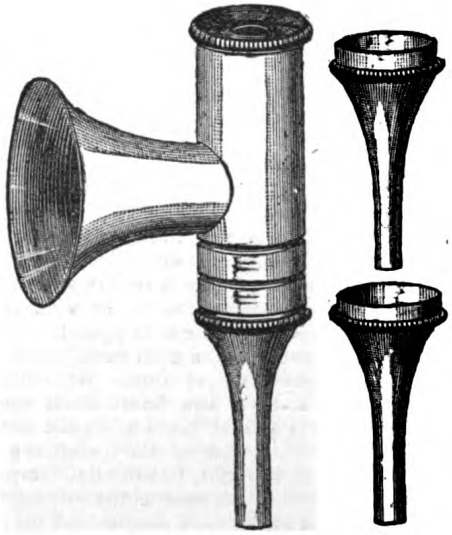
Examination continued (*auditory meatus*).—Having thus far ascertained the characteristic symptoms from which our patient suffers, the mode of their occurrence, and the nature of their progress, with such personal or family history as may be of importance, we next proceed to examine the present condition of the auditory passages. I shall here merely detail the steps which it is necessary to take, as it will be requisite to refer to each part specially in considering the various morbid conditions requiring treatment. The external meatus (excluding for the present affections of the auricle) is first to be examined. For this purpose we must have at hand a reflector, a few different sized specula, an ear syringe, and some cotton wool. It is well also to have means for cleansing thoroughly out the canal and removing any small portions of epidermis or cerumen or fungus which may remain after the syringing, and which would interfere with a full view of the meatus and membrane. I have been in the habit of using an iris hook with cotton wool rolled round the point for this purpose. It is also useful for touching the membrane with any solution in cases of ulceration or perforation, or in destroying the remains of polypi. Wilde's forceps, or the rectangular forceps used by Hinton (Fig. 1) may be required to detach adhesive epidermis or any small foreign bodies. The rectangular forceps will be found of the two the most useful; it is lighter, and the teeth being so perfectly adapted, the smallest particle may be grasped with it and withdrawn. It does not in the least interfere with the view of the meatus, and may be used through a wide speculum. We have now to place our patient in a good position for examination and to introduce the speculum. Whenever we can take advantage of it there can be no doubt that, as Hinton says, "ordinary daylight gives the most distinct illumination." A beautiful view of the membrane may be obtained by means of sunlight, but the light must be thrown rather on the wall of the meatus than directly on the membrane, as by its intensity it dazzles and prevents us seeing distinctly. It will be found most convenient to examine the patient standing, so as that he can be quickly moved in any direction. I generally get the person opposite to me and slightly between me and the light. A child is best examined standing on a chair, the head, if the child is restive, being fixed by the mother or some assistant. The mirror with the spectacle frame ordinarily used in laryngoscopy, with the ball-and-socket joint, will be found most useful, as with it we can either examine with the hand, or with the mirror on the face. With a little practice full illumination can be had from the face-mirror, and if there is any manipulation necessary it is the best method of using the mirror, as we have both hands free to carry such manipulation out. If we use artificial light, and employ the bull's-eye burner, with the universal bracket, to be had of any instrument maker, the

Fig. 1.



patient must be placed sitting, and with the light a little to the side of and behind him. Any one can, after a short time, familiarise himself with the steps necessary to make a complete examination by this method. For bedside purposes, and in houses where we are called to see patients at night, the most perfect lamp I know is that of Messrs. Weiss (a drawing of which I will furnish when describing the instruments necessary for diagnosis and treatment). It is in a small portable case, 3½ inches by 3¼, which contains a lamp and paraffine; the lamp, which, with a miniature bull's-eye burner, furnishes a beautiful clear light, can either be placed standing on a table, or held in the hand of an assistant. With it I have frequently made ophthalmoscopic and laryngoscopic examinations. It is, therefore, a most useful companion, in fact, almost an indispensable one, when we are summoned in a case of emergency to the country. We now proceed to introduce the speculum. Here we must remember the great timidity which many patients exhibit on being examined. Therefore it is that a light and gentle yet firm hand is required to conduct all aural manipulations. In many affections of the auricle and meatus there is superadded to the natural sensitiveness an inflammatory state which makes the handling of the ear a thing to be avoided as much as possible. Rough pulling of the auricle or any forcible pushing of the speculum is sure to be resisted by the patient, who may, perhaps, be alarmed at any further interference. But in any case of aural affection all force or roughness is to be deprecated. Those who cannot manipulate with gentleness had better not manipulate at all. A man's entire success with a patient will depend much on the confidence and ease with which he introduces the speculum or the Eustachian catheter. The infliction under any circumstances of unnecessary pain should be avoided. This preliminary can only be secured

Fig. 2.

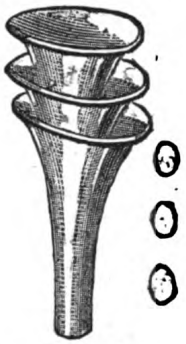


Brunton's Auriscope.

by keeping constantly in mind, and strictly adhering to the resolution, to *avoid all force*. It is to the rigid carrying out of this principle that most men owe that delicacy of touch which comes from the constant treatment of all delicate and sensitive organs, such as the ear, eye, and urethra. No rough or awkward surgeon will ever make an aurist. Different varieties of specula have been brought into notice since the time when Grüber and Wilde first introduced theirs to the notice of the profession. For practical purposes either those known as Toynbee's (*vide* plate), or modifications of those, as Turner's, will be found quite sufficient, Some surgeons prefer specula with an opening at the side to facilitate examination of the meatus and for therapeutical purposes, or as recommended by Hinton, a speculum with a small piece out of the end in order that a more perfect view of the membrane may be obtained. I here figure some of the best known kinds of specula, and will only add that the utility of a speculum does not depend so much on its form or shape as on the hand that guides it. For childen it is necessary to have a speculum with a small, and, I prefer, a perfectly circular tubula end.

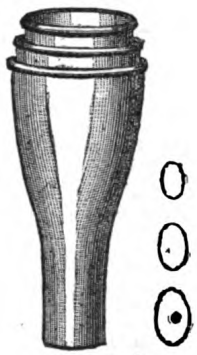
Specula.

Fig. 3.



Turner's.

Fig. 4.

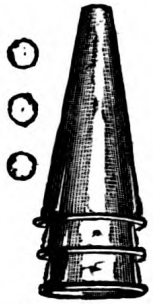


Gruber's.

Fig. 5.

Toynbee's.

Fig. 6.



Politzer's.

As the first essential towards successfully introducing the speculum in the adult we must keep in mind the length and direction of the external auditory canal. The following description of Bernstein is so simple and clear that I venture to insert it here.

"Just as the eyelids prevent the entrance of any injurious substances into the eye, so the external ear prevents the entrance of dust and small particles, which might easily be blown through the air into the auditory canal, and to prevent the entrance of insects, not by a closing movement, but in the human ear, by means of its peculiarly coiled form, which makes the entrance difficult to find. The latter also, is more or less covered with minute hairs, which serve to catch any dust which penetrates without perceptibly deadening the sound.

"The auditory canal, the first part of which (⅓) is composed of cartilage, and the inner part (⅔) of bone, is not a straight tube of equal width. It is contracted at the opening, which contraction turns upwards and inwards; then it expands and terminates at the tympanic membrane, the surface of which is placed at an oblique angle to it, and is directed inwards and downwards. On the sides a fatty substance, the wax of the ear, is secreted by small glands, which is intended to keep the sides, and perhaps the tympanic membrane itself, in a supple condition, and to protect it from dryness."

"In introducing the speculum," says Hinton, "it must be remembered that (beginning from without) the meatus winds, first, a little forwards and then backwards, and

slightly upwards, so that there is a tendency for the eye to fall on the wall of the meatus, instead of reaching the membrane; and the speculum accordingly must be introduced well into the passage, and directed first a little forwards, for the most part with a slight pressure on the outer part of the posterior wall, to straighten the cartilaginous portion of the canal. This will be much aided by drawing the auricle slightly upwards and backwards with the left hand." We can reverse hands according to the ear examined and the position of the patient.

Tröltsch draws attention to the slow development of the osseous meatus in the child, stating that, "Often until the sixth year, a gap is left in the ossification, which only diminishes very gradually, and, from its sharp irregular edges, might very easily be considered morbid and the result of caries, and at any rate might facilitate the spread of inflammatory processes to the maxillary articulation and the parotid gland." And that "in very young children the inner half of the exceedingly narrow meatus has scarcely any open calibre, since the membrane, which lies horizontally, is in contact in its whole extent with the membranous floor of the meatus, this contact being due in part to the fact that the epidermis covering the membrane has at this time very considerable thickness."

Having introduced the speculum well into the meatus, we note its shape and size, if narrowed and painful; if the dermis is congested, or inflamed; if there is any discharge, and if so, its colour, nature, or smell; if there is a collection of cerumen which interferes with our view of the membrana tympani. If there is any pus or epithelium which blocks up the meatus, it must be carefully removed with the syringe, and the passage cleaned with a little cotton wool rolled on the iris hook. The canal can then be examined thoroughly for foreign bodies, polypi, molluscous or sebaceous tumours, fungi, exostoses, &c. We next examine the membrane. Here, without departing from my previously stated determination not to introduce any anatomical description, I must notice the points which it is requisite to keep in mind in making an examination. The healthy membrana tympani is translucent and concave. It is placed at an angle of 140°, and fixed to the temporal bone at its circumference, and by its centre to the handle of the malleus. At the point where the short process terminates, we notice the most concave portion of the membrane, and here we see the well-known triangular spot which gives to the membrane that beautiful and lustrous appearance when light is thrown on to it by the mirror. The bright spot is generally directed downwards, but its position and extent are variable, and it is by no means uncommon to find its usual shape altogether lost, or perhaps no bright spot in an ear in which the hearing power is perfectly normal. It serves as a delicate indication of the degree of mobility of the membrane as it is variously altered when the membrane is forcibly inflated. In a normal state this spot partially disappears on inflation, and the funnel-shaped depression underneath it is bulged outwards. The short process of the malleus is also of considerable importance in a diagnostic point of view, for it separates, as described by Trölstch, the anterior from the posterior pocket of the membrane, the posterior being over, the anterior under the short process. These pockets are formed by the ligamentous folds of mucous membrane or prolongations of the ligamentum mallei anterius. They are of clinical importance, as it is now recognised that here the secretion of mucus is retained (Hinton), and that they are the source of the bulgings of the membrane which we so frequently see when this retention occurs. We may now seek to satisfy ourselves on the followings points: (*a*) the appearance and position of the handle of the malleus, if drawn inwards and "shortened in perspective" (Tröltsch); if it appear unusually prominent or altogether displaced and dislocated from its natural position; if it is vascular with vessels on the surface, and presents a red appearance; (*b*) the triangular spot, if present, its direction and lustre; if the cone has lost its distinctive shape, or if there are two or more of these distinctive spots of light, (*c*) the general colour and appearance of the membrane itself; its degree of curvature, opacity, and thickening; the degree of mobility on inflation; the signs of any deposits, calcarious or otherwise; the presence of polypus; if there be pulsation, rupture, or perforation. We detect the patient's power to inflate the membrane by means of the otoscope. (Fig. 7). This simple contrivance also enables us to arrive at a conclusion as to the state of the Eustachian tube. The otoscope of Politzer is a simple india-rubber tube, having a small vulcanite ear-piece fixed at the end. Three tubes may be had connected to a central hollow vulcanite ball. This form is convenient, as the patient can place a tube in each ear, and the result of the inflation of the two membranes can be contrasted. It is also useful for teaching purposes, as a student can examine the ear with it at the same time as the surgeon. By placing a tube in either ear of the surgeon, the intensity with which the sound is conveyed is increased, and the least inflation perceived. Double German otoscopes, on the principle of the double stethoscope of Scott Alison, have been contrived and used by Lucae and Turnbull. Of these I have no experience.

FIG. 7.

(Krohne and Sesemann.)
OTOSCOPE MOUNTS FOR NOSE AND EAR DOUCHE.

(To be continued.)

PLASTIC OPERATIONS ON THE FACE. (*a*)

By Mr. J. K. BARTON, F.R.C.S.,
Surgeon to the Adelaide Hospital, Dublin; Lecturer in Surgery in the Ledwich School of Medicine.

DEFORMITIES of the face, arising from any cause, inflict such distress upon those who suffer from them, that the aid of the surgeon is never more earnestly sought for, in the hope that the defect—often felt to be a brand of disgrace—may be removed, or at least mitigated. There is a special pleasure in operating in such cases, inasmuch as, if successful, our handiwork is visible and highly appreciated. Many who have undertaken such operations have discovered that the difficulties in the way of success are numerous, and that frequently what appears (immediately after an operation) to promise complete success, presents afterwards, from subsequent contraction, anything but a gratifying result.

The following cases afford examples of some of the difficulties met with. The means I employed to combat them have been tolerably successful; but I have no doubt other plans of procedure might also be successfully followed, and that the whole subject of plastic operations on the face may be discussed with advantage.

CASE I.—*Deformity of Face from Cancrum-Oris.*—Annie A——, æt. 10, was admitted to the Adelaide Hospital in December, 1875. One year before admission she had scarlatina, which was followed by cancrum-oris, from which she recovered with the loss of a portion of the right cheek, which had sloughed. Upon examination I found that the portion of the cheek which had sloughed involved the angle of the mouth, and extended upwards

(*a*) Paper read before the Surgical Society of Ireland. The discussion will be found on page 146.

close to the ala of the nose. It must have been about the size of a five-shilling piece, as the space left, after contraction had completely ceased, was the size of a two-shilling piece. As seen in the accompanying photograph, the right angle of the mouth was drawn upwards to the opening, through which projected the right canine tooth. The tissue of the cheek was firmly adherent to the bone, near the upper and inner side of this opening, and was thin, smooth, and like a cicatrix. The object to be accomplished in this case (viz., to fill up the gap and make the mouth straight) was rendered difficult by the adhesion of the tissues to the bone, and also by the low vitality of the cicatricial tissue round the opening.

The first operation was performed on the 17th January, 1876. The projecting tooth was first extracted, then the edges of the opening were carefully refreshed, a sufficiently deep margin of raw surface; being left all round a semilunar flap was then cut from the cheek, one extremity (the upper) was cut free, while the other was attached at the angle of the mouth. This was then readily turned round into the gap, and secured there by six fishing-gut sutures. The space in the cheek was then closed by three stitches; the effect of this was to make a new angle of the mouth, opposite the other, and also to fill the gap in the cheek.

This flap failed to unite to the lowly vitalised tissue near the opening, and consequently the gap remained, but diminished in size, as the flap only sloughed at its extremity. The greater part (very healthy tissue) lived and filled up the outer part of the gap. The cut in the cheek quickly united.

Seeing that it was impossible to get healthy tissue in the neighbourhood of the gap to fill it with, I determined to take a healthy piece of skin from some other part, and once again to try the old operation of Tagliacozzi. I had a cap of strong diaper made, which had a sleeve attached to it, open on the inside, and fitted with straps and buckles, by which the arm could be firmly held up to the face. This diagram in Szymanouski's Handbook of Plastic Surgery explains the apparatus I employed.

The second operation was performed on the 23rd of February, when the edges of the opening had been again refreshed. A flap—nearly twice the size of the gap to be filled, and exactly the same shape—was cut from the skin on the inside of the right arm, and left attached by a broad pedicle; the arm being raised and kept in position, the sutures were inserted. Four were found sufficient. When all were inserted, then the flap was carefully drawn into its new berth, and secured by the tying of the sutures; the straps were then adjusted, a little cotton-wool only being placed over the flap. It fitted so well, and lay so easily in its new position, that success seemed almost secured. The cap and straps answered their purpose so well, that, although the child was restless, yet not the slightest disturbance of the relative positions of the arms and face took place. She was carefully watched day and night, and fully fed upon strong beef-tea, beaten eggs, &c. Upon the morning of the third day after the operation, I loosened the straps so far only, in the first instance, as to see the flap. It was seen lying perfectly in its place, filling up the gap. Its centre was of a healthy pink colour, but all round the edge where it lay in contact with the edges of the gap was a blue line of slough. No union whatever had taken place. Thus the operation had failed. Disappointed, I directed my attention to the gap with its newly cut edges, and determined to try grafting on them as soon as they showed a granulating surface. To produce this, they were dressed with the red precipitate ointment. In a few days, a remarkable contraction of the gap was observed to be going on. I grafted the raw surface once, but am not certain that the graft took; but steadily the contracting process went on, until the gap was closed, all to a hole which just admitted the end of a probe. This vigorous contraction, **I think, was** caused by the two operations, and stimulated by the application of the healthy flap of skin from the arm. The result was that the corner of the mouth was drawn up to the right ala of the nose.

A third operation (on the 15th of March) completed the case. It consisted in making an incision an inch in length through the right cheek, in a line, into the mouth. This incision was not carried through the mucous membrane, which was divided by a parallel incision half-an-inch higher up; so that when both incisions were completed, the mucous membrane formed a flap, attached to the lower lip, and capable, when brought over the cut surface and stitched to the skin, of forming a mucous surface for the new lower lip. The upper flap made by this incision was stitched to the upper lip, thus completing the closure of the gap: while the lower formed a continuation of the lower lip, as the interval between them a continuation of the mouth.

One photograph shows the appearance some time after her hair had been shaved for an obstinate impetigo. The other, six months after she had returned to the country.

Case 2.—Mr. —— called upon me in March, 1876, exhibiting his nose, the left ala of which had been, to a great extent, destroyed by syphilitic ulceration about eight years before the time of his visit. During this period he had had two relapses or returns of symptoms, but none so severe as the first, and for the past year he had been absolutely free from any symptom whatever. He found the appearance caused by the loss of the left ala detrimental to him in his business, and the object of his visit was to see if an operation could be performed to remedy this unsightly gap. The skin over the tip of the nose and for some distance round the gap in left ala was then shining and tense-looking; there was not the slightest syphilitic sign about him, and he appeared in excellent general health. A flap could readily be raised from the cheek and turned into the gap; the question was would it unite with the then almost cartilaginous edge of the opening? I determined to try, and so upon the 25th of March the preliminary operation was performed. A small narrow-bladed knife was used to refresh the edges of the gap, for by this means they could be bevelled, so as to give a much broader surface for attachment than would be given by cutting it horizontally. This was accomplished easily, the tissue proving sufficiently rigid to cut evenly, and thus a good wide surface was made for the flap to rest on and be secured to; a piece of thin leather was then cut exactly the size and shape of the gap thus enlarged, and this, when satisfactorily shaped, was placed on the cheek, round which the flap was then cut *one-third larger* than the pattern. The diagram shows the position of the flap to the surface it was destined to cover, and the pedicle which was left. This flap, when raised, was easily twisted round into the gap, where it fitted admirably; it was secured by six points of fishing-gut sutures; the gap in the cheek was then closed, and the edges held with three sutures; the nostril was stuffed very cautiously with an oiled plug of lint, while a little soft cotton wool was placed over the flap. The result was successful, the flap uniting all round, and the edge of the gap and the lower edge of the new piece forming an exact imitation of the opposite ala, which was straight and thin.

The incision in the cheek united at once, and in a week was scarcely discernible. An attack of rather severe erysipelas of the face, which came on in this case about a week after the operation, fortunately after the union of the flap was completed, caused serious apprehensions that it might give way, but it held firm. The special point of interest to me in this case was the proof it afforded that a plastic operation can be undertaken and accomplished successfully for the relief of the ravages of syphilis, the fears expressed by some, that in the syphilitic healthy union could not be obtained, proving groundless.

Case 3.—*Deformity from Burn.*—James Smith, æt about 24, was admitted to the Adelaide Hospital upon the 22nd of May, 1876, from Tanderagee. He had seen the little girl Annie A——, whose case has already been related, after she returned home, and he determined that he would come up and see if anything could be done fo

him. When about eight years old his clothes had caught fire, and the result was a burn of his neck and chest, the resulting cicatrix of which extended all across his back and upper part of sternum. The deformity produced by this contraction made him an object of horror to children, and disgust to most of his neighbours. The lower lip was completely everted, so that its edge was turned down and united to the skin a little above the sternum. Several consequences had followed from this eversion of the lip: in the first place, the saliva constantly flowed from his mouth, keeping his clothes in a constant sop; besides this, the growth of the lower jaw had been perverted—the horizontal ramus grew downwards or forwards too much, so as to render the approximation of the lower to the upper teeth impossible; in addition to this, the lower incisor teeth grew almost directly forwards, presenting a hideous *chevaux-de-frise* above the everted lip. The face had the drawn, expressionless appearance common in such cases, and the head was kept inclined to the right side. A photograph taken immediately after his admission shows these deformities very well.

The first step in the treatment of this case was to construct a stretching apparatus, by means of which the cicatrix could be constantly kept on the stretch. This consisted of a cap of strong diaper, which closely fitted his head; to this was attached two buckles at each temple. Into these buckles the end of a strong piece of flat india-rubber was passed, the loop being passed under the chin and everted lip. The cap at the back part ended in a short kind of tail, to which another buckle was attached, and to this another strong india-rubber band extended to the waist-band of his trowsers or drawers. When this cap and its attendant bands were fitted on, we had a double stretching: firstly, from the fixed points on either side the head, the elastic drew the lip up; and secondly, by the elastic behind, the whole head was drawn backward, and so the cicatrix below the lip was drawn upon.

The next step was to divide the most rigid and prominent part of the cicatrix by means of Skey's method of a number of small cuts. This gives partial relief, and as far as it goes is permanent.

Upon the 12th of July, the following more extensive operation was performed:—The patient being fully under the influence of chloroform, an incision was made through the sound skin immediately below the cicatrix, extending from one side to the other. The cicatrix was then disunited from its deep attachments, and allowed to be drawn up under the chin, thus leaving a raw surface across the lower half of the neck from one side to the other. A flap was now cut from the sound skin over the deltoid muscle on each side, of sufficient size, and of such a shape that when twisted roundto cover the entire raw surface, each flap uniting the other to the middle line, and by its lower border meeting the sound skin below, while by its upper border it touched the lower margin of the cicatrix. Fishing-gut sutures held these flaps nicely in position. There was no pull whatever upon their pedicles, which were about one inch in measurement across.

In a few days after this operation it became evident that part only of these flaps would live; they both partially sloughed, but a considerable part of each lived in its new position. A considerable raw surface extended across the neck, besides the raw surfaces at the shoulders. To master cicatrization, and at the same time to prevent as much as possible contraction from their grandulating surfaces, I had recourse to skin grafting, and in this I found a most material help. I grafted five or six points of skin every week for about six weeks; every single point without an exception, as far as I knew, grew, and the result was that the whole line of raw surface has soundly healed, with a wonderfully slight amount of contraction.

The lower lip, now freed from its adhesion to the neck, being drawn by its own weight—and although the saliva could be to some extent retained in the mouth, yet when eating it dribbled as usual—it was evident that his lower lip was too large, and would admit of curtailment with advantage; so a third operation was performed, which consisted in removing a V shaped piece of the lip, close to the right commissure, and uniting the cut surfaces, by harelip pins, by which means the lip was drawn across the lower jaw, and when all inflammation had subsided and the contraction was complete, he had complete relief from the escape of saliva. It became necessary then further to contract the lower lip by a supplementary operation shortly afterwards, by which the right commissure was thus further closed, and the case rendered more complete. The result is shown in the accompanying photographs.

Case 4.—Annie L——, æt. 22, came to me in the beginning of last October, and asked if a growth which she had on her nose could be safely removed, as it much interfered with her personal appearance. Upon examination I found a tumour, about the size of a good-sized nutmeg split in two, situated a little to the right of the extremity of the nose. It felt very firm, could not be emptied by pressure, nor did it seem to enlarge by coughing, sneezing, or other exertion; yet it had a vascular appearance, and as it was congenital, and had daily increased in size, I was induced to consider it nævoid in character. I found it would be impossible to cut any flap in the neighbourhood which could be turned in upon the raw surface left by the removal of this tumour, as the skin of the nose was much too thin and closely attached to admit of it. I therefore determined to excise the growth, and trust to grafting to cover the new surface with healthy skin.

Oct. 17.—The tumour was excised; it bled freely, and turned out to be a species of nævus. The oval raw surface was dressed for about a week, and then presenting a granulating appearance, three small skin grafts from the upper thin skin of the chest were put in; they grew, and in a very few days the whole was soundly healed, with very little mark, as will be seen by the plates.

CASE OF HYDATID OF LUNG.

By H. Talbot Higginson, M.D., Donaghadee.

On the 30th of November, 1874, I was called to see D— B—, aged 34, a small shopkeeper, who, it was said, was spitting up blood. He had been some years in Australia, and about three years ago first complained of pain in right side and noticed a swelling; had also a cough, and spit. The swelling had gradually increased, and was lanced about two years ago by a surgeon, when about a spoonful of clear fluid escaped at the time, and the wound healed up. At this time he had been spitting blood, which was somewhat relieved after the operation.

When seen he was coughing and spitting up a good quantity of thick bloody-looking spit, his appetite had been bad for some time, and he complained of a good deal of pain in his right side, where there was a swelling which could be felt about the size of a hen's egg, elastic to the touch, and feeling as if it contained fluid, protruding from between the seventh and eighth ribs. I examined his chest but could detect nothing unnatural but dulness in the neighbourhood of the tumour and the breathing quick. The tumour had no bruit or impulse. I ordered him the following mixture:—

℞ Quininæ disulphatis, gr. xx.;
Acid sulph. dil., ℥j.;
Tr. opii camph., ℥j.;
Syr. tolutani, ℥j.;
Aquæ ad., ℥viiij.

℥ss ter in die,

and the tumour to be painted over with tr. of iodine, as I thought to get it to adhere to the side before opening it.

On the 2nd of December I was called to see him at five o'clock, a.m., as he was then bringing up a large quantity of blood. I then determined to open the tumour so as to relieve the lung from pressure, which I did by inserting into it a medium-sized trochar and canula, and in with-

drawing the trochar I was surprised to find no sudden escape of matter, but gradually a very thick yellowish matter made its appearance, and only a drop or so fell from the canula, even when a probe was passed down to see if it was free. From the history of the case, and from nothing but clear fluid in small quantity having come away when lanced two years before, the long time it had been there, together with the small quantity of matter from such a large lump coming away now, I diagnosed it as a case of hydatids of the lung, which circumstances afterwards proved correct. As the matter was so thick I determined to leave the canula in, and covered it over with a linseed-meal poultice. In the evening, when changing the poultice, the canula slipped out, and about an ounce of matter had come away. As he felt much easier and was very sleepy I did not wish to disturb him by trying to reintroduce the canula, so ordered the poultice to be renewed and left him for the night. Next morning, the 3rd of December, I was called to see him, as he was in a very nervous way and slightly delirious, and I ordered him :—

℞ Chloral hydratis, gr. xxx. ;
Syr. tolutani, ℥ss. ;
Tr. cardamoni co., ℥ij ;
Aquæ, ℥j. M.

to be taken immediately, and the poultice to be continued. In the evening he was better and felt easier as he had had a good sleep, but very little matter had come away. Next day, 4th of December, as he was complaining of cough and little matter coming away, I again introduced the trochar and canula, which brought away a very little matter. I tried to draw it out with a breast-exhauster, but there would not any come. I then introduced a small flexible catheter through the canula, and with a temporaty aspirator tried to draw off anything that might be in the gathering, but nothing would come. I then left the canula in and kept it there for two days, when I removed it, as there was nothing now coming away, and ordered a poultice to be kept on over the opening, and he was to continue taking the quinine mixture. He continued improving in health and the spit was not so bad, but the lump was much the same, and very little discharge coming from the opening up to the 5th of January, 1875, when I was called to see him, as there was something like skin had been coming out of the hole ; when I saw him there was a piece of something like boiled macaroni, about two inches long, sticking out of the hole, which would have admitted the tip of my little finger. I ordered the poultice to be kept on, and next day, when I called, was told that the evening before a quantity of stuff had come away with a gush, like pieces of skin and bunches of grapes, which had filled two bowls full. Unfortunately I did not see them, as they had been thrown out. There was then very little discharge, and the lump in the side had greatly diminished in size. As he felt rather uneasy, I gave him pulv, doveri, gr. x., at bedtime ; next morning he felt easier, but he had a good deal of bloody spit and there was considerable hardness over the side. The breathing could be heard over a larger space around the lump. A slight discharge and bloody spit continued up to March, when the side ceased discharging and commenced to swell again with a considerable amount of pain, so that I found it necessary to give him small doses of chloral to obtain ease.

On the 8th of March I reopened the wound by passing a probe through the hole in the side, when a quantity of water came away having a very fætid smell, and afterwards a quantity of membranous stuff like wet parchment ; next day he felt much easier, but the spit was very bad, thick, and corrupted-looking ; the swelling in the side had gone down greatly. On the 10th of March there was a good amount of water and blood came away from the side and he felt very weak, could not sit up, but lay on his back. On the 27th of March he commenced to expectorate small hydatids now and again, mixed with the spit. He was confined to bed until May, when, with the aid of tonics and expectorants he was able to get about again, but his right lung was greatly disorganised, and he still had a very bad spit, which was sometimes better and sometimes worse, but the wound in the side had healed up.

In March, 1876, he had a very bad attack of diarrhœa, which weakened him greatly and he was again confined to bed, and was unable to be moved off his back, as the moment he raised his head he felt as if he would suffocate, and he spat up a quantity of thick mattery stuff, but no hydatids. Nothing seemed to relieve him but small doses of sulphuric ether, which he took when he felt his breathing bad. This continued up to May, when he gradually again got better, and with tonics, &c., was able to go about, and since then up to the present time (January, 1877) he has been attending to his business, but in a delicate state of health, and still has a spit which is now and again worse at times. The lump has disappeared.

Clinical Records.

NORTHERN HOSPITAL, LIVERPOOL.

Case of Emphysema, with Remarks.

By James Barr, M.B., L.R.C.S. Edin.,
Late House Surgeon to the Northern Hospital, Liverpool.

Case of Pericarditis—Pleurisy—Bronchitis—very extensive Emphysema of the Lungs. The "rale crepitant sec a grosses bulles," with tactile fremitus.—Death—Autopsy.

J. H., æt. 34, seaman ; admitted under the care of Dr. Dickinson, October 22nd, 1874, with urgent chest symptoms.

His recollection of the commencement of his illness is somewhat vague, but he states that it first began about eighteen months ago, though previous to that he had occasionally been troubled with cough, when in Java, where he seems to have led a very intemperate life. On his way home he was laid up for three months at Port Said, with "weakness and feverishness." He was jaundiced, and his skin did not clear until about twelve months ago, when the present chest symptoms began. He had chancre and suppurating bubo seven or eight years ago, but never had rheumatism.

General condition.—He is anæmic, and much emaciated; his skin is rather yellow, and conjunctivæ bile-tinged ; tongue furred, appetite bad, bowels regular ; cough troublesome, expectoration very abundant and muco-purulent ; pulse 90, very weak ; respirations 30.

Physical examination.—The chest is distinctly barrel-shaped, and the extraordinary muscles of respiration are called into play. There is scarcely a part of the lungs free from mischief of some description. Bronchitic râles, both moist and dry, seem to be almost universally present, and those of the latter character are very intense and snoring over the right lung. At the apices the percussion is dull, there are numerous coarse crepitant rales, inspiration is much diminished in volume, and expiration is relatively prolonged. Over the rest of the lungs the vesicular murmur is very defective, and the percussion note is clear except at the bases where there is evidence of slight effusion into both pleuræ. Over the greater part of the right lung, but most markedly at its base and over the lower lobe of left lung, are heard very peculiar double shuffling rales, having a loud coarse crepitant quality—the *rale crépitant sec a grosses bulles* of Lænnec. The *frottement ascendant* possesses these characteristics in a more marked degree than the *frottement descendant.* When the hand is applied to the chest over the sites of these peculiar rales, the shuffling is distinctly perceptible to the tactile sensation.

The heart's apex is situated in the 5th interspace and in the line of nipple, transverse cardiac dulness measures five inches. The sounds are dull and obscure. Over the whole cardiac area there is heard, especially when the pa-

tient is lying back, a fine, shuffling, double friction murmur which is deficient in its relation to the cardiac rhythm.

Hepatic dulness, which is much depressed, measures 4 inches in line of nipple and 4½ inches in line of axilla. The splenic dulness measures 4 by 3 inches. The urine is non-albuminous.

Dry cupping gave considerable relief, but this and other treatment had only palliative effects. The patient expired on October 31st.

At the *autopsy*, 11 hours after death, both pleuræ were found to contain a considerable quantity of fluid, and the parietal layer of the left was adherent to the pericardium. The parietal and visceral layers of each were joined by a few long fibrous bands, but so loosely that the movements of the lungs would be scarcely, if at all, restricted. On removing the lungs they presented a rare and peculiar appearance, viz., on looking at their external surface they seemed as if they were composed of very numerous irregularly sized and shaped lobules, each separated from those adjacent by deep fissures. In the depth of these interstices were firm constricting bands of organised lymph, binding and puckering the lungs together at points, and allowing it to expand between the adhesions into the emphysematous lobules of which the external surfaces of both lungs were composed. Throughout the lungs, but more especially at the apices, were scattered hard, gritty, and caseous deposits, the latter in a state of softening. There was considerable œdema, and the bronchial tubes contained a great quantity of frothy mucus.

The pericardium was very much thickened, and deeply coated on both layers with coarse honey-combed lymph, of which, some on its anterior surface was finer and of recent date, while all that on the posterior aspect was extremely rough and thick. The two surfaces were non-adherent, and the cavity contained five ounces of fluid. The heart was large, but the cavities were not opened as it was retained as a specimen of severe pericarditis.

The liver was of normal size, and showed a great amount of red atrophy which was much more marked at some points than at others. Spleen normal. Kidneys congested, but structure otherwise healthy. Stomach slightly thickened at the pyloric end, and that orifice was rather narrow.

Remarks.—The autopsy in this case revealed abundant evidence of old pleurisy and pericarditis; but it would be difficult or impossible to infer from the pathological conditions, which was the primary affection, or whether they were coeval in their origin, and due to the same cause: and the indefinite history which we get from the patient does not help us to solve the problem.

As to the severity of the inflammation, if we be guided by the amount of lymph we must at once conclude that the pericarditis was the most intense; but as to the resulting consequences we have sufficient proof in the extreme emphysema that the pleurisy led to the greatest interference with vital function. Both layers of the pericardium were affected, and deeply covered with coarse fibrinous lymph, which had undergone very little organisation; whereas almost only the visceral layers of the pleuræ had been affected, and covered with a thin layer of lymph, but which must have been of a highly organisable nature as shown by its binding and puckering the lung at numerous points. In short, the pleuritic lymph would seem to have been of that gelatiniform or corpuscular character (similar to that which occurred in a case of pericarditis which I recorded in this Journal, of Jan. 24), which is highly organisable; whereas the pericarditic lymph was very fibrinous, indicative of severe inflammation, and also of low organisation.

The calcareous and caseous deposits which were scattered throughout the lungs had, no doubt, their origin in the frequent catarrhs from which the patient suffered. My esteemed teacher, Professor Gairdner says, (*a*) "I have likewise to include, as a consequence of bronchitis, the pulmonary concretions which are frequently found in the midst of atrophied and indurated portions of pulmonary tissue. . . . . It is well known that the tendency of modern opinion has been to follow Lænnec, in considering these bodies as the result of cured tubercle—a view of their origin which, though undoubtedly correct in many cases, I am inclined to regard as too exclusive, and as therefore requiring modification."

The production of the emphysema in such an extreme degree is very easily explained on Professor Gairdner's theory. He says, (*a*) "I am prepared to maintain that emphysema of the lung may, in all cases which I have witnessed, be satisfactorily accounted for by considering it as *a secondary mechanical lesion, dependent on some condition of the respiratory apparatus leading to partially diminished bulk of the pulmonary tissue, and consequently disturbing the balance of air in inspiration.*"

According, therefore, to this eminent authority, emphysema can only occur when there has been previous reduction in the volume of the pulmonary tissue. It is a mechanical lesion, due to the ordinary inspiratory force, expanding the healthy lung tissue not merely to its wonted limit, but so as to make up the deficit caused by the previous collapse, from whatever cause arising. It is not a compensatory lesion, but a complementary lesion, to enable the lung tissue, which has been previously reduced in volume, to fill the thoracic cavity.

To again quote from the same author (*b*)

"It cannot be produced, in health, by *any* amount of inspiratory violence, because the lung admits of being readily and easily expanded, without straining any of its air-cells, to the full volume permitted by the expansion of the thoracic walls. It cannot even be produced in disease, except when the volume of lung is directly diminished in relation to the space which it has to fill in inspiration. Emphysema, therefore, is never found in connection merely with pleuritic effusion, or with hepatisation, or with tubercle."

In the case which I have recorded, the pleurisy in the first instance would not reduce the volume of the thoracic contents, but when the effused fluid became absorbed, and the lymph, which played the part of contracting cicatrices, on the visceral surfaces, became organised, then the long tissue was hampered from filling the thoracic cavity during inspiration. But the thorax must be filled somehow, during inspiration, as a vacuum cannot exist, except under conditions which are able to counteract the atmospheric pressure—a power of resistance which air-cells do not possess—therefore, the cells near the surface, which were subjected to the greatest strain, became expanded and fused together, so forming the emphysematous blebs or lobules of which the superficies of both lungs was composed, and thus the thorax was filled. As contributory links in the causation of this extreme degree of emphysema, may be mentioned, the collapse, atrophy, and pulmonary concretions, consequent on attacks of bronchitis.

There were some physical signs present in this case in a most marked degree. I allude to the peculiar frictional phenomena, audible to the ear (as the "*râle crépitant sec a grosses bulles*" of Lænnec), and perceptible to the touch, which have not been sufficiently recognised by many writers on emphysema, though they did not escape the observation of Lænnec, and are clearly described by Dr. Gairdner (*c*). This peculiar *râle* in this case was quite unique in occurring over such an extent of surface, and in being so intense in character. It was very coarse and shuffling, both in inspiration and expiration, and might easily have been mistaken for the frictional râle arising from the rubbing of surfaces coated with rough lymph, but then its peculiar crackling quality, and the presence of other signs of emphysema, enabled me to decide that it was at least in part the distinctive râle of emphysema.

(*a*) *Edin. Monthly Journal of Med. Science.* May, 1851. Page 447.

(*a*) *Ibid.* July, 1851. Page 15.
(*b*) *Brit. & For. Med. Chirurg. Review.* April 1853. P. 472.
(*c*) "Clinical Medicine." P. 443-53.

It was impossible to say what part pleuritic lymph had in its production until the *post-mortem* revealed the absence of that cause of sound.

This peculiar crackling, rubbing sound is usually present in a more or less marked degree in emphysema, according to the extent of the lesion and the freedom of the lung movement. In slight cases it can be heard along the sides of the sternum, as a short *brush* at the end of inspiration; while in more severe cases it may extend over a greater area, and be heard as a *creaking* sound, not only during the greater part of inspiration but also in expiration. It is only where there is considerable distension of the emphysematous lobules and free lung play, that the *frottement* is perceptible to the touch.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of this Society was held on Friday, Feb. 2, 1877, the Vice-President of the College, Dr. ROBERT MCDONNELL, in the Chair.

VESICAL CALCULUS.

Mr. RAWDON MACNAMARA said, that on last Wednesday week he removed a calculus from the bladder of a child aged 4 years. There was nothing extraordinary in such an operation, but taking the age of the patient and the size of the stone, it appeared to him something very remarkable. He begged now to lay before the Society the stone, which weighed exactly ¼ oz., and the length of which, in its longest diameter, was 1 inch. The width of the stone—and he had most carefully measured it—was 6-8ths of an inch, and the breadth ½ an inch. As far as his experience went, a calculus of that size was unusually rare at such an early period of existence. He might mention that the calculus was removed by the lateral operation, and it was very striking, indeed, the facility with which the stone was extracted contrasted with its size. The patient was now nearly well.

EPITHELIOMATOUS ULCER OF LEG.

Mr. COPPINGER exhibited a very typical specimen of epithelial ulcer of the leg. He removed the limb by one of the ordinary method—by a combination of the flap and circular amputation. The growth had been recognised as malignant for eight years, and it was removed from a woman 65 years of age. He had made a section of the ulcer and it presented the ordinary appearances of epithelioma. It did not form on a cicatrix, but had its origin in a wart.

Dr. BARTON read a paper

ON PLASTIC OPERATIONS ON THE FACE,

which will be found on page 141.

SPILOUS NÆVUS.

Mr. B. WILLS RICHARDSON exhibited under the microscope a section of the nævus to which Dr. Barton alluded. The section had been cut by Dr. Rainsford while his (Mr. Richardson's) microtome was undergoing alterations; but he (Mr. Richardson) subsequently stained and mounted it. The nævus was a typical example of mole or spilous nævus, and was chiefly composed of an overgrowth of hair, a multiplication of sebaceous glands, and some connective tissue. The overgrowth of hair was considered an essential of that form of mole, and, according to Rindfleisch, a multiplication of the sebaceous glands was so rare he had seen it only once. Now, in the section exhibited by him (Mr. Richardson) there was an excessive multiplication of those glands as well as of hairs, the stroma being, relatively speaking, small. So remarkable was the overgrowth of hairs in the tumour that some of the follicles contained several hairs; indeed, in one of the follicles of the section under the microscope, eight hairs could be easily counted.

PHARMACEUTICAL SOCIETY OF IRELAND.

MEMBERS' EVENING MEETING.

THE First Evening Meeting of the Society was held on Thursday, February 8th, at the King and Queen's College of Physicians. The chair was taken at 8 o'clock by Dr. AQUILLA SMITH, Vice-President of the Society. There were twenty-seven members present.

The CHAIRMAN, in an introductory speech, made some complimentary remarks in connection with the name of the chief representative of pharmacy in this country during the previous generation. This bright example of an apothecary who had devoted his life to the study of pharmaceutical chemistry had only just passed away from us. He referred to Michael Donovan, of Dublin. The Chairman, in the course of his speech, suggested two important questions for solution to the members of the Society: 1st. A good method was required for dissolving salicylic acid (say, even 10 grains to the ounce) without interfering with its chemical reactions. 2nd. A good formula for an aconite plaster.

Mr. DRAPER was then called on to read his paper on

THE SOLUBILITY OF ETHER IN AQUEOUS HYDROCHLORIC ACID.

A discussion having followed this paper,

Dr. WALTER SMITH read a paper on

A SPECIMEN OF A NEW VARIETY OF PALE CATECHU.

This drug, which was now in the London market, differed very much in appearance from the catechu pallidum of the Pharmacopœia. It was in light coloured small rectangular pieces, about half-an-inch long by a quarter of an inch in thickness. It was perfectly free from starch, the usual adulterant, but was inferior as regards the amount of catechu—tannic acid. The following represents its composition:—

	Catechu Pallidum. B. P.	New variety.
Moisture	13·9 ...	6·2
Insoluble portion ...	10·6 ...	59·4
Tannin	25·9 ...	9·7

Dr. TICHBORNE then read his paper on

SALICYLATE OF ATROPIA AND ITS APPLICATION TO PHARMACY.

It is well known how difficult it is sometimes in the most simple preparations to get such an article as shall meet all the requirements of the physician, the surgeon, and the pharmaceutist. Thus, while a particular preparation may just hit off the views of the prescriber, it may be devoid of keeping properties—a point of considerable importance in these days when the dispenser has neither the inclination or time to make his own preparations. A striking instance of this clashing of requirements is to be observed in the solutions of atropia contained in the British Pharmacopœia. There are two of them both of the same strength (viz., 4 grains to the fluid ounce), as they are intended for the same use in ophthalmic surgery. The first (liquor atropiæ) is a solution of the alkaloid itself in a mixture of spirit and water; the proportions being 1-8th rectified spirit to 7-8ths water. Such a solution keeps fairly, but produces great irritation of the eye, particularly in those cases where operations have been performed, or where a chronic sensibility attending many abnormal conditions of the orgar. The liquor atropiæ is, therefore, inadmissible in such cases. We presume it is from this point of view that the rather absurd plan of introducing a second solution corresponding in almost all its therapeutical effects to the first is introduced. This solution is the liquor atropiæ sulphatis, which, although free from the objection of its being irritating, has another one equally objectionable, for it will not keep. A fungus is developed at the expense of the alkaloid, the solution becomes thick and muddy and looses strength. Perhaps the best remedy hitherto proposed was one suggested in Dr. W. Smith's book, but from some cause or other not generally adopted. The suggestion was, that the solution should be made with camphor-water. In conducting some experiments some years ago on salicylic acid, it struck me at the time that the salicylates of some of the alkaloids might be used with a considerable amount of advantage, as they ought to possess inherent antiseptic properties. I therefore considered that salicylate of atropia would be an appropriate salt to operate upon if such a salt could be formed. If atropia is mixed with salicylic acid in equivalent proportions a soft soluble mass is obtained that cannot well be crystallised, although accidentally a semi-crystalline mass was once obtained by acting upon a sample of foreign atropia. These results could never be repeated; it is probable that the crystallisation was due to the presence of some impurity. My experiments were afterwards

made with a beautiful crystalline specimen made by Messrs. Hopkin and Williams, of London. Atropia and salicylic acid were mixed in equivalent proportions, assuming that the last-named acid was a mono-basic acid, and that the alkaloid acted as a monad. If atropia be warmed with an excess of salicylic acid and a moderate quantity of water and then allowed to cool the excess of acid crystallises out, and on evaporating down the mother liquor 2·7 parts of atropia were found to give 4·04 of colloidal salicylate of atropia, which is ·05 over the weight required by theory. We are, therefore, justified in considering salicylate of atropia as having the following composition :—

$$C_{17}\ H_{23}\ NO_3\ C_7\ H_6\ O_3$$

If the atropia and salicylic acid be mixed in equivalent proportions and water added both the substances dissolve after some time, although the ingredients are both comparatively insoluble in cold water. The proportions used were—atropia 270 grs., salicylic acid 130 grs. If the aqueous solution be evaporated a colloidal mass will be obtained difficult to powder. An attempt was made to crystallise the salt from ether, but without success. Alcohol was also tried with a like result. This difficulty, as regards crystallisation, is characteristic of the atropia salts. The actual solubility of this salt was determined at a temperature of 15° C. In two determinations it gave, as regards saturated solutions,—

1st determination, 4·75 per cent. salt.
2nd ,, 4·69 ,, ,,

Therefore, if we call this 4·7 per cent. and as $\frac{95.3}{4.7} = 20{\cdot}2$, we may say that, practically, salicylate of atropia is soluble in 20 parts of cold water. Therefore, it is evident that it is easy to prepare a solution of salicylate of atropia which shall represent the solutions of atropia of the Pharmacopœia by dissolving atropia and salicylic acid in the following proportions :—

Atropia	2·7 grains.
Salicylic Acid (crystallised) ...	1·3 ,,
Water	1 ounce

Mix and allow it to stand until it is dissolved. With care, however, the salicylate of atropia may be obtained in the solid form, and then resembles the sulphate in appearance In the proportions given above the acid is slightly in excess of that required by theory. It is found desirable to have a slightly acidulated solution, or under any circumstances not an alkaline one, because a salicylate does not act as an antiseptic in the presence of an excess of alkaloid, or, what may be called, an alkaline solution. A solution made in the proportions given above will keep for an indefinite time. I have placed on the table for exhibition a sample of the salicylate of atropia, 4 grains to the ounce. The date when it was made was the 4th August, 1876, so that it is now over six months old, and it will be seen that there is not the slightest sign of any fungoid growth. As regards the possibility of its producing irritating effects, I placed some of this solution in the hands of friends who are in the foremost ranks as regards ophthalmic surgery. They have, with their usual courtesy, tried this preparation. I append some of their opinions so far as they bear on the keeping and non-irritating properties of the solution :—

Dr. A. Jacob writes :—When I received your salicylate I placed it side by side with a sulphate solution in my case of collyria, and I have used them comparatively in a great number of cases. I find now that, though exposed to the air, it contains none of the fungoid growth common to all atropine solutions, and serves its purpose as a mydriatic as satisfactorily as the first day, having lost none of its effect. It is—unlike the Pharmacopœial liquor atropiæ—quite unirritating, because, as I presume, it contains none of the spirit which is put into the liquor atropiæ to preserve it. I have found your salicylate a much pleasanter preparation for daily use, and in cases in which daily dilatation of pupil has been necessary, I have not found it to produce the conjunctival irritation which prevents in some cases the unlimited use of the ordinary solution.

Dr. C. E. Eitzgerald writes :—I have employed it in the treatment of several inflammatory affections of the eyes—iritis, ophthalmia, ulcers of the cornea, &c. Its mydriatic action is perfect, and its does not prcduce any smarting or irritation. I kept some of it for a month before using it, yet, at the end of that period, there was not a trace of the fungoid growth generally met with in solutions of this drug. I consider it a most valuable preparation.

Dr. Swanzy writes :—In reply to your inquiries respecting the salicylate of atropia, I can say that the specimen which you sent me has kept perfectly, although it is now more than nine months old no growth has formed in it. With regard to its non-irritating properties, I can as yet give you no opinion, a very long experience with the preparation would be necessary before coming to a conclusion on this point.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1877.

THE HUNTERIAN ORATION.

THE occasion on which the annual Hunterian oration was delivered last week was one of more than usual interest, both on account of the eminence and great reputation of the orator, and of the august visitors who honoured him with their presence. When it became known that Sir James Paget was to deliver the address, many were the members of the profession who looked forward to the oration as a great intellectual treat; while to add to the importance and dignity of the event, H.R.H. the Prince of Wales sat on the right of the President of the College, supported by the Dukes of Argyll and Westminster, the Dean of Westminster, Mr. Gladstone, and many distinguished members of the learned professions.

It is a characteristic but unavoidable feature of these annual orations, that they contain allusions which have been oft repeated, and that the orator finds himself under the necessity of going over well-trodden ground. Our object, therefore, in this article will be chiefly to draw attention to the many fine passages and many original observations with which this excellent address abounds, and to show what a keen and philosophical view Sir James Paget has taken of the character and genius of Hunter.

In speaking of the motives of John Hunter in his scientific life, Sir James Paget observed how in mere idleness or of necessity, with no other reason than that there was nothing else to be done, Hunter "drifted into the

opportunity of scientific study, drifted into the career in which he was to become great among the greatest men of science, and amongst all the surgeons of all times the most renowned." To pass from the idleness of a Scotch farm into the activity of life such as Hunter found surrounding his brother William was like being born into a new world, and this was the very world, if not the only world, in which the best parts of his mind could live and grow; for he had a natural fitness for the study of living things. For other things he seems to have had no greater desire or capacity of knowledge than ordinary men have. But this natural fitness was, in the first instance, wholly intellectual; there was no love or desire in it, and so the mind had no motive power until it was set to its right work, and in work found happiness. For the happiness of intellect is in its work; that of the highest intellect in vigorous self-guided work. The highest intellects find a happiness, the desire of which is their energising motive, not in the reception, nor in the mere possession, of knowledge, but in the process of acquiring it and of using it in thoughtful exercise. Gradually the desire for knowledge began to be an insatiable passion—a motive to incessant work; but with that passion another coincided. Hunter had a passion for collecting, and it cannot be maintained that this passion was only secondary to his desire of knowledge. Science gave it its first and chief direction, and his great ambition was to have a grand museum, richly illustrated with catalogues and drawings. Even if he could have collected everything that could show every fact in biology to be found, his love of collecting would not then have been satisfied. He collected a crowd of things besides—pictures of considerable cost, engravings, works of art in ivory, bronze, and marble, and implements of savage warfare. But he was withal an ardent lover of nature, and his love was almost wholly intellectual. He had none of that love which moves the poet, or the idealist, or theologian; for, in truth, neither poetry, nor theology, nor idealism ever coloured the simplicity of his scientific mind. He had the social love of nature, and he writes and speaks of the animals around him as if they were his companions. But his chief love was for the charms of truth that lie hidden beneath the veils and appearances of nature; and his love for them was continually increased when every search revealed the utility of all he saw, the perfection of adjustment of everything to its purpose, the fitness and design in every change, and the evidence of a grandeur in a world of infinite variety of form held steadfast by few laws.

"All these were motives to fresh study, and I cannot doubt," says the orator, "that he attained to that great achievement and satisfaction of the intellect when it can rest in a loving contemplation of the truth, loving it not only because it is just, but because it is beautiful. I cannot doubt that there is given to some high intellects, in view of a great field of scientific truth, a source of as pure delight as are the sensuous beauties to a cultivated artist-mind, or virtue to an enlightened conscience. Hunter had a pure, calm happiness in such contemplation. So Reynolds, his friend, seems to tell of him; for in that masterpiece of portraiture which teaches like a chapter of biography, Hunter is not shown as the busy anatomist or experimenter searching for objective facts; the records of his own works are all in the background, and he is at rest, and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law which can only be intellectually discovered. In the calm vision of that world was his reward, and it may be the reward of all who will lead a scientific life with the same devotion and sincerity."

In passing on to the characteristics of his work and of his method, Sir James Paget alludes to those facts with which the profession are pretty well acquainted—to Hunter's great capacity for hard work, his early rising, the little time he allowed for sleep, his innumerable dissections, his patient and laborious observations on the development of young birds in eggs, the wide range of his studies, his pre-eminence as a pathologist as well as a comparative anatomist and physiologist, the thoroughness and originality of his work, the severity and scientific character of his mere amusements.

"In all these characters of Hunter's works we see that which was the dominant character of his mind; massiveness and grandeur of design were indicated in all to which he applied himself. And in perfect harmony with this was the simplicity of his ordinary method of work. It consisted mainly in the accumulation of facts from every source, of every kind, and building them up in the simplest inductions."

Moreover, nothing is more remarkable in him than his great accuracy as an observer of nature, the extreme caution with which he drew his inferences, and his freedom from dogmatism. A fact he tells without conditions; when he generalises, it is with "I suspect," "I believe," "I am disposed to think," or the like, and there cannot be found one instance in which he endeavoured to add to the force of evidence by any strong assertion of his own opinion, as if his opinion could be taken for weight in a balance of testimony. No one seems to have known better than he did that strong convictions are not usually the sign of knowledge. He seems to have thought he had never reached further than the nearest approach to truth which was in the time attainable, and that a year or more of investigation still continued would bring him nearer to the truth, and then that which now seemed right would be surpassed or set aside.

Another instance of this singular caution was, in the slowness with which he published anything. He was at work eighteen years before he published anything in his own name. He was forty-three when he published his first work, that on the Teeth, and for his great work on the Blood and Inflammation he may be said to have begun collecting materials when he was a student. The genius of Hunter was shown greatly in his devotion to experiment; and if there was one kind of truths which he preferred above all others, they were those which he could thus obtain. And yet when he came beyond the reach of observation or experiment, there were few who were so bold in thinking as Hunter was; and I believe that his long experience in the art of experiment justified him in this by training and educating his mind for yet further enterprises; for a well-devised experiment, such as many of Hunter's were, deserves the name of projecting, in that the mind, drawing itself forwards in advance of facts already ascertained, discerns that the truth must be in one or two or a few more probabilities, and then devises means for deciding where it is.

Hunter seems to have possessed the power in a very remarkable degree of sometimes thus thinking the

truth, as when, for instance, he thus thought the truth, that the blood is alive in the same sense as are all other parts of the living body. "And I find," observes Sir James Paget, "at least there is one instance of his projecting his mind far into a doctrine of evolution. When writing on Hermaphroditism, which he studied carefully, he says, in a footnote, 'Query: Is there ever, in the genera of animals that are natural hermaphrodites, a separation of the two parts, forming distinct sexes? If so, that may account for the distinction of sexes ever having happened.'"

Hunter was, as we might expect, one of those philosophers who thought over that great question which has been so often asked, What is life? He spoke of life as a vital principle, as something separate from organisation. He did not regard it as material, or any property of matter. He probably meant by vital principle that which Joseph Henry Green, the most eloquent and philosophical of his interpreters meant—a power anterior in the order of thought to the organisation which it animates, sustains and repairs—a power regenerative and constructive. But Hunter could not clearly express this, and perhaps he could not clearly think it, for he wrote so obscurely that we cannot but believe that his own mind was often in uncertainty and confusion.

Nevertheless it is remarkable what a careful estimate he made of the relative values of hypotheses and facts. He bore well that severest test of the scientific mind, the test of its power to resist subjection to its own hypotheses, Feeble men worship the work of their own minds; they fall down before their own idols, made of words; they have more confidence in their principles than in plain facts.

The orator then drew attention to several points in the life and character of Hunter, which we can barely mention. Such as the great man's unconsciousness of his own mental power, his achievements in physiology, how he of his own force, and without any model to work upon, saw and taught the whole science of life, the success with which he raised surgery to the dignity of a science, and surgeons themselves in the estimation of the profession and of the public. More than any man that ever lived, Hunter helped to make us gentlemen, and that not by any personal qualities, or by wealth, or by social position.

In the course of his splendid oration Sir James Paget made a digression which we cannot help noticing, as it gives us with respect to an all-absorbing problem an insight into the mind of one whose opinion is entitled to the greatest respect. The remarks, however, to which we wish to draw attention are the only part of his eloquent discourse which might provoke criticism, and which we think must have elicited a smile from two of his most appreciative listeners, Professors Huxley and Tyndall. In speaking of the nature of life, Sir James asks: "What is life, and whence is it derived? Is it anterior to the organisation? is it a power originative and constructive? Now I cannot doubt that in the doctrine of the correlation of physical and vital forces we are nearer to the truth than we were in the Hunterian doctrine, which held that life is something altogether alien and different from other forms or methods of activity; but holding the correlation and mutual conversion of the forces does not determine the precedence of either the one or the other. If the vital and physical forces are mutually convertible, either may have preceded the other; the vital force may have preceded the physical, although life appeared late upon this planet, in any of the phenomena in which we can now study it. . . . . Mental forces may have preceded physical; mind may have existed before any of the properties of matter; and therefore, in the view of science, the first essence may have been a Being willing and self-conscious, and the prime source of all the forces whose operations we now trace. I believe there is not anything in science to disprove such a belief as this; but I doubt whether it be in science yet to determine an order of precedence amongst the forces. I cannot imagine anything before the natural force, except a supernatural will; and a belief of this kind is held by untutored minds as if it were instinctive knowledge. For man seems naturally prone to believe that beyond all that there is in the world there must be a mind or minds in the likeness of which his own is created, and with which he is in some kind of personal relation. But science cannot yet reach to the proof of these things; and, until it can reach to proof, science cannot rest and must not rest; bnt the firm and self-guiding belief in a supernatural will and knowledge rests on the basis of the whole and manifold evidences of the Christian faith. This may seem often opposed to what we believe to be true in science. Then let us wait. Time —or if not time, eternity—will prove that science and the Christian theology are but two sides of truth. It will prove yet more, that both sides are as yet only known in part."

We do not wish to enter upon the subject of materialism or immaterialism, but who will say that such a confession of faith is not ennobled when it comes from the mouth of one who thinks as deeply, reasons as acutely, and expresses his thoughts in as clear and intelligible language as the most eminent sceptic, or the most ardent materialist living.

Altogether, the oration is one of the best that have ever been given in praise of Hunter, while the judgment which Sir James Paget has passed upon the character and teachings of that great man is more just and discriminative than any that has been passed upon him before. No doubt the oration will soon be published in a more permanent form, and then it should be in the hands of every member of our profession, and indeed of every one who would recall the story of a scientific life, and the history of the greatest surgeon of all times, and who would enjoy the intellectual treat of seeing a noble subject treated in the noblest style.

WARBURG'S TINCTURE.

In the current number of the *Practitioner* there is an interesting communication from Dr. Broadbent, on the therapeutical action and uses of this celebrated tincture.

There is no subject in which the medical practitioner should feel so much interest as in the discovery of any agent that is possessed of extraordinary medicinal virtues. As a science, and as the basis of a rational system of medicine, pathology must always command a large share of our attention; but, unfortunately, pathology has done

little towards advancing our knowledge of practical therapeutics, nor has it led to the discovery of any of those great medicines or therapeutical agents which now serve us as so many sheet-anchors in our battle with disease. We have been indebted to mere accident, or to popular usage, or to the instinctive habits prevalent among the natives of some foreign country ; and to such sources we may still look for fresh additions to our medical armamentaria.

Warburg's tincture has long held a high reputation in India as a remedy of "undoubted and, indeed, unequalled power" in the treatment of the malignant malarial fevers of that country and of cholera. For a long time it was a secret remedy, but in 1875 Professor McLean made known its composition, and gave his unqualified support to all that had been said in its favour.

The ingredients of this compound are very numerous, and in this respect its composition reminds us of the complex formulæ to be found in our old dispensatories—such, for instance, as the once celebrated Theriaca Andromachi, or the still more celebrated Mithridate. It consists of aloes, rhubarb, saffron fennel, gentian, cubebs, myrrh, camphor, zedoary root, enula, and angelica seeds. It also contains the confectio "Damocratis," consisting of innumerable aromatic substances, and which was officinal in the London Pharmacopœia of 1746. Prepared chalk (which was added to correct the otherwise acrid taste of the tincture) ; and Boletus Laricis, or larch agaric, formerly used as a drastic purgative. Its most important ingredient, however, is quinine, each ounce of the tincture containing as much as nine grains and a half of the alkaloid. The tincture is of a deep brown colour, has an aromatic and slightly terebinthinate odour, and an intensely bitter and warm aromatic taste. But its spirit is not perceptible either to taste or smell, and it seems (remarks Dr. Broadbent) as if the alcohol were entirely saturated and, as it were, extinguished by the substances taken up.

In reference to the large quantity of quinine the tincture contains, in combination with what some might term "a farrago of inert substances," Prof. McLean observes that he has treated remittent fevers of every degree of severity in various parts of India and China, but he has never seen quinine, when given alone, act in the manner characteristic of this tincture. He has never seen a single dose of nine grains and a half suffice to arrest an exacerbation of remittent fever, much less prevent its recurrence ; while nothing is more common than to see the same quantity of the alkaloid in Warburg's tincture bring about similar results.

Dr. Broadbent is disposed to attribute the extraordinary virtues of this tincture to three therapeutical principles—namely, the combination of quinine with powerful aromatics, the highly concentrated state of the tincture, and the powerful impression made by it upon the nervous system. This opinion is supported by several facts and considerations to which our attention is drawn by the author of the paper referred to, as well as by others that have come under our own observation. With regard to the influence of aromatics, we are reminded how often the action of quinine is aided by stimulant and aromatic adjuvants. We have been long in the habit of giving a moderate dose of the tincture of capsicum with each dose of quinine, and found that by this means a large dose of the alkaloid could be given without giving rise to the usual symptoms of cinchonism. Dr. Broadbent states that he has been equally successful by using ether as the adjuvant. We have always thought that the use of powerful aromatics is very much neglected at the present day. Formerly they were largely employed, and it is supposed that the great success with which Sydenham prescribed his favourite drug opium, was owing to the aromatics which he invariably combined with it.

But that the efficacy of the tincture is also due to its *concentration* and its administration in an undiluted state must not we think, be for a moment doubted. Concentration is, as Dr. Broadbent puts it, the principle in virtue of which a dose of neat brandy will rouse the flagging action of the heart, when the same quantity diluted would completely fail, or why a single large dose of quinine is frequently far more efficacious than several small ones, or why a drachm of laudanum will in *post-partum* hæmorrhage restore consciousness, rouse the uterus to action, and arrest the hæmorrhage, when "six times ten minims" in water would allow the patient to bleed to death.

Nor would we deny that the *modus operandi* of this concentrated and highly aromatic medicine depends upon the powerful impression made by it upon the nervous system. It is when such an impression is especially indicated that Warburg's tincture will be found most useful—when, as Dr. Broadbent says, the nervous system is "overwhelmed by some poison, as in malignant remittents, or oppressed by pyrexia, or sinking under some depressing influence." In calling to mind some examples of the striking remarkable curative effects due to an impression on the nervous system, Dr. Broadbent says that competent observers have assured him that the premonitory diarrhœa of cholera, and even the declared disease at the outset, may be cut short by a combination of strong stimulants, such as ammonia, ether, and tincture of capsicum. But, "you must bring tears inte the eyes," said his informant. The correctness of this therapeutical principle is also forcibly impressed upon our mind by an incident which happened in the life of an eminent physician with whom we were long intimately acquainted. Many years ago, whilst cruising off the most pestilential coast of West Africa, he was attacked with a malignant fever of the worst type, and accompanied by uncontrollable vomiting, There were no medicines worth mentioning at hand, but as his case became desperate, and as he was fully aware of the principle just inculcated, he ordered a small teaspoonful of Cayenne pepper to be given him in a tumbler of brandy-and-water. The effect, we have often heard him say, was magical. The vomiting ceased, he broke out into a perspiration, and speedily recovered. The remedy was certainly heroic, and quite calculated, we should think, "to bring tears into the eyes."

It is evident that such a preparation as Warburg's tincture will be most appreciated by medical men who are practising in hot and pestilential climates, but a knowledge of its ingredients, and of the *modus operandi* of the preparation as a whole, will convince the reader that there are many cases even in this country in which it will be found most useful. Dr. Broadbent describes the case of an old gentleman in whom delirium, complete unconscious-

ness, general muscular tremor and jactitations, and all the signs of approaching death were removed by a few doses of the tincture. Instead of finding the patient on his arrival moribund or dead, as he expected, he was in a quiet sleep, and bathed in a warm perspiration, while the whole room was fragrant with the aromatic constituents exhaled by the lungs and skin.

Had this tincture merely been a preparation which acted in some specific and unknown manner, we should not have thought ourselves justified in calling particular attention to it. But its action undoubtedly rests upon certain therapeutical principles which are very apt to be neglected at a time when our faith in drugs has been shaken in so many ways. We do not wish so much to extol the tincture itself as the principles which are at the bottom of its successful operation. The tincture may change, or like many other remedies before it, fall into disrepute, or, other combinations equally powerful may be discovered. But truly scientific principles are always the same, however much they may be forgotten for a time, and it is because we would not have the reader lose sight of such principles that we have ventured to make this article rather longer than we originally intended.

Notes on Current Topics.

Dangers from Santonine.

In using santonine, it is well to bear in mind that comparatively small doses have produced convulsions of a somewhat grave character. A German contemporary lately reported a case in which poisonous effects were produced in a child two years old, by the ingestion of so small a dose as a grain and a half. Convulsions commenced in the face, and extended to the extremities, while the respiratory action was greatly impeded. Under warm baths, enemata, and artificial respiration, the patient recovered. The physician in charge of the case then instituted a series of experiments on the lower animals, and found that chloral and ether inhalations controlled the convulsions produced by santonine. He naturally argues that the same treatment should be pursued in the human subject when a poisonous dose is taken.

The Action for Libel against the "Medical Press and Circular"

The able London correspondent of the *Philadelphia Medical Times* has given, in the January number of that paper, a full account of the case that was recently decided against us. The report which he has given is so good and is written with so much humour that we may be excused for quoting the greater part of it.

"The different ways," says the writer, "of adding to the professional income adopted by the more highly educated aspirants to practice are well known; but for those who have entered upon their professional life with a limited amount of intellectual capital, these ways will not work. Consequently, they have recently adopted a plan which apparently is profitable and lucrative and yet has a *soupçon* of benevolence about it. Provident dispensaries has been the favourite game of a large number of men. In reality these are often but private places of business, where the proprietor sits at certain hours and gives medical advice and medicine for a fixed sum. Usually the sum has been fixed at one shilling. A large number of these so-called Provident Dispensaries have been established, especially in poor neighbourhoods, and have been well patronised by the poor. It so happens that the writer knows something of the working of the institutions. Meeting one day casually an old college acquaintance who had not been seen for many years, mutual inquiries were made as to what each was doing. Knowing that my old acquaintance was a man who studied the world and its ways, and yet had certain ways of his own which militated against his going in for high-class family practice, my curiosity was excited as to what scheme he had evolved. He had started a Provident Dispensary, and sat two hours every morning and an equal time every evening, and saw patients for a shilling each, to include advice and medicine. He described it as a paying kind of business, the shillings thus received forming the bulk of his income. He is a shrewd man, of great parts in his way, and assured me that too careful and too prolonged examination of a patient was regarded by his clients as indicating a want of capacity and consequently was injurious. They preferred a quick and prompt decision. The advantages of such prejudices to a man who is shrewd are obvious; and in this perhaps more than in other department of the profession is required a competent knowledge of the world rather than extensive professional knowledge; though the first is essential to great success in every branch of it. Of course the connection so formed led to further practice, such as visits at home and midwifery. One or two accidental rencontres followed at intervals, and each time my quondam acquaintance looked sleeker and more prosperous. He informed me that he had opened a branch practice and kept three assistants, so that he did little work himself; and the last time I saw him he was driving a well-appointed phaeton, with a high-stepping horse in the shafts, and a man in livery behind him.

"Of course this arrangement, by which patients get advice and medicine for the modest sum of one shilling, has increased greatly of late, since it has been found lucrative and easy in its working. So profitable, indeed, has this line of practice become, that a less sum than a shilling seemed feasible, and at least one qualified man has publicly announced by circular that at his dispensary advice and medicine may be procured for fourpence in the morning and sixpence in the evening, his tariff for home visits being arranged on a similar scale, so as to be within the reach of all but the absolutely destitute. This seemed to the editor of the Press and Circular to be carrying the thing a little too far, and consequently he gibbeted this enterprising gentleman in its columns, giving a fac-simile of his advertising sheet, and commenting thereupon. The editor gave it as his opinion that the advice would not be of a very high order nor the medicines very expensive which were furnished for fourpence, and indulged in some reflections which so galled this follower of Æsculapius that he went to law and laid his damages at one thousand pounds. However, the damages were assessed at a sum nearer his own charges, and his feelings are, no doubt, soothed at the notion of having had his revenge on his critic. A good many of the profession have thought, however, that the Press and Circular has been discharging its duty to the profession by its conduct, and so an influential meeting has been held in London to express their sympathy and approval.

[Here follows a brief account of the meeting with which, however, our readers are already familiar.]

"A similar meeting has been held in Dublin, with like results. It has also been determined at both places to get up subscriptions to aid in defraying the expenses of the journal. I have not come across the gentleman with the phaeton and high-stepping horse since this meeting, and, not being aquainted with any one else in that line, I do not know what the owners of these provident dispensaries say; but the voice of the rest of the profession has been

distinct enough on this subject. As to the profits actually made, my informant told me that he got his shilling 'clear'—all profit. This seemed absolutely incredible, as even the cheapest medicines cost something; but he demonstrated how it was done. A considerable number of his patients neglect to provide themselves with a bottle, and provision is made for these thoughtless individuals, who can procure from a dispenser a bottle for a penny. These pennies purchase the bottles and all the medicine prescribed. The arrangements for getting the maximum of medicine for the minimum of money showed considerable shrewdness; and sulphate of magnesia, sulphate of iron, and quassia form a compound of some potency, of which a great deal may be made by a very moderate outlay. Taking these facts into consideration, it becomes possible to see how even fourpences, if there are a sufficient number of them, may leave a margin on which an enterprising individual may contrive to do something more than subsist."

The Internal Administration of Chloroform.

M. JAILLARD, a French army *pharmacien*, after alluding to the difficulties that occur in the internal administration of chloroform, states that the following simple procedure is by far the best:—The prescribed quantity of chloroform should be poured into from 100 to 120 grammes of milk (which may be either pure, or sweetened and aromatized with a few drops of cherry-laurel water) and then briskly stirred. The chloroform, in this way, becomes easily divided into an infinity of minute globules, exactly resembling in appearance the fat globules which exist in the milk, in the midst of which they remain suspended for an indefinite period.

The Small Pox Amongst the North American Indians.

LATE official advices state that the most terrible outbreak of small-pox ever known in the history of the North-west is desolating Gembic, an Icelandic and Mennonite settlement of about 7,000 souls on the east side of Lake Winnipeg. The deaths average 18 a day. No medical men are on the spot, but the Manitoba Government is endeavouring to obtain doctors. The scourge is also raging with terrible fury on the west side of the lake. The Fort Thunder Indians have been decimated, and hundreds have died in settlements on the Qu' Appelle river. Indians are fleeing south toward the boundary line. The fur trade is stopped throughout the North-west, by order of the authorities.

Another Guesswork Irish Coroner's Verdict.

THE coroner for the northern division of the County Kildare held an inquest on the body of the son of a farmer who died suddenly on the previous night. The evidence of the relatives, none of whom could throw any light on the cause of death, having been heard, Dr. Joseph Smith swore as follows:—I have *seen and examined* the body; there are no marks of violence; there is not evidence enough to explain the cause of death; it is my opinion that he died of heart disease, and that a *post-mortem* examination would not throw much light on the subject.

The jury found "that there are no marks of violence, and that his death was natural from heart disease."

The subject of this inquest came home half drunk; he may have received violence, or may have been poisoned, and the medical witness undertakes, from having "seen and examined" the outside of the body, to swear that he died of heart disease, which sage opinion of course the jury at once recorded as their decision. From the evidence as reported there is not the shadow of a reason to suppose that the man then or ever had heart disease, and it is quite possible that some crime escapes discovery to save the expense of a *post-mortem* examination. It surprises us that medical men consent to be made use of for such purpose.

Workhouses in Ireland.

MR. MACARTNEY, M.P., has given notice that on the 6th of March, he will "draw the attention of the House to the excessive number of workhouses in Ireland as compared with the number of paupers requiring relief, and will move for a Select Committee to take evidence and report as to the best means of promoting their amalgamation." On the 24th of April, the Bill to provide for the election of Poor-law guardians by ballot, will come up for a second reading. It is not likely that either proposal will produce any present result, but they will create discussion and investigation which cannot be but salutary.

The Late Vicomte de Kergaradec.

La France Medicale contains an obituary of this veteran of the profession, so well known to English obstetricians in connection with the placental *bruit*, upon which subject he published a *memoire* in 1822, and for which he was admitted a Member of the Academy of Medicine of Paris in 1823.

His researches and opinions have been disputed, and more recent investigators have decided, according to Churchill, that the sound is situated in the uterus, and not in the placenta. He also published a notice on Lænnec, and delivered a lecture January 8th, 1861, before the Academy of Medicine "On the Duty of Performing Cæsarian Section after the Death of the Mother."

He considered the question in a legal, medical, and religious point of view.

His life was devoted to literature and agriculture, more than to the practice of his profession. He died in Paris within the last few days, at the advanced age of ninety.

The Carlow Workhouse Election.

IN reference to the statement contained in Dr. O'Meara's letter to us, that Dr. Rawson had made his canvass for the appointment and secured his election before his father's resignation, we have received a letter from Dr. Rawson, in which he says:—

I did not commence my canvass until my father had publicly stated before the Board of Carlow Union that he intended to resign in a few months, feeling that he could not conscientiously perform his duties to the sick, in cases of chest disease, as he was unable, from deafness, to use the stethoscope, which intimation appeared in the local papers. I deny that the politico-religious element was introduced by my friends, nor do I believe it *ever* entered their heads, even after the articles alluded to by Dr. T. P. O'Meara appeared in one of the daily papers.

Despite the disclaimer of both candidates for office, there is no doubt that the politico-religious squabble was

a powerful element in the election. It is a melancholy evidence of the interference of extraneous considerations with the choice of medical officers in Ireland that, in this instance, the religious passions of the county seem to have been stirred by so small a matter as the selection of a workhouse doctor at a puny salary.

The Irish Prisons Bill in its Medical Aspect.

LATE in last session of Parliament, the Irish Prisons Bill was introduced by Sir Michael Beach, and, on examining its provisions, the Council of the Irish Medical Association discovered that it gave power to the newly created Prisons Board, to transfer any officer from his own prison to any other in Ireland, and made his refusal to move on tantamount to resignation of his office. It was obvious that such a proviso would be intolerable to the medical officers who might, and if they were not on the best terms with the Board, would probably be subjected to great inconvenience and loss, and readily ousted from office by a summary order of transfer to another district. Thereupon, the Council directed the hon. sec. to write to Sir Michael Hicks-Beach on the subject, and explain that medical officers of prisons in Ireland were private medical practitioners, upon whom it would be an injustice to place such restrictions, and the Chief Secretary replied that the matter should receive attention. We are gratified to observe from a perusal of the Amended Bill now going through the House of Commons, that Sir Michael Beach has not forgotten his promise to the Association. In the 24th section, which authorises this transfer of officers, a phrase is introduced which specially exempts medical men from its operation. It provides that all officers may be removed from place to place saving "any local inspector, chaplain, medical officer, or apothecary." It is fortunate that these representations were made to the Chief Secretary by the Association; for, if the Bill had remained as it was, the office of gaol surgeon would have remained untenable.

The Crescent and the Cross.

THE Geneva Cross, the emblem of Christian salvation, was considered a fitting badge to ensure protection during the time of war, for surgeons, assistants, nurses, and the *tout ensemble* of an ambulance.

It seems, however, that we forgot that christianity is not the religion of the whole world, and at the last sitting of the Society of Practical Medicine of Paris, under the presidency of M. Duchesne, Dr. Thelmier proposed to modify the sign adopted by the Geneva Convention, as the recent experience of the East showed that the red cross did not offer sufficient guarantees of safety, as it aroused feelings of hostility amongst the Mussulman population.

Dr. Thelmier suggested a less significant emblem, as, for instance, a star. We are all creatures of ideas, and all nations have national prejudices and antipathies, so that we fear a star, the partial emblem of the United States would also have its opponents. We must consider the weaknesses of human nature, and without yielding to Turkish bigotry, no harm can result from considering this proposal, and substituting some emblem that may not press on any creed or nationality.

A New Disinfectant and Antiseptic.

AT a meeting of the Society of Arts on Thursday last "On some Processes of Nature's Hygiene" was read by Mr. C. T. Kingzett, F.C.S. The paper was a very interesting one, and suggested important improvements in the production of antiseptics, disinfectants, and albumen of commerce. The reader's researches had for their immediate object the elucidation of the nature of the active principle which is formed when turpentine and other oils and substances underwent atmospheric oxidation, illustrating the results by certain chemical formula. It had been at first difficult to understand the virtues of the Eucalyptus as a preventive of malaria, but the explanation was both interesting and simple. The various species of pine or fir trees all secreted oils, which might be considered as turpentine, and which, if allowed to remain in the tree, volatilised in great measure, and underwent oxidisation in the atmosphere. In pursuing his investigations he found that when turpentine was exposed to a current of air in the presence of water oxygen was absorbed, part of the oil resinified, and the rest was oxidised into a compound, unstable in the presence of water, and splitting up thereby into peroxide of hydrogen and camphoric acid, the former of which had long been acknowledged to be one of the most powerful disinfectants known to chemists. The result of his experiments in the direction of the oxidation of turpentine was the discovery of a solution which had been christened "Sanitas," and which he claimed to possess a power of preservation and disinfection superior to that of its own components taken singly, and to that of any other known antiseptic or disinfectant, the presence of camphor and other bodies being conducive towards securing the result sought for. By a similar process Mr. Zuglei and himself had also been able to prepare a blood albumen of a whiteness and quality comparable to egg albumen, the use of which would restore a large amount of food to the market. This was the first instance on record in which a natural process of atmospheric purification had been imitated to perfection; until, in fact, there could now be repeated on a commercial scale that which in pine and Eucalyptus forest constituted one of the most efficacious processes of nature's hygiene.

Quack Medicines in France.

THE monopoly in English quack nostrums, as regards Continental sale, seems to have been satisfactorily overthrown by a judgment pronounced recently in Paris. The English proprietors of Morison's pills had made an arrangement with their French agent that he might use the name of Morison with certain reservations. The agent, it was alleged, abused this license for his own benefit, and the proprietors of the pill took an action against him to stop the infringement, and to recover damages. The agent pleaded that the pills being a secret remedy not authorised by the administration, after preliminary approval by the Faculty of Medicine, the sale of them in France was contrary to law, and consequently the proprietors could not maintain an action in respect of such sale. The Court agreed in this view, and ruled as follows:—

Considering that it has not been proved that the formula according to which Morison's pills have been prepared

is inserted in the Codex; that this medicament has not been submitted to the Academy of Medicine for examination, and that the Minister of Agriculture and Commerce has not authorised the preparation, advertisement, and sale of the same;

That in consequence it (*sic*) must be considered as a secret remedy.

Considering that the sale and advertisement of secret remedies are prohibited and punishable by law;

Considering that in placing on sale the said pills, and in advertising them for sale, either by circulars or by labels attached to the boxes which contain them, Evrard and Morison have committed culminatively the double misdemeanour which the laws and decrees would repress;

Considering that a pharmaceutical product, sold as a secret remedy, and without the necessary legal guarantees cannot claim the protection of the law in respect to infringement of right;

Considering that it would be contrary to legality, morality, and public order, if litigants could obtain damages in respect to even unfair competition in business forbidden by the law;

Declares, &c. (Here follows the judgment, which we have summarised above.)

The law of patent medicines is certainly one of those "things they do better in France." It is not to be expected that the "nation of shopkeepers" which derives its public income in great measure from the trade in opium-eating, whisky blending, and adulterated goods, will ever see its way to protect the community against quack secret remedies.

A Rural Hygeiopolis in Ireland.

At the last meeting of the Athy Sanitary Authority the sub-sanitary officer having been directed to obtain samples of the water of several of the private pumps of the town and forward same for analysis, the clerk laid before the guardians the following report:—

"Such a collection I never before had to report upon. With the exception of Nos. 3 and 8, they are simply sewage. They contain an enormous amount of mineral matters, and an immense quantity of sewage. It is almost like a joke to describe them as waters. No. 8 is very hard, and of doubtful quality. No 3 is a very hard water. The rest are as stated no better than sewage.

"C. A. Cameron,
Analyst for County Kildare."

One of the guardians said—I may tell you, gentlemen, I am not at all suprised at the report, for I went to examine a number of these private pumps when it was contemplated to utilise them by means of pipes for the public use, and I found them all situated within a few feet of privies, dung heaps and sewers. I am of opinion the entire soil of that neighbourhood is impregnated with sewage matter, and if possible worse. There have been pig fairs held there for years and years, and with an open, porous soil, we can well imagine what the nature of it must be now.

It was ordered that a special meeting be covened to take into consideration the whole matter of the water supply of the town; and, in the meantime, notices be posted on each of the condemned pumps that they were "dangerous to use for domestic purposes."

Professor Lister, of Edinburgh, has been elected a Corresponding Member of the Société de Chirurgie of Paris.

Coroners in Ireland.

The antiquated inquest system in Ireland, of which so frequent complaint has been made in our columns, is evidently drawing towards its end, and when it pleases Parliament to remove it, it will assuredly die "unwept, unhonoured, and unsung." Four years ago the subject was taken in hand by Mr. Vance and Sir John Gray, but the death of both these gentlemen brought their efforts to a premature end. Since then nothing has been done except the passing of the Dublin Coroner's Act, a scandalous job, perpetrated by the Dublin Corporation for the benefit of an individual. That measure was not resisted by Sir Michael Beach, because he contemplates dealing with the whole question, by a Government measure as soon as possible. Meanwhile, Mr. Verner, the member for Armagh, has placed on the notice paper a motion for a Select Committee "to inquire into and consider the position of Coroners in Ireland." Never was inquiry less necessary or reform more needed, for everyone knows that neither the public nor the police attach any confidence to the findings of inquest juries in Ireland. Verdicts by guess-work, or directly contrary to evidence, delivered by ignorant peasants at the dictation of coroners, whose competency to form a judgment is more than doubtful, are of daily record in the papers, and "coroner's law" has thus come to be a synonym for a legal farce. We look for Sir Michael Beach's Bill with interest, and we trust that it will deal with the question thoroughly, and not be a mere patching of the old system. Such a Bill should ensure: 1. That coroners shall be qualified for their duties by legal and medical education, and shall not be merely the failures of their profession or worn-out political pensioners; 2. That they shall be paid a fair salary and made to do their duty; 3. That they shall be made answerable for the falsity of verdicts arrived at in the absence of sufficient medical evidence; 4. That they shall have no inducement, as they now have, to withold such evidence; 5. That their duty shall be to investigate the cause of death and that only, and that their inquest shall not be converted into a trial of accused persons, or an equity suit for the settlement of insurance disputes. At present coroners have too much and too little discretion, for while the law puts upon them many responsibilities which they have no right to bear, it enables them to get rid of this responsibility by dictating haphazard verdicts to juries who are often vacant of the least ray of intelligence or education, and who would find a verdict of "spontaneous combustion," if the coroner bid them do so.

The Gulstonian Lectures of the Royal College of Physicians of London will be delivered on Feb. 23, 28, March 2, by Dr. Lauder Brunton, "On Pharmacology and its Relations to Therapeutics."

The medical officer of health for Barnsley reports that there have been 57 cases of typhoid fever at Barrowford as the result of taking milk of a farmer who had typhoid fever in his house. Of this number eight have already died.

The annual death-rate last week was only 16 per 1000

of the population in Edinburgh and 22 in London, whilst in Glasgow it was 27, and Dublin 32, the latter having risen to the highest death-rate of all the large towns in the United Kingdom.

THE deaths from small-pox were considerably less last week than in the previous week. Ninety occurred in London, 14 in Liverpool, 4 in Manchester and Salford, 1 in Oldham, and not one in any of the other large towns of the United Kingdom.

AT a General Court of the Highland Society on Saturday afternoon, Professor Erasmus Wilson, who, has undertaken, at his own expense, the experiment of bringing Cleopatra's Needle to this country, referred to the manner in which it was proposed to deal with the obelisk, which weighs 200 tons.

To hear the Hunterian Oration delivered by Sir James Paget in the theatre of the Royal College of Surgeons of England last week, it is computed that at least a couple of hundred were unable to obtain admittance; whilst to those who were fortunate enough to get inside it was an uncomfortable squeeze.

THE gathering of the profession at Euston Station on Wednesday evening last to do honour to the remains of Sir William Fergusson on their transmission for entombment in Scotland was very large—estimated from 1,500 to 2,000. There was also a strong contingent of students chiefly King's men.

IT is rumoured that the honour of knighthood will be shortly bestowed on Mr. Prescott Hewett. The bestowal of a distinction upon the present President of the Royal College of Surgeons, who is also Sergeant-Surgeon-Extraordinary to Her Majesty, would meet with a general approval on the part of the profession. A knighthood and a baronetcy have been conferred upon two successive Presidents of the College of Physicians, and the present is a convenient opportunity for conferring an honour upon the College of Surgeons, and at the same time recognise the personal merits of its President.

ON Saturday last a man, named Hunter, formerly a clerk in the Savings Bank Department of the Post Office, was charged at Bow Street Police Court for impersonating another not yet in custody, and obtaining by fraudulent means the diploma of the Pharmaceutical Society of Great Britain. The authorities have arrested the individual for whom Hunter acted, whose name is John Colegrove, lately resident in Castle Street, Liverpool, and on Monday he was brought up at Bow Street Police Court and remanded.

A CASE of death by suffocation happened at the house of a farmer, near Newcastle West, in Limerick. Two daughters of the owner, with a servant girl, slept in a room together, and one of them took up some fire in a pot, there being no fireplace in the room, and closed the door. During the night some person came to the room, and on going in found them all quite insensible, and one girl, about fourteen years of age, dead from suffocation.

THE late Dr. Henry Charles Barlow, of Newington, has bequeathed all his Dante books and manuscripts, and £1,000 Consols, to the London University College, the income of the money to be applied to the delivery of twelve annual public lectures on the "Divina Commedia." —Mr. Thomas Clarkson Osler, late of Edgbaston, has left £200 to the General Hospital, the Queen's Hospital, the Sanitarium at Blackwell, and £100 to the Hospital for Sick Children.—The late Mr. James Barstow, formerly of Gray's Inn, has left £200 to the University College Hospital.

NOTWITHSTANDING the reiterated statements of the presence of fever to a serious extent Brighton rises from the attack as one of the most healthy towns in the kingdom. According to the annual report of Dr. Kebbell, medical officer of health for Hove, just issued, we find that, "taking the birth-rate 20·5, and the death-rate 14·7 per 1,000 of the living, compared with a mean annual death-rate of the town population in the country of 24·4 per 1,000 and a mean birth-rate of 35·4 per 1,000 of the living, the death-rate is 10 per 1,000 and the birth-rate 15 per 1,000 under the average. The records of deaths show a very satisfactory state of the health of the district during the last year. The number of deaths from the zymotic class of complaints is somewhat higher than the previous years owing to a rather severe epidemic of measles which prevailed in the district during the spring quarter of last year.

Medico-Parliamentary.

VACCINATION.

IN the House of Commons, on Thursday last, MR. S. BOOTH, in reply to Mr. Wethered, said the Local Government Board had heard of the death of three children near Gainsborough from eyrsipelas following from vaccination, and an inspector had been asked to make a careful investigation into all the circumstances of the case. It was true that the children were vaccinated from lymph taken from a child which had been vaccinated from points supplied by the National Vaccine Establishment. That child, however, was not suffering from erysipelas, and it seemed certain that the lymph furnished from the child did not contain any infection of erysipelas. Moreover, there was no reason to suppose that the infection in any of these cases arose from the lymph used. Several other cases of erysipelas had occurred in the district, some following vaccination and others having no connection with that operation. The whole of the circumstances were dealt with in the report of the inspector which would be laid on the table of the house.

ARMY MEDICAL DEPARTMENT.

MR. HARDY, in answer to Mr. Dunbar, said that 23 candidates had presented themselves for admission to the Army Medical Department—50 appointments were offered for competition; and 49 candidates had presented themselves for the 27 appointments in the Indian Medical Department.

The Profession at Her Majesty's Levee. —On Thursday last a levee was held at St. James's Palace by his Royal Highness the Prince of Wales on behalf of the Queen, of which the following members had the honour of presentation, who were, with one exception, connected with the public medical service: —Surgeon-General Balfour, Dr. George Birdwood, on being made Companions of the Star of India; Fleet Surgeon Belgrave Ninnis, M.D., on return from Arctic service; Surgeon C. W. Owen, Bengal Medical Service; Dr. W. S. Playfair, Surgeon R. V. Power, Madras Native Infantry, Surgeon John Walker, M.B., and Surgeon J. B. Wilson, M.D.

Correspondence.

TESTING THE HEARING POWER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the very interesting and practical remarks on "Aural Affections," which appear in your issue of this week, Dr. McNaughton Jones draws attention to the fact, well known to practical aurists, that frequently "while the conversational power is not impaired, the hearing distance, as measured by the watch, is considerably so." In these cases the patient will often say he *hears* the watch because he *sees* it, much in the same way as another will say he *hears* the vibrations of the tuning-fork on contact when he only *feels* them. On this account I always, in proceeding to test the hearing of a patient with a watch, direct him first to keep the eyes closed. This precaution is useful, not only in the first instance, but also later in the progress of a case, the improvement in the hearing power can be measured by means of the watch, when, from long habit of deafness on the part of the patient and of loud talking on the part of relatives, no decided improvement has been experienced in conversational hearing power. The fact that I have not seen mention of this hint of closing the eyes in any treatise on deafness must be my excuse for troubling you.

Yours, &c.,
LENNOX BROWNE, F.R.C.S. Edin.

36 Weymouth Street, W.,
Feb. 8, 1877.

FEMALE MEDICAL CANDIDATES AT THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of yesterday, 14th inst., you commented upon the action of the King and Queen's College of Physicians in Ireland with regard to the admission of female candidates for the licences of the College, basing your remarks upon the admission of Miss Walker-Dunbar, M.D. Zurich, 1872, at the examination held last month.

In the course of your remarks you make the following statement;—"We are surprised to find the Irish College of Physicians is bidding hotly for the patronage of the lady doctors, by accepting from them curricula which they would not receive from a male student. They have, we are informed, altogether exempted Miss Walker-Dunbar from examination in certain subjects in consideration of her holding the M.D. of Zurich. Thus they have recognised as evidence of competency a foreign degree which was unanimously refused admission of the profession last year, and which if presented by a masculine medical student, would have been unhesitatingly refused."

To this statement I beg to give an unqualified denial, and for your information and that of your readers I beg to furnish you with the following extracts of the bye-laws and resolutions of the College bearing on this question, calling your particular attention to the dates affixed.

Bye-laws, chapter vi., page 20 (relating to examinations):—

Candidates qualified as follows are required to undergo the second part of the professional examination only—viz., 1. Graduates in medicine of a University in the United Kingdom, or of any foreign University approved by the College. 2. Fellows, members, or licentiates of the Royal College of Physicians of London or Edinburgh, who have been admitted upon examination. 3. Graduates or licentiates in surgery. 4. Candidates who having completed the curriculum laid down in paragraph 3 of this chapter, shall have passed the previous examination of any of the licensing corporations in the United Kingdom.

The last of the foregoing conditions was adopted by the College in June 1869, the first three in 1862.

Resolution of the College, adopted December 5th, 1873:—

"That the Diploma in Medicine, Surgery, and Midwifery, of the University of Zurich, be accepted, under the bye-laws, as entitling the holder to undergo the Second Part only of the Professional Examination."

By the foregoing you will perceive that holders of the degree of M.D. Zurich, are exempted from no other portions of the subject of examination than a candidate who has obtained the First Half of any of the Licensing Bodies enumerated in Schedule A of the Medical Act.

I would further state that a similar privilege has been extended to holders of Degrees in Medicine of

The University of Melbourne; Trinity College, Toronto; Harvard University (Mass.); University of New York; University of Pennsylvania; and of the New York Medical College.

I have the honour to be, Sir,
Your obedient servant,
J. MAGEE FINNY, M.D.,
Fellow and Registrar.

Dublin, February 15, 1877.

[We were aware that graduates in medicine of a home university or of a "foreign university approved of by the College" were exempted from the first half of the examination for the licence of the College of Physicians, but we were *not* aware—nor do we know where the information is to be found—that any other foreign university, but that of Zurich, had been admitted by the College to such privilege. In reminding us that the College grants privileges of exemption to other foreign universities, the Registrar raises the larger question of the propriety of their doing so. What knowledge, we would ask, has the College of Physicians of the educational and examinational requirements of Zurich or any other foreign university? Have they not granted very special and liberal privileges to the graduates of these institutions on the merest breath of popular rumour? Are they prepared to withdraw these privileges under any circumstances, and, if so, on what information are they to act? The medical curriculum and examination of the Zurich University may be all that is considered necessary in Switzerland, but what knowledge have we whether or not it is on a level with that of British licensing bodies? Upon this question the College is at diametric variance with the expressed feeling of the General Medical Council, and its own conversion to the view which it now holds is very recent. As lately as the 17th of April, 1876, the College expressed itself as strongly opposed to the recognition of *foreign degrees* held by women, for on that date it addressed a letter to the Medical Council deprecating the principle of Mr. Cowper-Temple's Foreign Universities Bill, in which letter the following resolutions of the College are communicated to the Council:—

Resolved,—"That this College highly disapproves of the Bill just read (*i.e.*, Mr. Cowper-Temple's Bill to admit women to home practice upon foreign degrees) for the following reasons: 1st. That it confers upon women a privilege not possessed by men, inasmuch as, by the Medical Act of 1858, all degrees of foreign universities are excluded from the Register. 2nd. That the principle to admit women holding a foreign degree in medicine to the Register is pernicious, as it will inevitably force the Colleges of the United Kingdom to admit women to any or all their licenses, whether, in their judgment it be wise to do so or not."

That which the College denounced in such terms twelve months ago it is now doing to a certain extent itself. It cannot accept the degree of Zurich as equivalent to the whole of its license, but it takes it for one-half. That in doing so it is at variance with the opinion and policy of the Medical Council is shown by the following report adopted by it in reference to the same Bill at its last meeting:—

By the Medical Act the Council are precluded from registering foreign degrees, and consequently have been compelled repeatedly to refuse to register foreign degrees held by men.

The reason for this is obvious, viz., that the Council have no means of exercising that supervision and control over the education and examination required for foreign degrees to which the licensing bodies of this country whether universities or corporations, are by the Act of 1858 subjected. But this privilege which the Medical Act refuses to men the Bill proposes to grant to women. Against such a proposal the Council feel bound to offer a protest as being subversive of the

main principle of the Medical Act. The committee who made this report also remarked that the degree of M.D. conferred by some of the foreign universities of highest repute do not authorise its holders to practise their profession unless they shall have also passed, subsequently, and in addition the state examitation (Staats Examen).

With such expressions of opinion as these we think we are justified in protesting against the recognition of the Zurich M.D. as equivalent to any part of the *examination* of the Irish College of Physicians.

THE PROPOSED BIENNIAL PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

THE movement to which we referred a fortnight since as being in a probatio nary stage has at length gained sufficient strength to come before the College for debate. The requisition for a special meeting of the College, which required twelve signatures, has received sixteen, and has been sent to the President, who has fixed Wednesday the 28th at twelve o'clock for the assembly of the Fellows. It was as follows :—

We, the undersigned, request that you will be pleased to call a meeting of the College at an early date for the purpose of considering the question as to whether it may be or may not be expedient that the offices of President or Vice-President should be in future held for a longer period than one year.

(Signed)

Loftie Stoney, Christopher Fleming, William Roe, J. W. Collins, Henry Tyrrell, John Hughes, T. P. Mason, Edward H. Bennett, John K. Barton, Anthony H. Corley, Robert Persse White, C. D. Purdon, H. Purdon, John R. Forrest, R. Bookey, Stewart Woodhouse.

If it was desirable to contest the question which the requisitionists desire to bring before the College upon strict points of law, we might object to this requisition that it asks the President (who is endowed by the Charter with complete discretion as to whether he will or will not comply with it) to call the College together to debate a question over which it has no control whatever, and thus it thrusts upon him the responsibility of allowing questioning at variance with the College law to be raised. As we have already said, the biennial Presidency is distinctly illegal according to the existing law of the College, and therefore, though the Fellows may discuss this or any other matter of College policy, they can only do so in full view of the illegality and with a clear anticipation of the necessity to set themselves right, subsequently by a change of Charter. Whether or not it be expedient that they shall enter on the discussion of a subject involving such a change, is for the consideration of the President, who has accepted the responsibility and called the College together.

We should regret, however, that the question of a biennial Presidency should be treated, as regards preliminary discussion, as a matter of strict law ; for, although the movement is to-day somewhat of a personal one, it is for the good of the College that it should be decisively settled, and either carried forward to the required change of system, or else scotched by a conclusive vote against it. Unsettled questions of the sort always injure the body to which they have reference, and many institutions have been deteriorated by the presence of such dissensions within them, and for want of a strong and final declaration of the views of the majority.

As to what the vote on the subject will be we entertain no doubt, if only the Fellows whose position is involved in it interest themselves sufficiently in the matter to come to the meeting and record their vote, but if the decision be left in the hands of the junior metropolitan Fellows, it is quite possible that the requisitionists would snatch a vote, which will bring the matter before the Council, backed by the authority of the College.

A glance at the signatures makes it evident that the movement has originated with that party, and that with every respect for those who have attached their names, the most influential and senior of the Fellows are standing coldly aloof from the biennial Presidency project. Amongst the sixteen names, we find but one ex-President—but one other Member or ex-Member of Council—not one Collegiate Professor—but one University Professor—and but one of the thirteen College Examiners, and none of the Provincial Fellows, who have been accustomed to show up in college politics.

But then we must not forget that the signatories are just the men who will make it their business to attend the meeting at any cost, and to put out their whole force to carry their point, and sixteen Fellows of such earnestness and energy are a strong contingent—if not in collegiate rank, at least in motive power.

We have already expressed our feeling that the proposal for a biennial Presidency is neither legal nor expedient, nor at the present juncture free from a suspicion of animus, and we need not repeat our arguments. We think it well, however, to call the attention of the Provincial Fellows of the College to the effect of such a change of law upon their hopes of collegiate distinction.

In the present state of medical competition in Ireland, the battle of life is sufficiently hot and close to make the acceptance of the Presidency of the College a heavy sacrifice and a serious responsibility to be undertaken by any Provincial Fellow. To attend the duties with anything like regularity, and to do justice to the hospitalities of the dignity for a single year, is an onerous task for any country surgeon, and the greater his practice, the more fitting he may be to receive the distinction of president, the greater the difficulty of fulfilling its duties. What provincial fellow will be found to undertake the same task for two years and to do it justice? It is impossible to hope that a member of the College so independent of business considerations and yet holding a surgical position worthy of the College chair will be found, and it is thus obvious that the biennial project, if carried, will finally extinguish the hopes of collegiate honour on the part of the provincial fellows. Earnestly desiring as we do to see its extra-metropolitan constituency tied more closely to the College than it has been, we deprecate with emphasis this or any other movement which may have the effect of cutting them off from the hope of collegiate distinctions. We look to the provincial fellows to defend their own interests by their presence and vote. If they permit temporary inconveniences to prevent their doing so, they will justify the requisitionists in ignoring their rights, as the proposal for biennial presidency undoubtedly does.

COURT APPOINTMENTS.

THE vacancy caused by the lamented death of Sir William Fergusson, Sergeant-Surgeon to the Queen has been conferred on Sir James Paget, and the appointment of Sergeant-Surgeon Extraordinary to her Majesty has been given to Mr. Prescott G. Hewett, F.R.S., President of the Royal College of Surgeons ; and Mr. J. Eric Erichsen, F.R.S., has been appointed Surgeon Extraordinary to her Majesty. These appointments will give the greatest satisfaction to the profession.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

"MEDICAL PRESS" DEFENCE FUND.

The Honorary Treasurers beg to acknowledge with thanks the following contributions to this Fund, which they have received since the publication of the last list in our columns:—

	£	s.	d.
Mr. W. Morrant Baker, London	1	1	0
Dr. Hickman, London	1	1	0
,, Rees Powell, Cwmpadest, Brecon	0	10	0

SHOCKING CRUELTY TO DUMB CREATURES.

Martha Hysterica Jones calls our attention to the subjoined description of some experiments recently performed on ants by Sir John Lubbock, and wishes to know whether we can defend "such horrible heartrending, revolting, and gratuitous cruelty wantonly inflicted upon intelligent sentient creatures." She regrets that insects not being included in the Vivisection Act the prosecution and punishment of Sir John Lubbock, which he richly deserves, cannot be effected.

"The idea that ants will take care of a distressed friend is, he believes, quite wrong. He tried just covering an ant with mould where many were passing and repassing. Not one took any notice. He then tried putting some under the influence of chloroform. These were carried away, regarded perhaps as dead. He then tried alcohol in place of chloroform. Thirty intoxicated friends and thirty intoxicated strangers were put together near a nest. The ants were at first much puzzled at the sad spectacle. However, twenty of the friends were taken into the nest, five were thrown into water, and the others neglected. Of the thirty strangers twenty-four were thrown into water, six were taken into the nest. The mistake was at once found out with regard to four of them, who were brought out and thrown into the water. Sir John said it was difficult to understand how there could be recognition in such circumstances."

Dr. Arnison.—The point raised shall be kept in mind.

Mr. George Piller.—Note and extract received.

M. A. T.—We believe an American edition has recently appeared; we have not yet seen or heard of copies in England. The original has had a great success in Germany, but it does not follow that a translation will meet with equal favour.

Clinical Society of London.—On Friday evening, at 8½, Dr. Greenfield, "On a Case of Hydatid of the Lung."—Mr. A. T. Norton, "On Ligature of Femoral Artery; Recovery; Death subsequently from Embolism of the Basilar Artery."—Mr. Godlee: "Congenital Dislocation forwards of the Knee" (a living subject).

THE NATIONAL ORTHOPÆDIC HOSPITAL.

To the Editor of the Medical Press and Circular.

Sir,—Referring to the paper read before the Surgical Society of Ireland by Mr. Robert L. Swan, F.R.C.S., and published in your issue of the 14th inst., the 7th paragraph states, "In the Royal and National Orthopædic Hospitals, except in a few cases supported by endowment, the sum of £ 0 is deposited by each applicant before admission is granted." This is incorrect as regards the National Orthopædic, no such payment or deposit being required. Although the matter may be of little moment to most of your readers it is of some importance to this Institution that such an erroneous impression should be removed, I therefore trust that you will be able to afford me space for this correction.

The total amount received from, or on behalf of, the 95 in-patients admitted here last year was £341, about £3 12s. each towards their maintenance, for which, on an average, each patient was boarded for 90 days.

Yours faithfully,

234 Great Portland Street, W. Stanford Smith, *Sec.*

Anon.—We cannot advise in such matters. Go to a competent surgeon.

Mr. F. A. Allen.—Received as we were going to press.

F. M. B.—Your communication "On Unqualified Assistants" shall appear, if possible, in our next.

Communications, Enclosures, &c., have been received from—Dr. Lory Marsh, London. Mr. Haynes Walton, London. Dr. Fixott, St. Heliers, Jersey. Dr. Leared, London. Dr. Birch, London. Dr. Northcote Vinen, London. Dr. Crothers, St. Leonards-on-Sea. Dr. Dobell, London. Dr. Lane, Isle of Man. Dr. Rawson, Lichfield. Dr. Hoggan, Kensington. Mr. Critchett, London. Mr. Ashley Gibbings, London. Dr. Myrtle, Harrogate. Dr. Bird, London. Dr. Buchanan, London. Dr. O'Flanaghan, Houghton-le-Spring. The Registrar of the Royal College of Physicians. Dr. James Barr, Liverpool. Dr. Macnaughton Jones, Cork. Dr. Dolan, Halifax. Dr. Drewry, London. Dr. Johnson, London. Mr. Timothy, Barrow-in-Furness. Mr. Jardine Murray, Brighton. Mr. Gregory, Blackpool. Dr. Matthews, Manchester. Dr. Roth, London. Mr. Charles, Norwich. Dr. Shuttleworth, Canada. Dr. Elliott, Carlisle. Dr. Birkbeck Nevins, Liverpool. Mr. E. M. Boddy, Camberwell. Mr. Napper, Cranleigh, Guildford. Mr. Richardson. Dr. Meadows, London. Mr. Lennox Browne, London. Dr. Pearse, Plymouth. Dr. James, Kensington. Dr. Bashon, Coleraine. Dr. Stanley, Dublin. Dr. Sale, Kilmeague. Dr. Canny, Lahardane. Dr. McMaster, Carrickmore. Dr. Perceval, Dublin. Dr. Anderson, Newtownhamilton. Dr. McBride, Gilford. Dr. Warnack, Clogher. Dr. O'Connor, Galbally. Dr. Phillips, Castletown. Dr. McNamara, Bruff. Dr. Clarendon, Newcastle. Dr. Vaughan, Labasheeda. Dr. Browne, Dublin. Dr. Rainsford, Dublin. Dr. Madden, Ballycastle. Dr. Bigger, Dublin. Dr. Hart, Leenane. Dr. Madden, Dublin. Dr. Burnside, Clondalkin. Dr. Harrison, Roscommon. Dr. O'Keeffe, Mallow. Dr. Metge, Banbridge. Dr. Rutherford, Ballinasloe. Dr. Sproule, Moville. Dr. Jamison, Newtownards. Dr. Cardiff, Enniscorthy. Dr. Satchell, Tunbridge Wells. Dr. Bates, Cowbridge. Mr. Hoblyn, Bath. Dr. Bayes, London. Mr. McCall, Glasgow. Mr. Walter Rivington, London. Dr. Lawrence-Hamilton, London. The Director-General of the Army Medical Department. Dr. Goldie, Leeds. Mr. Mercier, London. Dr. Bughely, Stella, Savona. Mr. Clover, London. Dr. Arnison, Newcastle-on-Tyne. The Medical Secretary of tha India Office. Mr. E. Lane, Kirton, Boston. Mr. Boddy, Holt, Norfolk. Mr. Evans, Leeds. Dr. Rees Powell, Cwmpadest, Brecon. Dr. Semple, London. Dr. Wilson, Glasgow. Dr. Williams, Colchester. Prof. Piffard, New York. Mr. Priestley Smith, Birmingham. Mr. Biller, London. M. A. T., &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Seventeenth Annual Report of the Cranleigh Cottage Hospital.
Analysis of the Navy Report for 1875. By Dr. Nevins.
Bentley and Trimen's Medicinal Plants. Part XVII.
Fox's Atlas of Skin Diseases. Part XVII.
Fleming's Veterinary Obstetrics. Part VI.
The Electric Bath. By G. M. Schweig, M.D. New York: Putman and Son.
Physiology and Chemistry at Home and Abroad.
Confessions of an Old Smoker. By the Rev. J. Stock.
Notes on the Colony of Victoria. By Henry H. Hayter.
Diseases of the Kidney. Part II. Albiminuria. By W. Howship Dickinson, M.D. London: Longmans, Green, and Co.
A System of Medicine. Edited by J. Russell Reynolds, M.D. Vol. IV. London: Macmillan and Co
Dental Reform. By Alfred Hill, L.D.S. London: Trübner and Co.
Monthly Microscopical Journal. Nature. New York Medical Journal. El Anfiteatro Medico Espanol. Boston Medical Journal. New York Medical Record. Le Progrès Medical. British Journal of Dental Science. Monthly Homœopathic Review. New Remedies. La France Medicale. El Revista Medico. Science Gossip. Obstetrical Journal. Veterinary Journal. Students' Journal. The Analyst. The Sanitary Inspector, &c., &c.

VACANCIES.

Royal Free Hospital.—Junior Resident Medical Officer. Board and residence, no salary. Applications to Mr. Blyth, the Secretary. (See Advt.)

Dorset County Hospital.—House Surgeon and Secretary. Salary, £80, with board. Applications, under cover, to the Chairman at the Hospital, Dorchester.

Kent County Lunatic Asylum.—Assistant Medical Officer. Salary, £150. Testimonials to Messrs. Beale and Hoare, Maidstone.

Dumfries Infirmary.—House Surgeon. Salary, £50, with board. Applications to Mr. Seymour, Dumfries.

Devon and Exeter Hospital.—Clinical Assistant. Board and lodging, no salary. Address the Secretary at the Hospital, Exeter.

Sussex County Lunatic Asylum, Hayward's Heath.—Senior Assistant Medical Officer. Salary commencing at £175, with board and lodging. Address Dr. Williams, the Medical Superintendent.

Northampton General Infirmary.—Assistant House Surgeon. Salary, £30, with board. Testimonials to the Secretary.

Wolverhampton General Hospital.—Physician's Assistant and Pathologist. Salary, £50, with board and lodging. Apply to V. Jackson, Esq., 46 Darlington Street, Wolverhampton.

Dunboyne Dispensary, Dunshaughlin Union.—Medical Officer. Salary, £110 per annum. Applications to Hon. Sec.

Clonmany Dispensay, Inishowen Union.—Medical Officer. Salary, £120 per annum. Applications to Hon. Sec.

Listowel Union Workhouse.—Medical Officer. Salary, £75 per annum. Applications to Clerk of Union.

Bagnalstown Fever Hospital, Carlow Union.—Medical Officer. Salary, £50 per annum. Applications to Clerk of Union.

Ballinasloe Union Workhouse.—Apothecary. Salary, £50. Applications to Clerk of Union.

APPOINTMENTS.

Bennett, H., M.R.C.S.E., Medical Officer to the Wigton Union Workhouse.

Footner, J. B., L.R.C.P.Ed., M.R.C.S.E., House Surgeon and Secretary to the Tunbridge Wells Dispensary and Infirmary.

Greene, R., L.R.C.P. and L.R.C.S.Ed., Medical Superintendent of the East Riding Asylum at Beverley, Yorks.

Harper, R. R., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Holbeach North District and the Workhouse of the Holbeach Union.

MacDowell, E. C., M.D., L.K.Q.C.P.I., Visiting and Consulting Physician to the Sligo District Lunatic Asylum.

O'Connell, D., L.R.C.P.Ed., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Templemore, co. Tipperary.

Peele, Dr., Medical Officer, and Examiner of Candidates for admissions to the Irish Training Ship *Establishment*.

Walter, Wm., B.A., M.B. (Dub.), L.K.Q.C.P., L.R.C.S.I., House Surgeon to the Salford and Pendleton Royal Hospital, Manchester.

Webb, T. L., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Madeley No. 2 District of the Madeley Union, Salop.

Deaths.

Day.—On Feb. 6, at 10 Manchester Square, W., Thomas Cripps, son of W. H. Day, M.D., aged 15.

Dow.—On Feb. 5, at Tarbert, Hugh Dow, M.D., late of Kilbirnie.

Holt.—On Feb. 6, at Sauchiehall Street, Glasgow, John Holt, L.F.P.S.G.

McCurdy.—On Jan. 31, at Alverstoke, Benjamin McCurdy, Staff-Surgeon R.N., aged 37.

Marsh.—At Kempsey, Henry Brunning Marsh, L.R.C.P.Ed., of Upton-on-Severn, aged 69.

Metcalfe.—On Feb. 4, Robert Ives Metcalfe, M.R.C.S.E., of Tydd St. Mary, Lincolnshire, aged 84.

Power.—On Feb. 7, at Ladywell, Lewisham, William Henry Power, M.D., aged 65.

Reynolds.—On Feb. 9, at Beech Lawn, Mossley Hill, Liverpool, Dr. William Reynolds, aged 73.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1877.

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Pathological Anatomy of the Brain

LOCALISATION IN CEREBRAL DISEASE. (a)

By Prof. Charcot.

Chapter XIV.

Gentlemen,—We have been considering facts in the highest degree interesting with regard to cerebral localisation. We are going to condense these facts, beginning with those which relate to the central ganglia.

A.—(a). The complete system of central arteries arising from the sylvian may be obliterated in consequence of thrombosis or embolism of the principal arterial trunk. Then softening affects the whole or part of the grey nuclei—those parts being spared which correspond to the distribution of the anterior cerebral arteries and of the optic arteries. That is a very summary case of *localisation*, and generally extremely serious, and, clinically, sums up the pathology of the ganglionary centres. The syndrome of this complete softening of the *opto striate* bodies (as these masses are sometimes called) is no other than *common cerebral hemiplegia* with *cerebral hemianæsthesia*.

(b) Analysis of this complex whole *can* be made.

Not that we are yet able to define by their symptoms, injuries of the thalamus, the nucleus, caudatus, lenticularis, or of the latter's segments.

(c) But it sometimes happens that the symptoms exactly disclose, and define the anatomical position, enabling us to make a *regional diagnosis*. These conditions are realised, when softening affects all, or nearly all, the territory either of the *lenticulo-striate* or the *lenticulo optic* arteries. We shall see in fact, that the symptoms differ in the two cases; the hemi-anæsthesia present in the second case being absent in the first.

B.—What has been said of ischemic softening, is applicable to intra-cerebral hæmorrhage. This is a common affection as you know, and especially in these regions, the striate arteries being very subject to the form of arterial sclerosis, which produces *miliary aneurisms*. One often finds in a spot of recent cerebral hæmorrhage, a striate or optic artery whose prolongations bear little aneurisms.

Though contrary to the general opinion, Cendrius' idea expressed nearly thirty years ago, is correct; viz., that the effusion of blood most frequently occurs *not* into the substance of the corpus striatum, but outside it, or exactly in contact with the outer surface of the lenticular nucleus, between it and the *external capsule* which appears as if stripped off.

Thus the flattened clots are produced, which appear on transverse section like narrow slits, almost vertical, and parallel to the grey nucleus of the front wall. When the effusion of blood is abundant, the clot increases laterally, and by reason of the greater resistance of the cranial walls, takes the direction of the Island of Reil; the central masses being so to speak, enucleated and turned back in a lump towards the ventricular cavity.

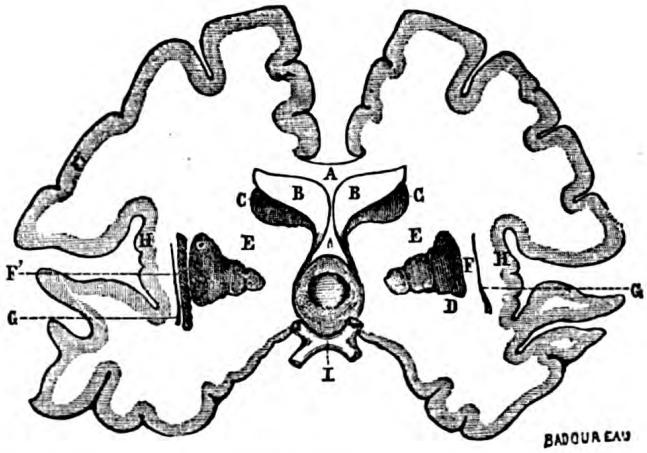
These are the most common cases, but it may also happen that an effusion starting from the terminal arteries may take place into the substance of the corpus striatum or thalamus.

Be it as it may, the only localisations of this kind clinically accessible, are here, as in the case of softening, those answering to invasion of the lenticulo-striate or lenticulo-optic region.

In the case of hæmorrhages there are difficulties in the interpretation of symptoms which do not present themselves to the same extent, in softening. If not aware of those, we shall be liable to the error of considering due to *destruction* of a part, results which are caused by injuries of *neighbouring parts*. I allude to the symptoms of compression, which soon after its occurrence, an

(a) Translated from *Le Progrès Médical*.

FIG. 14.



Extra-lenticular hæmorrhage section behind the commissure.—A, Corpus Callosum; B, B, Lateral Ventricle; C, C, Nucleus Caudatus; D, D, Lenticular Nucleus; E, E, Internal Capsule; F, External Capsule; F', Hæmorrhage spot which has destroyed the External Capsule; G, G, Front Wall; H, H, Insula; I, Optic Commissure.

effusion of blood never fails to produce, to a certain degree, in the adjacent parts.

I shall return to this point presently.

C.—We can sum up in a small number of propositions, the facts which have been clearly made out, relative to the regional diagnosis of the different parts comprising the ganglionic central masses.

1. As regards isolated lesions of the grey nuclei, *without any implication of the internal capsule*, we are not at present in a position to be able to recognise them by special clinical characters. Thus, it is impossible to distinguish during life, a lesion limited to the lenticular nucleus, from a circumscribed lesion in the caudate nucleus from a circumscribed lesion of the caudate nucleus or from lesions of the thalamus (through certain reservations must be made, on this latter point), they are mixed up, clinically, with those produced in the two compartments in the striate body.

The symptoms accompanying these lesions (limited to the grey nuclei) are those of common cerebral hemiplegia. This form of cerebral hemiplegia may be called *central*, to distinguish it from the motor paralyses which result sometimes from lesion of certain superficial regions, and which (by contrast) I shall call *cortical* hemiplegia.

(*b*) In most cases, the paralysis resulting from lesion of the grey central nuclei affects movement only; troubles of sensation—having the characteristics of cerebral hemianæsthesia—sometimes being superadded.

(*c*) The hemiplegia caused by circumscribed changes in the grey nuclei is usually transitory, not strongly marked, and passing off easily.

It is clear that in drawing up this proposition, I set aside every complication likely to seriously affect the set of symptoms, such as the bursting of even a small hæmorrhage into the ventricle. Grave symptoms (such as contractive power and epileptiform convulsions) will be almost sure to appear in such cases, and, more or less speedy, death is a likely result.

The mildness of symptoms which characterises limited lesions of the grey nuclei is, doubtless, partly due to the circumstance that the nuclei are seldom *wholly* damaged. For instance, owing to the distribution of its vessels, the nucleus caudatus is never wholly destroyed *by itself*—that is to say, without implication of the internal capsule of the other grey nuclei.

And another thing to be learnt from the transitory effect of partial lesions of these central ganglionic masses is that it indicates, as we shall see, the existence of a kind of supplementary function to be called into existence—either between the different parts of the caudate nucleus, or between it and the different segments of the lenticular nucleus.

On the other hand the lesions of the *internal capsule*, even when they are limited to this white tract, and are not at all combined with lesions of the substance of the grey nuclei—these lesions, I say, produce common cerebral hemiplegia, generally more or less well-marked and persistent. When circumscribed (and especially if they are very deep) in the direction of the peduncle, these lesions produce motor paralysis, almost always with slow contraction—a symptom of evil omen, because it usually implies that the paralysis will resist all therapeutic measures.

FIBROMYXOMATOUS TUMOUR OF THE LOWER JAW. (*a*)

By CHARLES P. COPPINGER, L.R.C.S.I.,
Assistant Surgeon, Mater Misericordiæ Hospital.

THE case, Sir, which I take the opportunity of bringing before the Society, is one of tumour of the lower jaw which I removed some time ago, excising at the same time the greater portion of the lower jaw itself. I hope the case will be found of some interest.

Mary Jackson, a strong healthy-looking woman, æt. 23, was sent up from the county Meath, in June 1875, and admitted to the Mater Misericordiæ Hospital. The tumour of the lower jaw from which she suffered, and on account of which she sought admission, was at this time of small size, and caused but slight deformities.

This photograph gives a fair idea of its external appearance. The jaw was somewhat enlarged on the right side by a smooth swelling extending along its outer surface, and stretching laterally from the right canine tooth to near the angle on the opposite side. The growth, elastic and as if fluctuating on pressure, closely resembled a chronic abscess, with very thickened walls. On drawing forward the lower lip, it was visible (as imperfectly shown in this

(*a*) Read before the Surgical Society of Ireland. The discussion will be found on page 165.

photograph), as a smooth, largely lobulated sub-growth, commencing above at the base of the teeth, and traceable down in front of the bone, curving round it below, and apparently encroaching on its posterior aspect. It seemed about an inch thick at its thickest part.

The history elicited from the patient was as follows :—

About two years ago she suffered severely from tooth-ache, and had a tooth extracted from the right side of the lower jaw. A short time afterwards she noticed in that situation a smooth swelling of the gum, which she thought was a gum-boil, but which had since gradually increased, and spread along the jaw to form the present tumour.

From its appearance and history, its slow growth and painless character, the absence of glandular implication or of cachexia, we concluded that it was probably a case of fibrous tumour growing from the periosteum and surrounding the bone.

It was explained to the patient that an operation for the removal of the tumour would necessarily include the excision of the lower portion of the lower jaw bone, if not the whole of it ; and after some consideration she decided on going to the country, consulting her friends, and awaiting, in the hope that its further enlargement might not occur.

For the next six months she was not heard of ; but a letter was then received from her father, explaining that she was very ill, and that the tumour had grown so as to interfere with swallowing and to prevent speech altogether. He stated that she had in the interval been admitted to another hospital, where she was told that her case was not one for operation ; and also that she was then suffering very much from melancholia and depression.

A few days afterwards she herself arrived at the hospital, her face presenting the appearance which the artist has attempted to show in the drawing.

Naturally enough, as it seemed to me, she now refused to go to a gallery for the purpose of being photographed.

The tumour had increased considerably in size, and grown forwards and upwards between the teeth and lower lip, covering and concealing the former and widely distending the lip. It was at once determined to remove the jaw from behind the left canine tooth to the angle of the opposite side, and in a few days this was done.

The patient was placed in a semi-recumbent position on the operating table. Ether was administered, and subsequently chloroform ; neither ether nor chloroform, however, caused any relaxation of the jaws, which were spasmodically closed, so that there was considerable difficulty in opening the mouth. When, however, this was accomplished by the ingenious efforts of my colleague (Dr. Cruise), the difficulties of the operation were at an end.

A bicuspid tooth on the left side was removed, a horse-shoe incision made corresponding to the lower border of the bone, the facial artery on the right side divided—a ligature being applied to both extremities—and the lip cut through in the middle line. The flaps were now directed back, and the bone sawn at either side with a small-sized metacarpal saw.

A thick ligature was then passed through the apex of the tongue, which was thus drawn forward, while the jaw-bone with tumour attached was separated from its root and the floor of the mouth by a curved knife cutting from side to side.

The divided ends of the bone were then examined, and a further piece, including the angle of the jaw on the right side, removed by means of a strong bone forceps, cutting through the vertical ramus.

The edges of the wound were carefully brought together by means of wire sutures and short hare-lip pins, to one of which the ligature in connection with the tongue was attached by a loop. This precautionary measure was continued for two days after the operation, but there was at no time any tendency apparent in the tongue to fall back.

The power of swallowing was, however, lost, and remained in complete abeyance for a fortnight, so that the patient during that period was fed entirely by means of the stomach-pump, the flexible tube of which was passed through the mouth into the stomach. This method of feeding did not seem to cause her much inconvenience. She took four times a day large quantities of beef-tea, &c., and convalesced with great rapidity.

I should mention, that about two hours after the operation, I was sent for on account of secondary hæmorrhage, and found the patient bleeding freely from the facial artery ; the silk ligature with which it was tied having been displaced, probably by some movement of the patient. I was obliged to cut through the sutures along the side of the jaw, and after turning out a large clot to retie the artery, which on this occasion I did securely with strong antiseptic catgut.

Notwithstanding this reopening of the wound, and the patient's inability to swallow, the incision healed everywhere by the first intention, and to this is, I suppose, attributable the small amount of subsequent deformity.

This drawing gives a fair idea of the appearance of the face ; there was, however, some lateral distorsion.

It is now eleven months since the operation was performed, and I lately heard from my friend Dr. Laffan, who saw the patient in the country, that there is no appearance of a return of the disease. The deformity of the face has however somewhat increased, probably from contraction of the cicatrices in the mouth, and the girl's mental condition is still unsatisfactory.

The tumour is a good specimen of a central growth distending the bone. It commenced to grow apparently from the alveolus, whence the tooth was removed two years ago, and gradually pressed out the bone so as ultimately to form for itself a sort of bony capsule. Its rapid growth for the six months preceding its removal was obviously due to the fact that it had there burst forward through its bony case.

The points of special interest in this case, and to which I would like to call the attention of the Society are—1st. The difficulty of accurate diagnosis. Although examined most carefully, and although I was of course mindful of the frequent occurrence of central morbid growths distending the jaw bone, I had no suspicion, nor had my colleagues any idea that this tumour was of that description. Its anterior wall, which was more or less exposed to examination, presented no indication of being, as we see it is, a shell of bone ; there was no resistance or pressure or crackling, such as we find over tumours of the upper jaw distending the antrum.

As regards the operation itself, the secondary hæmorrhage would not have occurred if the facial as in the case of the other arteries tied, had been ligatured with carbolised catgut and cut off short.

I have seen, as I suppose other surgeons have, many cases of secondary hæmorrhage due to displacement by a restless patient of a protruding ligature, and I do not think that this special advantage of the antiseptic ligatures has secured sufficient recognition. The good convalescence of the patient, bearing in mind that she was fed for a fortnight altogether by means of the stomach-pump, is as remarkable as was also the small amount of deformity when we consider the extent and character of the mutilation.

I have placed sections of the tumour under the microscopes for examination by the members present. The growth consists of fibrous with some mucous tissue, and is therefore a fibromyxoma.

A DISCUSSION is going on in the pages of a contemporary as to the value of a certain German table water, now being extensively advertised. On one side is the managing director of the company to which the water belongs ; on the other is a gentleman who occupies the post of chemist to a rival company. With such *disinterested* evidence the truth is sure to be arrived at.

Clinical Records.

ST. MARY'S HOSPITAL.

Twelve Cases of Rheumatic Fever treated with Salicylic Acid.

Under the care of Dr. HANDFIELD JONES, F.R.C.P., and Dr. CHEADLE, F.R.C.P.

Reported by Mr. J. SWAIN SCRIVEN, L.S.A.

CASE 1.—Female, æt. 21, domestic servant.

1st day.—Temp. 100; pulse 116. Acidi salicylic, gr. x. every hour, till sickness is induced. Stopped after eight doses.

2nd.—Temp., 9 a.m., 100·4; temp., 6 p.m., 101; temp., 10 p.m., 101·6.

3rd.—Temp, 100·8.

4th.—Temp., 100·4; pulse 104. Quiniæ sulph., gr. v., bis die.

5th.—Temp., 100; puise 96.

6th.—Temp. and pulse, normal.

History good, but patient never strong. Heart sounds clear, and no albuminuria throughout. At 11 a.m. on the second day the salicylic acid was stopped, having caused sickness after eight doses. Deafness was also caused. No medicine was then given till the fourth day, when quinine was exhibited with good results. The pains were in the back and upper extremities, and ceased on the second day, although temperature remained somewhat high. Some pains returned on the eleventh day, which were treated with line. belladonnæ c. chloroformi. Discharged cured, the twenty-first day.

CASE. 2.—Male, æt. 27, painter.

1st day.—Temp., 102·5; pulse 132. Ac. salicyl., gr xx. every hour for six hours. Temp. after six doses, 100.

2nd.—Temp., normal; pulse 120.

5th.—Potas. iodidi, gr. iii.; ferri et ammon. cit., gr. v.; t. d. s.

12th.—Pains returned. Ac. salicyl., gr. x.; t. d. s.

14th.—No pains; omit ac. salic.

Had syphilitic history; very subject to rheumatism. Salicylic acid reduced temperature and pain, but induced deafness. From second to twelfth day there were slight pains, which increased on the twelfth day, but were altogether subdued by ten grains of salicylic acid three times a day. From second to fifth day no medicine was given. Heart sounds clear, no albuminuria. Discharged cured, thirty-fourth day. Patient was a pale, fair-haired, sickly-looking man.

CASE 3.—Female, æt. 26, nursemaid.

1st day.—Temp. 102·6; pulse 108.

2nd.—Temp. 101·6; pulse 120. Ac. salicyl., gr. xx., every two hours for six doses. Temp., after six doses, 100·8; pulse 116.

3rd.—Temp., a.m., 101; pulse 116. Ac. salicyl., gr. xx.; t. d. s. Temp., p.m., 100·2; pulse 108.

4th.—Temperature normal.

6th.—No pain.

10th.—Omit ac. salicyl.

Had rheumatic fever ten years ago. No albuminuria. Heart sounds clear at first; on eleventh day first sound prolonged. Pains mostly in back and joints, greatly relieved by the first dose of the acid, which also brought down the temperature. The slightly remaining pains gradually subsided and disappeared with twenty grains of acid three times a day. Discharged cured, twentieth day.

CASE 4.—Female, æt. 25, servant.

1st day.—Temp. 100·6; pulse 104. Acidi salicylici, gr. xx., every hour for six doses.

2nd.—Temp. 99·8; pulse 88. Acidi salicyl., gr. xx.; t. d. s.

3rd.—Temperature normal; no pain.

History good. Rheumatic pains gradually increasing for a month till admitted. Temperature at once reduced and pains greatly lessened immediately, and stopped third day. Heart sounds clear. Pains in face and joints. Discharged cured, fourteenth day.

CASE 5.—Male, æt. 40, butler.

1st day.—Temp. 101; pulse 102. Ac. salicyl.; gr. xx. 2 is horis. Pains intense.

3rd.—Temp. normal.

4th.—Ac. salicyl., gr. xx. quat. die.

6th.—Pains much less.

12th.—No pains.

14th.—Temp. 100·2.

15th.—Temp. 100·4. Pains returned. Omit salicylic acid. Potas. iodidi, gr. iii., t. d. s.

20th.—Omit pot. iodidi.

16th to 28th.—Temp. varied from 100 to 103.

20th.—Salicine, gr. x. every hour for 6 doses daily.

22nd.—Omit salicine. Quiniæ sulph., gr. v., quat. die.

Has had syphilis and gonorrhœa. Formerly drank hard, and drinks freely now. Has been butler in a gentleman's household for many years. Heart feeble, but no murmur. The pains at first were intense; patient could not move in bed, nor bear to be touched. On the sixth day pains were much less, and on the twelfth they ceased. On the eighth day an attack of delirium tremens came on, which lasted more or less till the twenty-eighth day. On the fifteenth day pains returned, and at first were severe, but gradually decreased under salicine, and after under quinine, and ceased the thirty-first day, though stiffness remained till discharged on the fifty-second day, cured.

CASE 6.—Female, æt. 13. Father, brickmaker.

1st day.—Temp. 102. Ac. salicyl., gr. xv., every hour for six hours.

2nd.—Temp. 99. No pain.

3rd.—Temp. normal. Ac. salicyl., gr. xv., quat. die.

8th.—Omit ac. salicyl.

11th.—Pains returned. Temp., a.m., 99·4; temp., 2 p.m., 100·8. Salicine, gr. v. every four hours.

12th to 16th.—Pains variable, but decreasing. Temp. variable, from 99·2 to 100·6.

18th.—Temp. normal. No pain. Omit salicine.

History obscure; information not reliable. Morbus cordis. An ill-nourished frame, ill-fed, and not sufficiently clothed; feet always wet from bad shoes or none at all. No albuminuria. Pains in body and limbs. Both temp. and pain yielded at once to the acid, but pains returned and temp. went up on the eleventh day, then gradually decreased under the treatment till the eighteenth day, when the pains entirely ceased and temp. became normal. Discharged on the thirty-fourth day cured.

CASE 7.—Female, æt. 42, cook.

1st. day.—Ac. salicyl., gr. xx.; 4 tis horis.

3rd.—Temp. 101.

4th.—Temp. 102·2. No pain. Bowels confined; tongue dry, red, furred at edges. Pulse 108. Omit ac. sal.; calomel, gr. iii., aloes, gr. iv., in pil., ij.; Statim.

5th.—Temp. 102·2; pulse 96.

6th.—Bowels open. Temp. 100·2; pulse 84. No cardiac murmur.

8th.—Temp. normal.

History good, but patient weak and heart feeble. On fourth day a mitral murmur was heard, which ceased on sixth day. Pains mostly in knees were cured by fourth day. Deafness was caused, and as bowels were confined the acid was stopped fourth day. In this case the pain yielded soon to the acid, but the temperature remained high, though usually the temperature is reduced before the pains are relieved. Discharged cured, thirty-fifth day. (N.B.—Patient was kept so long because her heart was feeble, and she was very weak).

CASE 8.—Female, æt. 30, cook.

2nd day.—Temp., a.m., 101.4. Temp., 2 p.m., 102·6. Bowels confined. Mist. pot. cit. effervis, ℥j., sex. horis; calomel, gr. i.; ex. colocynth co., gr. iij.; h. n.

3rd.—Bowels still confined. Mist. alba, ℥j. Statim.

Temp. 100·4; pulse 88, weak. Mist. alba. no effect. Enema of ol. ricini.

4th.—Bowels open. Temp. 100·4; pulse 88. Omit mist. pot. cit. efferves. Ac. salicyl., gr. xx.; 4 tis horis.

5th.—Temp. 99·8.

6th.—Temp. normal.

8th.—No pain.

14th.—Omit ac. salicyl.

Had rheumatic fever fourteen years ago. No albuminuria. Pains general. Heart weak, no murmur at first; on third day mitral murmur, which ceased ninth day. Bowels obstinately confined till opened by an enema of ol. ricini on third day. Urine passed with difficulty. Pains general—began to decrease on third day, and gradually lessened till eighth day, when they ceased. Discharged twenty-seventh day cured.

(To be Continued.)

Students' Column.

LECTURES ON HUMAN ANATONY—DESCRIPTIVE AND SURGICAL.

By WALTER RIVINGTON, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital, and Lecturer on Anatomy at the London Hospital Medical College.

LECTURE XII *Concluded.*

TAKE next the SPHENOID BONE. In the adult this bone bears a striking resemblance to a bat with an extra pair of wings, but its name indicates that it is like a wedge. (*a*) It is not easy to perceive the common points of agreement between the sphenoid bone and a wedge, or between a wedge and a bat; so that possibly the name sphenoid refers rather to the position of the bone wedged in between the other cranial bones than to its actual shape. The parts corresponding to the parts in the bat are evident. The central portion is the *body*. The spreading lateral processes are the wings, and are called the *greater wings* of the sphenoid, to distinguish them from a smaller pair of processes, the *lesser wings* or *processes* of *Ingrassias* which jut out from the anterior part of the body. Projecting downwards on each side from the junction of the greater wings with the body, are 2 processes representing the legs, united in front, but separated behind, and called the *pterygoid processes, internal* and *external*. Curiously the term pterygoid means wing-like, and not leg-like; (*b*) the comparison to the bat not being carried out consistently in the nomenclature. The space which the pterygoid processes form behind is called the *pterygoid fossa*. The body of the sphenoid is hollowed out anteriorly into 2 cavities, called the sphenoidal sinuses, which underlie a depression on the upper aspect, called the *sella turcica* or *pituitary fossa*, because it lodges a portion of the brain of great morphological but slight physiological importance, the *pituitary body*. The sphenoidal sinuses are bounded in front and below by two small ossicles, shaped "like sugar bags" (to use the comparison of Huxley), with their wide and open ends directed forward, and their apices backwards. These ossicles are called the *sphenoidal spongy bones, cornua sphenoidalia*, or *bones of Bertin*.

Behind the sella turcica is a plate called the *dorsum sellæ* or *basilar plate*, and it bears at the ends of its upper border little tubercles called the *posterior clinoid processes* (*c*), from some resemblance to bedposts. In front of and opposite to them, and connected with the hinder border of the lesser wings, are tubercles which are called the *anterior clinoid processes*. The sphenoid bone, by means of the greater wings, forms the larger part of the middle fossæ of the skull, and stretching across the skull, bounds each orbit at the outer side, whilst contributing at the same time to the large fossæ behind and outside the orbits called the *temporal fossæ*, and to smaller fossæ below the temporal fossæ and zygoma, called the *zygomatic fossæ*.

By means of the pterygoid processes, it helps to bound the hinder openings of the nasal fossæ, and is clamped to the upper jaw bones through the inter-position of the palate bones.

(*a*) σφὴν, a wedge, and εἶδος, form.
(*b*) πτέρυξ, a wing, and εἶδος, form.
(*c*) κλινη, a bed.

The sphenoid is distinguished by the important *foramina* which it contains, giving exit to nerves and blood-vessels. These foramina, or holes, are the *optic*, the *anterior lacerated*, the *vidian*, the *round*, the *oval*, the *spinous*, and *vesalian*. At birth, as you perceive, the sphenoid bone consists of these 3 pieces. In the centre is the body joined to the processes of Ingrassias, bearing a marked resemblance to a dove with expanded wings, and on each side are the greater wings and pterygoid processes united. At an earlier period the body of the bone was divided into two parts, an anterior and posterior. The two pieces united about the seventh or eighth month, the line of union being "indicated for some time by a hole filled with cartilage round above, and opening inferiorly into a wide notch." (Quain). In scientific nomenclature, these two parts of the body of the sphenoid are termed the *pre-sphenoid* and the *basi-sphenoid*. The greater wings are called the *ali-sphenoids*, and the lesser wings the *orbito-sphenoids*, for they help to roof in the cavity of the orbit. The *external pterygoid plates* or *processes* are mere apophyses from the greater wings, but the *internal pterygoids*, though joined at birth to these two parts, are developed from separate nuclei, and represent distinct bones, the *pterygoid* bones of lower animals. The fœtal bone is not hollowed out like the adult bone, for the sphenoidal sinuses are not developed for many years after birth, but the spongy bones are represented in this specimen at least by separate little bony nodules. The PARIETAL BONES, with their 2 surfaces, four borders, and four angles, are extremly simple. On the outer side is the prominence called the *parietal eminence*, or protuberance corresponding with the point at which ossification commenced. The quadri-lateral shape of the bone in the adult presents a contrast to the rounded fœtal bone. In the latter the parietal eminence is more prominent, and differs from the same part in the adult, in being the thickest instead of the thinnest part of the bone. The adult FRONTAL BONE presents an upper and larger part, an expanded plain curvilinear plate, which is called the *frontal plate* or *vertical plate*, and protects the anterior part of the brain; and a lower and smaller part, divided by a notch into two very thin dome-like plates, which, roofing the orbits, are termed the *orbital plates*. The notch or interval between the plates is for the reception of the ethmoid, and is known as the *ethmoidal notch, or incisura ethmoidalis*. The orbital plates are united to the vertical plate by their anterior edges, and the line of junction is represented anteriorly by the upper margin of the orbit, or *supra-orbital arch*. The outer aspect of the vertical plate presents two rounded eminences, called the *frontal eminences*, exactly similar to the parietal. At birth the Frontal Bone is in two separate lateral halves, each formed from its own nucleus. The frontal eminences being the spots at which ossification commenced, are the thickest parts of the bones, whilst in the adult they are thinner than other parts of the vertical plate. Hollowing out the adult bone at the lower part of the vertical portion between the orbits, and above them, are the cavities called the *frontal sinuses*. Like the sphenoidal sinuses, they are not to be found in the fœtal bones. The ETHMOID, or *olfactory capsule*, is divisible into a *horizontal plate* known as the *cribriform*, from the perforations for the olfactory filaments, twenty on each side—a *vertical* or *perpendicular plate*, the upper part of which appears in the anterior fossa of the skull as the *cristu gulli*, and the lower or larger part in the nose assisting to form the *septum nasi*—and two lateral portions, or *lateral masses*, suspended as it were from the shoulders of the cribriform plates, more or less after the manner of milk-pails. In botanical language, the lateral mass is *sessile*, while the milk-pail is *pedunculated*. The *lateral masses* are again divisible into two *spongy* or *turbinated bones* — the *Ethmo-turbinals*, which are clothed with mucous membrane, to which the olfactory filaments are distributed. These bones lie at the upper part of the nasal cavity or nasal fossæ on each side, which is the region devoted to the olfactory sense. The whole of the lateral masses are composed of little cavities or air cells, which communicate with the nasal fossæ. The outer walls of these cells is a thin plate of compact bone, the *os planum*, which forms the main part of the inner wall of the orbit. At birth the Ethmoid consists of two osseous masses, not hollowed into cells, but corresponding to the lateral masses, the horizontal and perpendicular plates being still cartilaginous.

The main divisions of the TEMPORAL BONES are the *squamous*, the *zygomatic*, the *mastoid*, the *petrous*, *tympanic*, and *styloid*. The *squamous* portion, or *squamosal*, is the thin plate which overlaps the parietal at the side of the skull, and bears

the process called the *zygoma*, by which the temporal joins the malar. Underneath it presents the *glenoid fossa* for articulation with the lower jaw. (*a*) Between the *squamosal* and the *mastoid* is the orifice of the external passage of the ear. The process descending behind the orifice of the ear is the *mastoid process* (*b*), so called from its shape, which is the shape of a nipple. It is in serial line with the transverse processes of the vertebræ. Jutting into the skull, between the squamous and mastoid portions, is the true bony case for the organ of hearing—the *petrosal* or *petrous portion, pars petrosa*. Triangular and wedgy-shaped, its apex abuts against the sphenoid, its base is inserted between the mastoid and squamous divisions of the bones, and two of its three sides, anterior and posterior, appear in the cavity of the skull, the third or inferior lying at the base. Of the three borders the superior is a conspicuous eminence in the interior of the skull. Bounding the outer passage of the ear, anteriorly and inferiorly, is a plate of bone known generally as the *auditory process*, but better styled the *tympanic bone*, as it attaches the *tympanic membrane*, which separates the external passage from the middle division of the ear or *tympanum*. The long process which descends from the petrous portion *surrounded* at its base by a prolongation of the tympanic bone, called the vaginal process, is the *styloid process*. The other more conspicuous objects, in the petrous portion of the bone, are the aperture on the posterior surface for the auditory and the facial nerves, the *internal auditory foramen;* the bent canal, which opens both at the apex, and on the under surface for the internal carotid artery, the *carotid canal;* and a depression outside and behind it for the large internal jugular vein. At this spot the temporal unites with the occipital to form the *posterior lacerated foramen* already noticed. At birth the temporal bone consists of two or three parts; the squamosal and zygoma are joined to form one part—the petrous and mastoid to form a second—the auditory process, an incomplete ring or hoop of bone, open above for the membrane tympani, is the third, but the tympanic is often united by its extremities to the squamosal. The styloid process is still cartilaginous. The petrous and mastoid portions of the Temporal Bone are formed from three chief ossific centres, named the *Prootic*, the *Epiotic*, and the *Opisthotic*, which together constitute the bony case for the auditory organ, or the *periotic* capsule.

The SUPERIOR MAXILLARY BONES have marked features. The main part, or *body*, is hollowed out into a great cavity, the *Antrum* of *Highmore*, or *maxillary sinus*, which lies beneath a thin plate of bone, forming the floor of the orbit, above the outer or hinder portion of the curved process, called the *alveolar* process, which bears the sockets for the bicuspid and molar teeth, outside a thin, imperfect plate of bone forming the outer wall of the nasal fossa, behind the plate of bone which intervenes between it and the soft structures forming part of the cheek, and in front of the rounded posterior surface. Separating the surfaces of the body is a process known as the *malar process*, for junction with the malar bone; rising upwards is the *nasal process*, part of the fundamental osseous framework of the nose; passing inwards is the *palatine plate*, incomplete behind, to form part of the floor of the nose and the roof of the mouth. A cavernous body with three surfaces and four processes is the superior maxillary bone. Conspicuous on the anterior surface is the hole below the orbit, called the *infra-orbital foramen*, and conspicuous on the inner surface are the ragged orifice of the antrum and the moiety of the *nasal duct* for the passage of the tears into the nose which lies behind the nasal process.

All the parts of the maxilla are recognisable at birth. At this period it may be observed that the part of the alveolar process bearing the incisor teeth, with a small triangular slip of the palatine process behind it, shows some evidence of having been originally a separate ossification. A fissure may be found running backwards and inwards from the interval between the canine and outer incisor and across the alveolar and palatine processes to a foramen called the anterior incisor foramen, which lies behind the inner incisor. This part of the maxilla is known as the PREMAXILLA, PREMAXILLARY, or INTERMAXILLARY bone. It is well seen as a separate bone in lower animals, as exemplified in this tiger's skull. The two premaxillæ are seen to bound the anterior opening of the nose, but the antrum is a mere dimple on the inner wall, and the alveolar process is a shell consisting of two thin plates imperfectly divided by slender septa into *alveoli*, or sockets for the teeth.

The PALATE is distinguished by its resemblance to a capital L. It consists of two plates, a *horizontal* or *palatine*, which unites with its fellow to complete the partition between the mouth and nose where the corresponding process of the superior maxillaries are deficient, and a *vertical plate* which bears at its summit two processes, the *orbital* and *sphenoidal*, separated by a notch or incomplete *foramen*, the *spheno-palatine*. These two plates join each other at a right angle, and prolonged downwards from the posterior edge of the vertical plate, is a rough pyramidal process, the *tuberosity*, which fits in between the divergent ends of the pterygoid processes of the sphenoid. At birth the palate bone is small, but its several parts are distinct.

The VOMER is a thin bone, with two surfaces and four borders attached above to the sphenoid, and below fitting in between the palatine processes of the superior maxillary and palate bones. It helps to form the septum nasi. It is in reality composed of two plates of bone united together, as is well indicated in the fœtal bone by the deep groove on the anterior border which separates them from each other.

The INFERIOR TURBINATED BONES are in the form of a scroll, and hang on by a depending leaf-like process to the cavity of the antrum. In the fœtal bone all the parts and processes of the adult bone are recognisable.

The NASAL BONES, with two surfaces and four borders, elongated, narrow, and stout form the bridge of the nose. They are grooved internally for the nasal nerve. The delicate LACHRYMAL, quadrilateral in shape, are chiefly distinguished by the ridge and groove on the outer aspect for the completion with the superior maxillary of the *lachrymal sac* and *nasal duct*. The MALAR BONES are more irregularly quadrilateral, having a body with four prominent angles, and bearing a process which projects to form part of the floor and outer wall of the orbit. It is remarkable for its strength, the obliquity of its position, and the efficient manner in which it clamps the temporal and frontal to the superior maxillary, thus serving as a bond of connection between the cranium and the face, and justifying the synonym *jugal* bone. With the zygoma it forms a narrow bridge over the temporal fossa. There is no special feature to be noticed in the fœtal nasals, lachrymals, and malars.

The LOWER JAW BONE forms a horizontal arch, suspended, by two vertical branches which join it at right angles, from the temporal bones. The arched middle portion is called the *body*, the vertical branches the *rami*. The body carries, above, the *alveolar process* with sockets for the teeth, and, below, ends in a thick border, the central part of which is everted to form the osseous basis of the *chin*. Each ramus bears two processes on the upper border; behind, the articular process or *condyle*, which plays in the glenoid cavity of the temporal; in front the triangular apophysis called the *coronoid process* (*c*); the condyle and coronoid process by a notch called the *sigmoid* (*f*) *notch*. The junction of the posterior border of the ramus with the lower border forms the *angle*. Body, rami, condyle, coronoid, and alveolar processes, angle and mental process or chin, are the main parts of the lower jaw. At birth the bone is in two equal halves, united by fibrous tissue. The two pieces become joined in the first year, and the place of junction is termed the *symphysis*. This completes our preliminary sketch of the separate bones of the skull, as well as the present lecture.

(*a*) γληνη, a shallow pit.
(*b*) μαστος, a teat or nipple.

Transactions of Societies.

THE PATHOLOGICAL SOCIETY OF LONDON.

THE last ordinary meeting of this Society was the third evening devoted to the exhibition of specimens of visceral syphilis.

After the President had exhibited for Dr. Aitkin a series of specimens from the Museum of the Royal Victoria Hospital, Netley, Dr. Turner showed for Dr. Sutton several drawings illustrative of the subject under discussion. One was a specimen of syphiloma of the brain springing from the inner side of the parietal bone and invading the cortical substance of the brain. The case was that of a young woman 26 years old, who, ten years ago and six months after her marriage, had suffered from sore-throat and enlarged cervical glands, but no

rash. The symptoms were, headache, vomiting, loss of sight in the left eye, a blurred appearance of the optic discs, some paralysis of the left third and right sixth nerve, and, finally, convulsions and coma. After death there was found a node on left parietal bone, adhesion of the dura mater to the brain in the left hemisphere, the presence of a greyish material around the optic, left third, and right sixth nerves, puckering of the surface of the liver, and thickening of its capsule. Also drawings of aorta, lungs, and testis from a case of congenital syphilis in a lad 14 years old, whose teeth were notched and his forehead prominent. The glands in the posterior mediastinum were enlarged, there were circumscribed nodulations on the coat of the aorta originating in its deeper layers, and a fibrous condition of the testis.

Dr. GREEN showed a specimen of "Syphilitic Disease of the Lung" from a young man who had also a well marked gumma of the liver. The lower lobe of the lung was occupied by a mass of induration of the size of a small orange, passing gradually into the surrounding tissue, of a greyish-red colour and fibrous structure. The microscopical sections presented the ordinary appearance of syphilitic growths, and the new small-celled structure appeared to originate around the interlobular vessels and thence to invade the walls of the alveoli. Dr. Greene thought that in determining the syphilitic nature of these indurated lungs naked eye appearances should have more weight than histological characters, as histologically they were indistinguishable from other forms of pulmonary fibroid indurations, such as chronic phthisis, chronic pneumonia, &c. But he made an exception to the endarterial changes described by Drs. Heubner and Greenfield. It was also his opinion that the syphilitic growth was interlobular and periosterial rather than peribronchial, whereas, in chronic phthisis and pneumonia the change is first in the alveolar walls and smaller bronchi. Moreover, in exceptional circumstances, constitutional syphilis gives rise to gummata in the lungs and may arise from the same cause and may end in ulceration and gangrene.

Dr. PYE-SMITH showed several specimens from a case of "Tertiary Syphilis," which illustrated a large number of visceral changes. The patient, a man, 42 years of age, had suffered for more than two years from symptoms of chronic phthisis, and shortly before his death, which was sudden and occasioned by coma and convulsions, one of his arms had to be amputated for necrosis of the ulna following upon an abscess in the forearm. The *post-mortem* examination showed a large amount of visceral syphilis but no tubercular lesions. There was caries of the frontal bone to which the dura mater was adherent, a single fibrous nodule in the right lung, more or less grey and firm, consolidation of the left lung traversed by dilated tubes, contraction of right and left bronchi, condyloma of the dura mater, a thickening of the capsule of the spleen and shaggy opaque condition of the capsule of the liver, and a fibroid state of the testes. In the course of his remarks, Dr. Pye-Smith said, that in this case the absence of tubercles, caseous change, softening and cheesy glands, and microscopically of alveoli stuffed with catarrhal cells, and peribronchial tubercles formed a marked distinction between this syphilitic disease and ordinary phthisis. As a peculiarity of syphilitic lesions in the lung he also adverted to the associated changes in other viscera, the reaction to treatment, and the chronic interstitial pneumonia, with fibroid induration and bronchiectasis of irregular local distribution. The contraction of the bronchi was also very characteristic of syphilis.

Dr. DOUGLAS POWELL showed for Dr. Shepherd a specimen of "Syphilitic Disease of the Lung," the clinical history of which was that of fibroid phthisis. The *post-mortem* examination showed induration of the parenchyma with dilatation of the bronchi, obliteration of the alveoli from thickening of their walls, but no miliary tubercle or grey granulation.

During the discussion that followed, Dr. Drysdale said, that Ricord lectured on syphilitic phthisis in 1845. He thought that the specimens proved that gummatous tumours in the lungs might soften and lead to excavation. He cited two cases which appeared to corroborate this view, and he further stated his belief in the existence of a true syphilitic phthisis.

Dr. WILSON FOX said, his knowledge of demonstrable syphilitic disease of the lung was limited to two cases of gummata. He would, however, urge much caution in the recognition of syphilis as a prominent cause of phthisis. He knew of five different forms of lung disease which had been described as indubitably syphilitic, and during the discussion nearly as many varieties of destruction of the lung had also been imputed to syphilis. Attention was drawn to the fact that in the Army Medical Reports, pulmonary gummata played a large part in the returns of phthisis. On the other hand, in Dr. Goodheart's statement of 147 cases of visceral syphilis, in not one is there any mention made of gummata in the lung. He, therefore, submitted whether the same things were not being called by different names, else how can the great difference between the records of military and civil hospitals be accounted for. With regard to the fibroid changes described by Drs. Goodhart, Green, and Pye-Smith, he thought that beyond a larger portion of the interstitial growth than was met with in ordinary phthisis, no distinction could be made between the two kinds of affection. He doubted the specific character of these indurations, especially as Wagner says that the growth in syphilis occurs in the alveolar walls, while Virchow describes it as existing in the form of peribronchial nodules. Dr. Fox estimated about 15 per cent. of his own cases of chronic phthisis to have occurred in the subjects of syphilis, but he had not been able to draw any distinction between the fibroid indurations in those cases and those which were found in the others. Indeed, syphilis appeared to have little effect in modifying or producing the pulmonary changes. It might, however, produce a specific form of pneumonia, which might become chronic. He doubted, too, whether much was gained by treating specifically phthisical patients with a syphilitic history, and if that be true, the history of "syphilitic phthisis" differed materially from syphilitic lesions of this part. The only definite lesions are the gumma, and that seldom leads to destructive disease of the lung.

Dr. PAYNE thought that there was more in the subject than Dr. Fox supposed, and he believed that the lung presented in syphilis as distinctive lesions as the liver does. The peculiar characters of syphilitic disease of the lung were limited masses of inflamed tissue, tending to consolidation. The inflammation was sometimes interstitial, sometimes alveolar, most frequently both; and the tendency of the lesion was to degeneration and fibroid changes.

Dr. GOWER showed part of a brain, spinal cord, and testicle exhibiting syphilitic growths, and which illustrated two methods by which syphilis caused paralysis; namely, by growths and by indurations around nerves. There was an old gumma in the position of the infundibulum, and a recent growth in the left crus extending to the base of the optic thalamus; also two recent growths in the lower cervical region of the cord, one of which was of considerable size. There were thickenings around the left five nerve roots, and ganglion, which with the three, four, and six, was enclosed in indurations connected with an adherent dura mater.

Dr. MAHOMED showed a specimen of aneurism of the thoracic aorta, from a syphilitic patient. He also quoted several statistics drawn from the *post-mortem* records of Guy's Hospital, showing the greater frequency with which aneurism and atheroma occurred in the subjects of syphilis than in non-syphilitics.

SURGICAL SOCIETY OF IRELAND.

A MEETING of this Society was held on Friday, Feb. 2, 1877, the Vice-President of the College, Dr. ROBERT MCDONNELL, in the Chair.

Mr. COPPINGER read a paper on

A FIBRO-MYXOMATOUS TUMOUR OF THE LOWER JAW,

which will be found on page 160.

The VICE-PRESIDENT said, that there was one practical point in this case to which he should like to refer. In the cases he had seen in which the incision was made through the middle of the lower lip in the progress of recovery, the lip assumed a spout-like shape, and there was a tendency for fluid to dribble over it. In the last case he operated upon he preferred to make the incision from the corner of the mouth which gave a great deal of room, and, on the whole, he thought, a better lip, subsequently. He wished to ask Dr. Coppinger was there a tendency in his case to that spout-like condition of the lower lip? He also wished to know if there was any hæmorrhage from the bone? In the last case upon which he (the Vice-President) operated he was warned by Dr. Corley, who told him of a case in which there was rather troublesome hæmorrhage from the bone. He (Dr. McDonnell) was therefore prepared with wooden pegs to put into the dental

canal. In that case he had hæmorrhage, but he was able satisfactorily to control it by means of the pegs.

Mr. CORLEY said, that the case to which the Vice-President had alluded was not his (Mr. Corley's) case, but one of Dr. Stapleton's. That gentleman prepared himself with pared matches having silk ligatures attached to them, and by that means troublesome hæmorrhage was stopped. The ligatures attached to the pegs were used to draw them out as soon as they got a little loose. In that case of Mr. Stapleton's the hæmorrhage was stopped with the pegs after the cautery had been tried once or twice without effect.

Dr. HENRY KENNEDY called attention to the fact that a London surgeon, Mr. Maunder he believed, had published the particulars of a case of operation on the lower jaw, in which he had not occasion to touch the cheek. He (Dr. Kennedy) could not give the particulars of the case, except that it was a case of operation on the lower jaw. Mr. Coppinger's case, he took it was one of those cases which the late Mr. Cusack operated so frequently and with such success, and in which there never was a return of the disease afterwards.

Mr. COPPINGER, in reply, said, with reference to the remarks of the Vice-President, that he had received a letter from Dr. Laffan regarding the patient after her return to the country, and he stated that the deformity of the face had considerably increased, and that the lower lip had shown a tendency to droop forward and assume that spout-like appearance to which Dr. McDonnell had referred. There was also some lateral distortion of the face. He (Mr. Coppinger) knew of Mr. Maunder's system of operating without a division of the lip, but he (Mr. Coppinger) did not like, in the case now before the Society, to dispense with the division of the lip, as he thought the danger of hæmorrhage would be less, and the girl's mental condition was such that he was afraid secondary hæmorrhage would give considerable trouble. It was apparently a very suitable case for the operation of simply increasing the commissures of the mouth by incision on either side and pressing back the lower lip. If he had another case he would operate in that way, so as to avoid the deformity caused by the central incision. He had examined the tumour, and it proved to be a good specimen of fibro-myxoma, sections of which were under the microscopes on the table.

The Death-Rate of 1876.—In the United Kingdom 1,154,627 births and 676,928 deaths were registered during the year 1876, equal to a birth-rate of 34·8 and a death-rate of 20·4 per 1,000 persons estimated to be living in the middle of the year. The *natural* increase of population, by excess of births over deaths, was therefore 477,699 and 91,715 more than that in the previous year. The *actual* increase depends also upon the balance between immigration and emigration, and no complete record of immigration exists. The 510,308 deaths in England and Wales included 129,537 of infants under one year of age, and 124,059 of persons aged upwards of sixty years. The rate of infant mortality measured by the proportion of deaths under one year to births was 146 per 1,000, against 149, 151, and 158 in the three preceding years, and was lower than in any year since 1862. The rate of mortality among persons aged upwards of sixty years was 68·3 per 1,000 persons estimated to be living at those ages, against 72·0 and 77·5 in 1874 and 1875. The deaths registered in England and Wales from all causes during the year included 73,217 which were referred to the seven principal zymotic diseases, showing a decline of 6,042 from those referred to the same causes in 1875. These 73,217 deaths included 2,418 from small-pox, 9,551 from measles, 16,643 from scarlet fever, 2,822 from diphtheria, 9,884 from whooping-cough, 10,372 from fever, and 21,527 from diarrhœa. The rate of mortality from these seven diseases was equal to 3·0 per 1,000, against 3·8, 2·9, 3·6, and 3·3 in the four preceding years. The fatal cases of small-pox and measles were more numerous in 1876 than in 1875, whereas those of each of the five other diseases had declined. The steady decline in the fatal prevalence of fever (including typhus, enteric, and simple fevers) affords the most satisfactory evidence of sanitary progress.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1877.

VISCERAL SYPHILIS.—I.

IT must be admitted that the proceedings at the last three meetings of the Pathological Society have inaugurated a new era in its history, and that in future the exhibition of specimens as well as the discussions, will be conducted on a better system than that hitherto pursued. It has been too much the habit of the Society to introduce a multitude of morbid specimens, differing little, if at all, from others recently exhibited and recorded; while at the same time, too little attention has been given to the history, symptoms, and diagnosis, of the cases which furnished the specimens. Hence the Society appeared to be established more for the prosecution of morbid anatomy than of pathology, properly so-called, for the mere record of the ravages left by disease, and not for the investigation of the causes and nature of the disease itself, or for showing the bearing which the cases brought forward would have upon the diagnosis and prognosis of others that might occur in practice. Now, we cannot say that the Society intends to fully carry out the principles involved in the last observation, but they have certainly taken one step in the right direction. They are, as the President, Dr. Murchison, recently announced, making an attempt to classify certain of the specimens, by setting apart special meetings for the purpose of bringing together from different sources a number of examples of the same class of pathological lesions, so as to facilitate comparison, and elicit remarks from those who have paid particular attention to the subject in question.

The first experiment of the sort has just been made, and is embodied in the recent meetings of the Society on the subject of visceral syphilis, a subject upon which much light has been thrown by Dr. Wilks and other members of the Society. Until within a comparatively recent period, our knowledge of the secondary and tertiary

effects of syphilis was chiefly limited to syphilitic affections of the skin, mucous membranes, and the bones, little or nothing being known about the disease as affecting internal organs. Now, we often talk of gummata in this or in that organ, of syphilitic disease of the arteries, of paralytic affections arising from syphilitic tumour of the brain, and so on. The subject, too, is one of immense importance from a moral as well as from a physical point of view. It is perhaps as well that fresh terrors should be added to a disease which depends for its sustenance upon the immorality of mankind, which is more frequently acquired than inherited, and the prevention of which is more than any other disease under the control of the individual.

The specimens that have been brought forward at the Society's meetings have been chiefly confined to the lesions of the brain and its membranes, the cerebral arteries, and the lungs.

Of those, syphilitic lesions of the *arteries* deserve especial attention, considering that upon them many other lesions depend. Of the *post-mortems* on twenty-two cases of visceral syphilis, which Dr. Greenfield made at St. Thomas's Hospital, during the past two years, a considerable number showed more or less marked atheromatous changes in the aorta and other arteries. Of five females who died under twenty-five, two died from thrombosis of these vessels. Indeed, of the fifteen who died from the effects of syphilis, in no less than five cases (chiefly females) there was thrombosis of the cerebral arteries, and one of the pulmonary artery. Very marked atheroma of the aorta was found in a female twenty-three, and in two twenty-five years old. In one of them the atheroma was general; in another very marked everywhere. With regard to the general appearances presented by disease of the smaller arteries, some resembled a whitish fibrous cord, or a piece of white thread, or had a "semi-cartilaginous" hardness and consistence, or were irregularly thickened and nodulated, or were the seat of a distinct nodular growth. A section would in some cases show that the walls of the artery were greatly thickened, and its channel remarkably contracted, or even obliterated, or plugged to a considerable extent, or, as in Dr. Davidson's case, apparently the seat of an organised thrombus. The relative extent to which the several coats were involved appeared to differ in most instances. Sometimes the middle coat was but slightly affected, whilst the inner would be greatly thickened, and form a mass which nearly occluded the vessel. At other times the thickening would appear to involve all the coats, the inner one, however, probably being the one mainly involved. The outer coat was also frequently thickened, while sometimes there was infiltration and thickening of the adventitia, disposed unequally around the vessel (Davidson). Coming now to the microscopical appearances of the diseased artery, it would seem that the morbid structure varied chiefly with respect to its seat, and the stage of its growth. In one specimen (exhibited by Dr. Greenfield) the outer coat was infiltrated with a cellular growth, especially marked around the vasa vasorum, while the inner coat resembled that of a fully developed gummatous growth, with capillaries of new formation, running through it, showing a tendency to organisation, and the whole separated from the blood channel by a distinct endothelial layer. In another specimen (one of Dr. Gower's) a nodule, consisting of a small-celled growth, varied in places by fusiform cells, and a delicate fibrillar stroma, was seated outside the vessel, and appeared to take its rise in the outer coat; whilst the cavity was occupied by a mass formed of cells similar to those in the outer wall of the vessel, the growth having penetrated all the coats. Then, again, in the specimen of a diseased basilar artery of which Mr. Herbert Sankey made a careful microscopical examination, the adventitia was replaced by a growth of small, nucleated, fusiform, and spherical cells, about the 1-1300th of an inch in diameter. The muscular and elastic coats were little changed, but the endothelium was replaced by a growth of fibrous tissue and spindle cells, abundantly traversed by thin-walled capillaries, and the lumen of the vessel was filled with thrombi of different dates (Buzzard). In Dr. Davidson's specimens, also, there was infiltration of the adventitia, with a small round-celled growth, disposed unequally around the vessel; and an organised fibro-cellular and vascular structure lining the interior of the artery.

It would appear, therefore, as Dr. Greenfield observed, that the different specimens brought forward presented similar characters, though the stages and situations of the disease were different in several cases; but there was some conflict of opinion as to the nature of the changes in the inner coat of the blood vessels. In the opinion of some they resembled atheroma, or were due to organisation of a peripheral thrombus, while others thought that they arose by a peculiar growth from the endothelium, and the interlaminar cells of the intima, producing a vascular structure, corresponding with other syphilitic new growths; in short, a form of syphilitic endarteritis.

According to Dr. Gowers, Heubner, who has written a monograph on the subject, disclaimed any idea of their being any specific character in the structure of the growth itself. The description, said Dr. Gowers, given by Heubner of syphilitic arteritis, is precisely the same as that given by Wilks and Moxon, of "semi-cartilaginous thickening of arteries;" but the latter believed that the condition which they described was in no way connected with syphilis. It would seem, added Dr. Gowers, that the influence of the syphilitic dyscrasia was shown more in the degree to which the change was carried, than in the kind of change; and he thought that more significance was to be attached to the nodular thickenings of the outer wall than to the endarterial changes. On this question, however, of the specific or non-specific nature of the arterial lesions we shall have something to say hereafter, but before dismissing this part of the subject, we may observe that, whether these lesions occurred independently of syphilis or not, the history of the specimens brought forward showed, from a clinical point of view, the serious consequences resulting from them. We have already mentioned that of Dr. Greenfield's twenty-one cases, fifteen are said to have died from the effects of syphilis; and of this number no less than five died from thrombosis of the cerebral arteries. In one of Dr. Buzzard's cases the patient, who had contracted syphilis twenty years previously, died of coma, preceded by paralysis, diplopia, and

strabismus; and after death there was found advanced disease of the basilar artery, with softening of the pons varolii and superficial layers of the crura cerebri. In another case that of a sailor, who had contracted syphilis seven years previously, death was preceded by severe headache, partial left hemiplegia, and palsy of the right third nerve, and a *post-mortem* examination revealed disease of the arteries at the base of the brain, with a small hæmorrhage in the right crus cerebri. It is also the opinion of Dr. Greenfield that a similar diseased condition of the small vessels played an important part in the degeneration of gummata. He thinks that the sudden decadence of these growths, after they had attained to a high degree of organisation, was to be accounted for by the partial occlusion of some of the small arteries and capillaries by proliferation of their endothelium.

THE PERIOD OF MEETING OF THE MEDICAL COUNCIL.

In our last issue we referred to a reported determination of the President of the Medical Council to fix its meeting late in the month of May, a date at which any expression of opinion by it as to the medical questions of the day and upon current legislation would be useless and ridiculous. We urged the President with all vehemence, to call the Council in the early part of the session, and not to disappoint the hopes of the profession by another assembly of talk and inaction, and we are gratified to learn that our view has been unanimously confirmed by the Irish Branch Council, who have forwarded a resolution to the President, advising that the General Council shall be summoned for March, or early in April. We suspect that the decision of Dr. Acland, is mainly ruled by the objections to an early sitting raised by the Scotch representatives. These gentlemen are, for obvious reasons, in favour of any or everything which will defer reform, and if they could prevent a meeting would doubtless do so. As they cannot, they are believed to exercise all their influence to adjourn the assembly until a time when it is too late to effect either good or harm. If the President yields to such representatives, we hope the matter will be taken up by the independent members in the Council, and a strong protest made against the policy of inaction which a late meeting is calculated to serve.

THE LECTURE CERTIFICATE SYSTEM IN IRELAND.

We learn that the Board of Trinity College has taken a decisive step towards breaking up the system of certificates which testify to diligent attendance on lectures of persons who made no such attendance at all.

Against the continuance of this system the University of Dublin had long since shown its feeling, inasmuch as it has for some years required from the candidates for its medical and surgical degrees coming from extra-collegiate schools a personal certificate of the lecturer that the student had attended three-fourths of the course in addition to the usual certificate which passes current with other licensing bodies. Early last year the medical registrar of the School of Physic, Professor Haughton, rejected the certificate of a student from "The Ledwich" School on the ground that this requirement was not honestly complied with, the lecturer whose business it was to testify to the three-fourths attendance having refused to guarantee the presence of the student at his lectures without a regular roll-call.

A similar case having now come to the notice of the Board of Trinity College, it has resolved that the certificates of that school be no longer received for the University degrees, and, should the decision of the Board be confirmed by the University Council, the Ledwich School will be finally disfranchised as far as Trinity College is concerned. This decision, however powerful it might be as a protest against the system which, we hope we may say, is now passing out of existence, will have little direct effect upon the School, because it is a most unusual occurrence for one of its student to go to the University for a degree. If, as we hear, the resolution of the Board be communicated to the Council of the College of Surgeons and to the Fellows of the College of Physicians, those august bodies will be placed in the dilemma either of refusing the patronage of a very valuable feeder to their examinations, or else of continuing to accept certificates which have—not more in Ledwich than in other schools—been long known to be a sham, and which are now formally denounced as such by the highest authority on such subjects in Ireland. It is hardly necessary to say that any movement having for its object to secure *bonâ fides* in the medical study of the profession, to substitute genuine teaching for imaginary courses of lectures, to emancipate the students from paying for what they don't want and don't receive, and to compel them to use their eyes and fingers in hospital and dissecting room has our entire sympathy and highest approval, and such a movement is fittingly led by the governing body of the old Irish University. Probably the Board will meet with little encouragement and co-operation from the administration of the licensing bodies, but they may feel assured that public and professional opinion is not only with them, but is indignant at the long continuance of the system under which medical education groans.

We are not at all prepared to say that the Ledwich School is in any respect a greater sinner than other Irish teaching establishments, nor do we dwell too hardly on any of these institutions. It would be simply impossible for the student to give a real attendance to all the courses of lectures and hospital and dissecting-room work which he is supposed to put in, and it would be ridiculous in any College to ask him to do so. The system is simply dishonest, and its end is coming, at which all who desire to maintain the repute of our art should rejoice.

Notes on Current Topics.

Foreign Diplomas.

At a recent meeting of the London College of Physicians a communication was received from the General Medical Council, asking the college under what conditions it would be disposed to admit foreign graduates to examination. The President said that the matter had been brought before the Censor's board; but as the present regulations afforded comparatively easy and convenient facilities to foreign graduates, the board did not think it advisable to make any alterations.

Hospital Treatment of Infectious Diseases.

In the interests of sanitation and of public health, hospital treatment of infectious diseases, in cases where home isolation is an impossibility, has been frequently urged as the only practical means of controlling zymotic fatality, and the Public Health Acts of 1872 and 1873 have invested local sanitary authorities with powers to facilitate the erection of hospitals for the reception of non-pauper cases of these diseases. While the advantage to the community arising from the removal and treatment in hospital of cases of infectious diseases occurring in families living in crowded tenement houses is undoubted, it becomes important to record accurately the results of hospital treatment in the mortality of the cases. Illustrative of this some very interesting statistics have been furnished us by the Registrar-General from the Metropolitan Asylums, Fever, and Small-pox Hospitals. In the Metropolitan Asylums Hospitals, during the year 1876, more than 2,000 cases of small-pox, more than 800 cases of scarlet fever, nearly 300 of enteric fever, and 145 of typhus were under treatment. In the London Fever Hospital 518 cases of scarlet fever, 93 of enteric fever, and 23 of typhus were admitted. Of the 2,000 small-pox cases 1,377 were completed at the time the returns were made up. These 1,377 cases included 1,018 vaccinated and 359 unvaccinated; the mortality was 13·2 per cent. among the vaccinated and 56·8 per cent. among the unvaccinated.

The 804 completed cases of scarlet fever recorded in the Metropolitan Asylum Hospitals showed a mortality of 10·7 per cent. against 14 per cent. among the 1,077 cases treated in 1875; among 321 cases at Homerton the mortality in 1876 was only 8·1 per cent., whereas it was 12·4 per cent. among the 483 cases treated at Stockwell. In the London Fever Hospital 551 completed cases of scarlet fever were reported during 1876, of which 50 were fatal cases, equal to a mortality of 9·1 per cent.

The completed cases of typhus in the two Asylum District Fever Hospitals were 145 last year against 76 in 1875, and the mortality 19·3 per cent. in 1876 and 19·7 per cent. in 1875. In the London Fever Hospital only 26 cases of typhus were treated, and the 7 deaths give a mortality of 26·9 per cent.; these numbers are, however, too small for the calculation of a trustworthy rate of mortality.

Of enteric fever the treatment of 270 cases was completed at the Asylum Fever Hospitals, showing a decline of 67 from the number in 1875; the proportional mortality, which was 22 per cent. in 1875, declined to 20·7 per cent. in 1876. In the London Fever Hospital 86 cases of enteric fever were treated in 1876, of which 13 proved fatal, equal to a mortality of 15·1 per cent., a rate considerably lower than that which prevailed in the Asylum Fever Hospitals, either in 1875 or 1876.

It is generally believed that the rate of mortality among cases of epidemic disease treated in hospital is greater than among those treated at home. Assuming, however, that the proportion of deaths to recoveries is the same under both circumstances, it may be estimated that during the year 1876 the number of persons in London attacked by small-pox was 2,994, by scarlet fever 22,886, by typhus 796, and by enteric fever 4,030. These numbers would be under-estimated if the rate of mortality out of hospitals is, as supposed, lower than among the cases treated in hospital.

The London Water Supply.

Major Bolton, in his monthly report, states that the water taken from the Thames and Lea was unusually bad during the month of January, owing to the rains and floods; consequently the water supplied by the water companies was very unfit for domestic use. It appears that the January flood was the worst on record, being on the 11th of the month fourteen inches higher than that of November 18th, 1875. While the floods prevail the water companies, unprovided with sufficient storage reservoirs, are compelled to take in dirty water, and distribute such as they can get. This necessarily contains a most objectionable amount of solid matter, consisting of chalk, clay, and other organic impurities, held in suspension, and too fine to be got rid of by subsidence or filtration. Dr. Frankland reports, as the result of his analysis of the water supplied to the metropolis and its suburbs, that it is quite unfit for dietetic purposes, even after what is called "efficient filtration." The water delivered by four of the large companies drawing their supply from the Thames contained moving organisms, and in three of the samples examined fungoid growths were found.

The extreme importance of the water supply on the public health has been once more forcibly brought to public notice by the medical superintendent of Essex Hall Asylum for Idiots and Imbeciles, Colchester. Mr. Symmons, in his annual report on the health of the inmates of the asylum, states that somewhat suddenly he was called upon to treat several cases of fever—one an undoubted case of typhoid, which died. This induced him to look to the water supplied to the Institution by the local water-works company. The water was submitted to careful analysis, and pronounced "unfit for drinking purposes." After some little delay, an excellent supply was obtained from an artesian well, and all further danger of fever from that time subsided.

Introduction of Maize into Europe.

Absurd prejudices have prevented the Europeans enjoying corn cakes and boiling ears. It is a pleasure to see that M. Fea, of Padua, has lately published comparative tables to show that maize is superior to all other cereals in fatty matters, and that it may be considered as a perfect food. He also replied to objections that have been made to maize, accusing it of giving rise to certain diseases, notably pellagra; and demonstrated that the penicillum glaucum, which is supposed to originate this disease, never attacks maize unless it is damaged.

The Carlisle Place Orphanage.

Dr. H. Bartlett, Ph.D., F.C.S., writes in one of the daily papers to say that "Several lessons of truly vital importance may be brought home to us by pursuing the inquiry relating to the mortality among the younger infants at the Carlisle Place Orphanage. In the first place, the statistics of death-rate among infants of the same age at other institutions of the highest reputation enable a tardy justice to be rendered to the Sisters of that Home in exonerating them from the stigma, rightly or wrongly, attaching to exceptional misfortue in rearing

such wretched outcasts. Dr. Brewer called attention to the failure of dry nursing at our own Foundling Hospital, the mortality being 98·58 per cent. per annum. Dr. Lewis Smith, of New York, states that during the last year nearly 100 per cent. of the foundlings hand-tended in that city died before reaching the age of one year. Older statistics of Vienna foundlings give a death-rate of 92 per cent., and at Brussels the annual percentage was 79. At the Children's Clinique, St. Petersburg, the constant mortality induced Dr. Korowin to attempt the determination of the proximate causes of death in the majority of cases by *post-mortem* examinations. The most definite result shown was the fatal after effects of mal-nutrition, due to the improper and dangerous use of farinaceous foods during the earlier months of infancy. My scrutiny of the diet adopted at the Westminster Orphanage only brought out as evident two sources of mischief—badly filtered water and too great a proportion of it in the milk. The best cow's milk is scarcely so superabundant in nourishment as to require to be diluted with from 50 to 67 per cent. of water. This is the weakest point in the dietary, as it affords only a bare sustenance, if consumed in the largest quantities a sickly infant can take. Liebig's malted food is perhaps the only safe addition to milk and water, except a properly made solution of barley, but I must warn all persons having the care of infants not to adopt the formula lately handed to the Lady Superior of this Home, doubtless with the best intention. This formula unfortunately suggests the use of equal parts of seconds flour and ground malt, the latter to be passed through a wire sieve to sift out the husk. No such separation can be effected, as I find sharp spiculæ of husk pass with the flour through the finest sieves sold for domestic use. As might be expected when the food was made in this way, the infants suffered from the utmost irritation of the bowels. Bearing in mind the last case mentioned in the *Lancet* of the 13th instant, in which a child aged four months was starved to death at Plumstead by being fed on corn flour, it is plain that the dietetic management of infancy requires the whole force of these terrible examples to be made public."

Not long ago we made some remarks on infant nursing, although from a different standpoint to that taken by Dr. Bartlett. We then alluded chiefly to the infant suffering and mortality arising from the improper feeding of infants prevalent among the middle and higher classes of society. Of course the mortality among the children of the poor, and among orphans and foundlings is much greater, and it would be well if the above orphanage was the institution or place where a large percentage of the children were carried off during the first year of their existence.

The Pollution of Air by Sewer Gas.

Professor Frankland has lately been experimenting "on the transport of solid and liquid particles in sewer gases;" and as affecting the public health. The air we breathe, it is well known, contains a large amount of suspended matter, consisting principally of particles of aqueous vapour and volatile matters, disappearing by the aid of a gentle heat. There are, however, other particles, partly organic and partly mineral; in several the processes of fermentation, putrefaction and decay are going on in the world, make us abundantly sensible of their presence. Those particles—"germs"—supposed to produce disease, and which may be termed zymotic, are obviously of very considerable importance. There are now so many well authenticated cases on record of disease communicated by the escape of sewers-gases into our dwellings that no inquiry can well be of more importance than that of ascertaining the exact conditions under which noxious matters escape from the sewers, and endanger the health of individuals. Does the flow of sewage in a properly-constructed sewer, produce sufficient agitation to disperse liquid particles through the air space of the sewer? Professor Frankland has ascertained by three separate tests that no lithic chloride is carried off at ordinary temperatures by aqueous vapour from a saturated solution of this salt. Some of the solution being placed in a glass jar, it was agitated, and though this was done with greater violence than would ever happen to fluid in a sewer, it was proved that none of the lithic chloride was disengaged. It is, therefore, extremely improbable that the mere flow of foul liquid through sewers can impregnate the surrounding air with suspended particles. There is, however, another kind of agitation to which sewage is subject that may produce a very different result—viz., the development of gases during the processes of fermentation and putrefaction. When minute bubbles burst at the surface of an effervescing liquid, little particles of it can be seen projected into the air some inches, then falling again. Professor Frankland experimented to test whether particles too small to be seen might not be also projected, and in consequence of the smallness of their masses in relation to their sectional areas, might continue suspended in the air for a long time. A strong solution of lithic chloride was acidulated by the addition of hydrochloric acid, some fragments of white marble were added, and this produced an effervescing liquid. A tube 3 in. in diameter and 5ft. long, was held over it, and there were distinct traces of lithium found during effervescence at the upper end. A second tube 3in. in diameter and 12ft. long, was then held nearly at right angles at the top of the first, a slight draught through it being caused by external heating. At the further end of this tube, too, lithium was distinctly traced. The particles were also found to pass readily through two inches of charcoal, and they passed even a layer five inches thick, though in greatly diminished numbers. Here then in the breaking up of minute gas bubbles is a cause of the suspension of particles in the air. If, therefore, through the stagnation of sewage or constructive defects which allow of the retention of excrementitious matters for several days in a sewer, putrefaction sets in, then gases are generated, and the dispersion into the air of zymotic matters is very probable. It is of the greatest importance that foul liquids should pass rapidly and freely through drain-pipes and sewers, so as to secure their discharge from the system before putrefaction sets in.

Professor Frankland's experiments, therefore, so far prove that, however unpleasant the odour emitted by sewers, they do not necessarily impregnate the upper stratum of air with disease germs; but if the sewer is allowed to become stagnant, myriads of bubbles of sewer gas are given off, and they act as zymotic ferments; but if

a stream of water is continually passing down, these are carried away, and become *innocuous*.

In connection with this subject, we may mention that we have lately made trial of a new disinfectant: a solution of salicylic acid, known as "Salicòl Dusaule Désinfectant Hygiénique," prepared by M. Bruley of Paris, and so far as our experience of its value has gone, we may say it bids fair to become a useful addition to our too small list of reliable disinfectants.

The Vivisection Act.

THERE are, and we suppose ever will be, weak-minded people enough in the world, ready and willing to do the bidding of a noisy set of fanatics, whether it be on the question of vivisection, vaccination, or any other mania. Those who entertain a craze against the profession, and who find it answer their purpose to keep up the agitation under the name of "Anti-Vivisectionists," and who openly declare that nothing will satisfy them except the total suppression of scientific men and "the right of entering *at all hours* hospitals, workhouses, &c., to prevent cruelty and oppression, put down vivisection and its attendant evils"—whatever all this bunkum may mean—succeeded in getting Mr. Mundella last week to move the House of Commons for a return of licences granted under the Act passed to amend the law relating to cruelty to animals.

It is almost too much to suppose that the word or promise of a Minister of the Crown will pacify those who take delight in promulgating untruths with regard to vivisection. Mr. Cross, however, in a straightforward manner, at once consented to the return asked for, and took occasion to remark that those members of the profession who were concerned in the question had met him in every possible way, and it would be found, when the return was granted relating to special certificates for the performance of experiments on animals without anæsthetics, that one such certificate only had been given, and that was given not because it was an experiment calculated to cause pain, but because there was some doubt whether the *slightest puncture* might not subject the operator to some malicious prosecution. He was able to say, however, that up to the present moment, as far as the Act was concerned, there had been no experiment performed on any animal in England calculated to give pain. He hoped, when the return was made, the House and the country would be equally ready to acknowledge what to his mind reflected the highest honour on the medical and scientific world. They had shown themselves ready to join that House and the Secretary of State, and the feelings of the country as far as possible, and to co-operate to show an example to foreign countries that they had no intention, unless they were bound to do so, to inflict pain of any kind on any animal.

A Curiosity of Medical Literature.

THE following advertisement appears in a Dublin paper:—

"I STAKE MY REPUTATION that a Blister—size of a shilling—to the pit of stomach, an open window day and night, dry toast bread and tea, and repeated spoonsful of whiskey, will cure the most malignant attack of small-pox. Washing-room floors in a close air, with soiled stale suds is a great feeder of it. Anyone having a dread of it can keep it away by salt friction over the chest and stomach bi-weekly.

"CHARLES O'SHAUGHNESSY.

"Feb. 23rd, 1877."

The subscriber is a haberdasher in Kilmallock, and formerly the owner of well-known racers.

New American Medical Colleges.

THE *Philadelphia Reporter* says:—

"A new medical college is about to be started in New Albany, Indiana. Another one is announced from Nashville, Tennessee, of which Professor Paul F. Eve is the chief officer. It is on the 'two terms in nine months' system, which is said to be based on the analogy of nature; for as it requires but nine months for an embryo to become an infant, it should not ask more for a dunce to become a doctor."

This statement, and others frequently quoted to similar effect in our columns, ought to make licensing bodies cautious of recognising any certificates or other guarantees of medical education which have the fragrance of America upon them.

Outbreak of Typhoid in London.

DR. STEVENSON, the medical officer of health for the district of St. Pancras, reports an outbreak of typhoid fever. Of fourteen cases investigated, thirteen had been supplied with milk by one vendor, who obtained it from three separate farms. Two of these farms have been reported upon by the local medical officer of health, who states that impure water was used for rinsing the pans and pails, to which the contamination is attributed. The report upon the third farm has not yet been received.

Change of Climate in Great Cities.

AT the monthly meeting of the Meteorological Society of Great Britain, on Wednesday last, Mr. Eaton, the president, delivered an address which is of great interest at the present time, as tending in some measure to elucidate the change of temperature which has been observed in our great cities in the winters of past years. After referring to the various theories advanced to account for changes of climate, he observed that in drawing deductions from a long series of observations of the temperature of the air, it is important to ascertain whether the conditions of the surrounding district have altered. Otherwise, changes in reality due to local causes may be erroneously assigned to secular variation. The climate of London has thus been modified by the consumption of fuel and the vast population. He estimated that the heat developed from the present annual consumption of 5,000,000 tons of coal on the metropolitan registration area of 118 square miles, and from all other artificial sources, would suffice to raise the temperature of a stratum of air 00ft. depth resting on that area 2°·5 every hour. The effect of the growth of the population of London from 900,000 at the commencement of the century to 3,500,000 at the present time, and of the still greater increase in the comparative consumption of coal, was manifested by the rise in the average temperature of the air at the Royal Observatory, Greenwich, which place was year by year becoming more surrounded by a network of houses and population. For this reason Greenwich was not a suitable place for a meteorological observatory of the first order.

Royal College of Physicians.

At the meeting of the College which was held on Wednesday last, a report was read from the Censors' Board with regard to the admission of foreign graduates in medicine to examination. The Board proposes that the College should exercise a discretionary power in admitting to examination any foreign graduate who may (in their opinion) have already passed a sufficiently good examination, and also that such examination should in some cases be modified.

An Interesting Discovery.

At the last meeting of the Royal College of Physicians, the President announced that an important discovery had been made by Dr. Sieveking, in the British Museum, of the MS. of the notes of the lectures delivered by Harvey before the College. An autotype copy of the last page was sent round, the contents of which related to, and comprised the sum and substance, of Harvey's discovery of the circulation, especially his opinion respecting the use of the circulation in relation to the nutrition and heating of the body.

A death by ether reported from America turns out, on further inquiry, to have been one by chloroform; so it must be scored on the other side in the controversy about these anæsthetics.

There were 95 deaths from small-pox in the United Kingdom, last week, of which 72 occurred in London, 15 in Liverpool, 7 in Manchester and Salford, and 1 in Birmingham.

At the quarterly court of the Brompton Consumption Hospital last week, the receipt of the following bequests was announced:—Mr. Charles McGarel, £1,000; Mr. G. Moore, £1,500; Mr. W. Holsworth, £100; Miss Porter, £50; Mrs. Holmes, £50.

The death-rate in all the large cities of the United Kingdom continued very low for the time of year. Last week the mortality was at the rate of 22 per 1,000 in London; 26 in Dublin; 26 in Glasgow; and 21 in Edinburgh.

We are glad to learn that the charge against Dr. Edgar Jones, Cardiff, of assaulting Elizabeth Moore, by cutting open her wounds, was dismissed by the Cardiff magistrates. They believed the evidence of the prosecution had been coloured.

The death-rate from the seven principal diseases of the zymotic class, in London, is at the present time considerably below the average of the last ten years. This shows that, although small-pox is epidemic in certain localities, the other forms of disease are almost infinitesimal.

The returns from the different hospitals showed that the number of small-pox patients was—in Homerton Small-pox Hospital, 118; in Homerton Fever Hospital, 33; Stockwell, 135; Hampstead, 273; and Limehouse, 129; making a total of 889 under treatment in London last week.

Dr. Crichton Brown, Dr. Forbes Winslow, Mr. Erichsen, and others having shown the convict Treadaway to be subject to "epileptic vertigo," during which he was practically irresponsible for his acts, Her Majesty has been advised to respite the capital sentence passed on him to that of penal servitude for life.

A well-known and much respected face has passed from St. Thomas's Hospital, by the death of Mr. R. G. Whitfield, medical secretary, who died on Wednesday last, at his residence in Wandsworth Road. His father and grandfather held the post of apothecary in the hospital for upwards of 110 years.

At the quarterly court of the governors of the Middlesex Hospital, fears were expressed that many original subscribers now withheld their contributions, conveniently supposing that a donation to the Hospital Sunday Fund relieved them from all further responsibility. We trust this will not be found to be the case in any but rarely exceptional instances, as the Sunday Fund, though most valuable, can only be considered as an adjunct to existing contributions.

The annual meeting of the governors and subscribers to the Hospital for Diseases of the Throat, Golden Square, was held on Saturday last in Willis's Rooms, St. James's, the Recorder of Norwich presiding. The financial position of the Institution was shown by the report to be in a most satisfactory state, there being a balance of £2,303 in hand. The report was carried, as was also a vote of condolence with the family of the late Sir William Fergusson.

The anti-vaccinationists have just met with a defeat at Cambridge. Mr. W. Hume-Rothery and other members of the Anti-Compulsory Vaccination League, got up a meeting at Cambridge, to protest against vaccination, but their monstrous exaggerations and mistatements were so ably refuted by Mr. J. F. Little, L.R.C.P., an undergraduate of Downing College, that an overwhelming majority of those present voted in favour of a resolution, declaring that vaccination has been a great national blessing.

Correspondence.

EXEMPTION FOR LADY DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your remarks relative to the females admitted to examination by the Irish College of Physicians are most just. I do not object to women being admitted to examination by any of our licensing bodies, but I do protest against their being admitted on conditions different to these required from males.

The College of Physicians by its bye-laws, requires candidates for its licenses to produce certain certificates of lectures on anatomy, physiology, &c., &c., "from recognised schools of medicine." Did the ladies recently examined in that college produce these? I do not believe they did. Is the school of medicine at Zurich recognised by the College? and if so did

these candidates obtain there all the necessary certificates? I have reason to believe they did not, but that a large portion of their education was received from private teachers.

The question raised is this—Does the Irish College of Physicians, while granting permission to female candidates, take care to ascertain that they have been educated in accordance with the regulations of the College?

If they have not done so they are fairly open to the charge of admitting for the sake of gain to examination imperfectly educated candidates. It matters not what the sex of the candidates may be, the result is the same; they lower the educational status of the whole profession, and, for the sake of a paltry gain, degrade their College.

I am, &c.,

A Subscriber.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I cannot allow your remarks on my letter of the 15th instant, which appeared in your issue of 21st, to pass without comment, as I find that my language was not as explicit as I had intended it to be on the subject of the exemption which this college grants to holders of certain foreign universities. In my letter I stated that a privilege similar to that which the college extended to Miss Walker-Dunbar in January, on account of her holding the M.D. University of Zurich "has been extended" to holders of certain foreign universities, which I enumerated.

This language, I should have thought, would have conveyed to your mind that holders of medical degrees in the Universities I named *have* presented themselves for examination for the licenses of this college, and that they *have been* given the privilege of being exempted from examination in the subjects of the first professional examination, by reason of their holding such medical degree. I regret, however, to see that I have been misunderstood by you, since you write (Feb. 21st)—"We were *not* aware—nor do we know where the informrtion is to be found—that any other foreign university but that of Zurich had been admitted by the College to such privilege."

I beg now to supply you with the information you need, and in as explicit a manner as possible to state that several candidates who were holders of the medical degrees of the foreign universities which I enumerated in my letter of 15th instant *have been* admitted by the College to the second or final examination only for the license of the College, and that after such examination some have been admitted as licentiates and have signed the College roll.

From what I now state and from what I said in my letter of 15th inst. it must be evident to your readers that the assertion which appeared in your editorial remarks on 14th is not based on facts, nor is it borne out by the practice of the College, viz.:—"The Irish College of Physicians is bidding hotly for the patronage of the lady doctors by accepting from them curricula which they would not receive from a male student." . . . . . and "that they have recognised" (in the case of Miss Walker-Dunbar) "as evidence of competency a foreign degree which, if presented by a masculine medical student, would have been unhesitatingly refused."

I have the honour to be, Sir,

Your obedient servant,

J. Magee Finny, M.D. Dub.

Fellow and Registrar.

King and Queen's College of Physicians in Ireland.

Dublin, February 24th, 1877.

[We have reason to believe that the number of male persons who have received the license of the College on foreign degrees is infinitesimal, and the date of their admission long past, and that the recognition of the Zurich degree was therefore an extraordinary privilege conferred for the express purpose of admitting female candidates who could not give the usual guarantees of education. Dr. Finny has not given us the numbers or times for which we asked, and has, therefore, not contravened the inference which we drew.

In Chapter VI. paragraph 3, of the Bye-laws (page 17) we find it stated that—"Candidates (for the license) are required to give proof of . . . . . having been engaged during a period of four years in the study of medicine *at a school or schools recognised by the College*," and we are interested to know in what school the last lady licentiate studied? When that school was recognised by the College? and were certificates produced for the usual courses of lectures and hospital attendance? Upon the reply to these questions hangs the inuendo of which Dr. Finny complains, and we must therefore be excused for putting him to the trouble of a reply, for we have not been able to find amongst the bye-laws any modification of this law. As the matter stands in the absence of that information the College appears in the position of breaking its own bye-laws and dispensing with its own curriculum, and, as we should be sorry to see the Irish College of Physicians lowered to the level of the Queen's University or the Scotch Colleges, it will be a pleasure to us to be able to say that it has been uniformly adherent to its own bye-laws and regardful of its own reputation.

THE BALLOT QUESTION AND THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The "Ballot Question" in the King and Queen's College to which you call attention in your issue for February 14 is one of such importance to the licentiates of the College, and, indeed, indirectly to the whole profession, that I ask your permission to afford me space to discuss it more fully. The facts are briefly these:—

1. The College, as a body, desires to remain, if possible as at present, a small exclusive self-electoral body.

2. As a means to effect this it seeks for the ballot.

I say the College, "as a body," desires to remain as it is at present. Four or five Fellows doubtless protest that such is not their wish and oppose the application for the ballot, on the ostensible ground that they do not wish the College to be restricted in number, but these gentlemen, when the proposals of the chief Secretary were under consideration, voted for a resolution to the effect that they disapprove of the change in the constitution of the College suggested by him—that is, the institution of a Council.

The plain inference to be deduced from this resolution is, that every Fellow who voted for it wishes the College to remain as it is—a small exclusive body; and the few Fellows who dissented from the subsequent resolution asking for the ballot are, in truth, as chargeable with connivance at a perpetuation of the present system as is the most open advocate of the ballot, for if a Council be not instituted the inducement to limit the number of Fellows remains in full force.

The Chief Secretary has taken a clear statesmanlike view of the case, he objects to the restriction of the College to its present narrow limits, and as the only possible means of accomplishing the enlargement of the College suggests the establishment of a Council, and refuses the ballot.

The establishment of a Council would be most beneficial in many ways—

1st. It is the sole means whereby an enlargement of the College to even a moderate extent is possible. So long as the Fellows at large constitute the governing body so long there will be a justifiable effort on the part of the existing Fellows to limit their number.

2nd. It would make the College what it does not at present,

reflect the feelings and wishes of the profession at large, what the wishes of the bulk of the members of the profession may be, is unknown to those who, sitting in conclave in the College Hall, can influence so largely for good or evil the interest of the profession.

3rd. It would render the value of the Fellowship of the College much greater than it is at present to country practitioners, and to those Fellows resident in towns who have not time to attend its meetings.

At present the Fellowship of the College is a barren honour to both of these classes. A Fellow resident in Cork or Londonderry has practically no voice in College matters, but, though under the constitution suggested by the Chief Secretary, they would be unable to take part directly in the management of its affairs, as, indirectly, their power would be greatly augmented, for they would elect men to the Council who would represent their views and be mindful of their interests and reject those in whose judgment or character they felt no confidence. This would be still further the case if on the election of Council the use of voting papers were permitted as is the case in elections of members for the University.

I believe that, sooner or later, the course pointed out by the Chief Secretary must be adopted; it may be delayed, but it cannot be averted. There is no doubt but that a few of the Fellows conscientiously believe that the institution of a Council would be injurious to the welfare of the College; they think that the dignity of the College is best secured by its remaining a small exclusive body, but it is equally certain that the reasons pointed out by you are potent with others, who fear that they may not be elected on the proposed Council. These arguments will have no weight, because they will not submit to a personal sacrifice for the good of their College and the welfare of their profession.

In conclusion, I would endorse your suggestion—that if the licentiates can ever wish to occupy any position in the College, or desire to have a voice in matters which so nearly interest themselves, they should bestir themselves. I believe, further, that if they promptly express themselves in favour of the course pointed out by the Chief Secretary they will meet with support from him.

I am, &c.,
LOMBE ATTHILL,
Fellow of the College of Physicians.

Rotunda Hospital,
Feb. 24, 1877.

ARMY MEDICAL OFFICERS' QUARTERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I take the liberty of asking you to insert in your journal a few remarks relative to the latest breach of faith in connection with the Army Medical Department. By War Office Circular of the 1st January, 1877, it is laid down that medical officers when in barracks will only be allowed regimental quarters. Now what does this mean? That, in future, surgeons can only claim one room and portion of a kitchen, in place of three rooms and a kitchen as heretofore; a surgeon-major will now only be allowed two rooms and part of a kitchen, but previous to the issue of this circular he was entitled to four rooms and a kitchen, and if these were not available he could claim lodging allowance in lieu at the rate of 4s, 6d. per day.

We are led to believe that as departmental officers staff quarters were guaranteed to us, but now with a stroke of the pen this, our compensating advantage of the departmental system, is done away with. Surely Sir William Muir cannot hope to have a contented department, or to attract young medical men to it, which is treated on all occasions by the War Office authorities as the "poor relation of the service."

All our privileges have been one by one swept away in this off-hand manner, and the only consolation remaining to us is that we have none now left to be removed.

I am, yours most faithfully,
A. M. D.

A NEW EYE DOUCHE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Several patients to whom I have recommended the use of an eye douche having complained to me of the unsatisfactory working of the instruments, I applied some months ago to Messrs. Arnold and Sons, of West Smithbeld, for a better.

They have made for me a new eye douche upon the principle of their "Simplex Enema" syringe, as illustrated above. It has worked extremely well in my hands at repeated trials, and it seems little likely to get out of order. I beg leave, therefore, to bring it before the notice of the profession, and to recommend it as a well-made and useful instrument.

PRIESTLEY SMITH,
Ophthalmic Surgeon to the Queen's Hospital,
Birmingham.

Note.—The engraver has made a mistake in the above wood cut. The eye should he *closed* instead of *open*.

THE VACCINATION ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—An evil more frequently emanates from that which appears on a superficial survey to be of too insignificant a nature, than is usually supposed; and nothing better exemplifies this seeming paradox than the Vaccination Act, which is imagined by many to be altogether faultless; for the very mischief which this Act was made to suppress, is, indirectly allowed by it to continue; in other words, small-pox is fostered by the Act, and this letter will I think tend to prove that such a statement is not a mere assertion or an erroneous opinion.

Those who have the idea that the Vaccination Act is perfect, and that the working of it is without a flaw, must have inadvertently skipped over the clause stipulating the amount of the fine imposed for non-vaccination, for on *this* clause hangs the fate of small-pox and its antidote, and on mature reflection, I cannot refrain from coming to the conclusion that the present outbreak of this disease may be justly ascribed to the bad working of the Act originating from this clause.

A celebrated M.P., famous for his wit, whose name has slipped from my memory, once said, with truth, that he could without the slightest difficulty, drive a coach and four through

any Act of Parliament; but through *this* Act the poorer classes may drive their donkey-carts, with any number of those quadrupeds attached thereto, and it may be, with greater facility; for it is amongst these (I refer to those beings whose intellects are somewhat akin to the animals they drive) that the greatest difficulty is experienced in making them conform to the law, and which some, more obstinately disposed than others, very easily evade by obeying the clause, and not the Act.

Therefore I think we may, with reason, be fully justified in stating, as a fact, that as long as the clause of the Vaccination Act referring to the paltry, insignificant fine imposed on those people who will not have their children vaccinated, remains unabrogated, so long shall we be liable to be pestered with small-pox.

The medical press and the daily papers may direct public attention to the advantages derivable from vaccination, and the exemption from a disfiguring disease being secured by such a simple operation, but it will be to no purpose as long as the clause remains as it is.

Attention may be called to undeniable statistics, which cannot by any manner of means be glossed over by specious arguments, or malicious misrepresentation; vaccination stations may be established in every conceivable place, so that the greatest facility may be given to those who wish to be vaccinated or revaccinated.

Regarding adults being vaccinated for the *first* time, however improbable it may seem, I must frankly confess to my opinion that there are some who *never* have been vaccinated in childhood, owing to the blind obstinacy of their parents. This appears at first sight to be open to doubt, but when we take into consideration the import of the clause to which we are referring, we may deduce thence that opinion which I have just expressed, without being thought unreasonable, and without being guilty of exaggeration, and a certain fact, which I shall mention further on, will prove it beyond contradiction. The utmost sanitary precautions may be taken, the contumacious may be prosecuted, the prosecutions may be carried out to the strict letter of the law, which is twenty shillings fine, or fourteen days' imprisonment, still small-pox is as rampant as ever, and will undoubtedly remain so (at least for some time) as long as the mischievous clause remains, I may say, *in statu quo*.

When we take into consideration many matters connected with vaccination, one cannot help doubting the *real* efficacy of an Act containing a clause allowing of evasion of the same; and the question therefore arises, what is the use of it, when it can be, without much difficulty, so easily put on one side? To my mind such a clause is a palpable absurdity; it spoils the working of the whole machinery, and it completely stands in the way of the main object (which we *all*, except those who are opposed to conviction) viz., universal vaccination; therefore, the sooner it is done away with, the better it will be for the general health, for I am quite certain that small-pox will never be entirely eradicated as long as this clause remains unaltered, or better still, until it is eliminated from the Act altogether.

Such a fine should be imposed as should render it impossible for many to pay, and those who are able to do so, imprisonment, averaging from three to six months, and upwards, should loom in the distance in case of non-compliance: for some people, through their narrow-mindedness, are so infatuated with their own crude notions and crabbed opinions, or perhaps they are plagued with a natural perversity of disposition, that nothing short of severe and harsh measures will make them conform to the law.

It is a much more heinous offence to my way of thinking for parents to endanger the lives of their children, than neglecting sending them to school; and if the School Board authorities act almost with undue severity, I most decidedly think that those upon whom the safety of the public health depends, and especially those upon whose shoulders the responsibility principally falls, should proceed with determination and vigour against all those, rich and poor alike, who do all they possibly can to evade and obstruct the proper working of the Act; but I am sorry to observe that however anxious they may be to perform their duties, they cannot satisfactorily follow them out, because of this clause, and which they never will be, until it is altered or abrogated.

Therefore, in justice to the nation at large, non-compliance to vaccination should be considered much more reprehensible than non-compliance to education, and therefore a much more severe punishment should be meted accordingly; for if people wilfully try to set the law at defiance in *one* matter, and are consequently punished if they do not conform, they should be made to feel the powerful arm of justice *more* severely in *that* matter which is the more important of the two.

It seems supremely ridiculous to me, that men should draw up an Act of Parliament, and then insert a clause almost rendering it nugatory; such an Act does not speak much for the astuteness of those learned gentlemen of the bar, whose cranial contents are supposed to be a little clearer than those who are outside the legal profession. I myself am much disposed to think that these *very* learned gentlemen intended either to create a loop-hole by which those who, through obtuseness of intellect, are antagonistic to vaccination, and accordingly prefer small-pox to escape, by paying the exorbitant amount of twenty shillings, or submitting to the long imprisonment of fourteen days; but now when I come to think over it, most probably they wished to demonstrate to the world, their legal finesse, their wonderful ingenuity, and their extreme skilfulness in drawing up an Act of Parliament, whose "modus operandi" is almost completely nullified by this marring clause.

It is now proved quite beyond contradiction or doubt, that vaccination is the antidote, I can use no better word, to small-pox; in fact, it is the greatest triumph of preventive medicine at the present day, whatever a certain obscure metaphysical politician, who writes his thoughts on post-cards, and others, who vainly imagine it is an honour to follow in his wake, may assert to the contrary; and the only way to check the epidemic which is now spreading so quickly, and prevent an outbreak at some future period, is to annul this clause, considerably enlarge the fine, or increase the term of imprisonment, for if it remains in force, we shall always be liable to an outbreak of small-pox, when we do not expect it, and which no doubt *will* spread, however we may strive to stop its progress.

The following fact shows the facility with which the Vaccination Act is set aside by the poorer classes, simply through the medium of this clause, for there are clubs established among them, which have funds, to which all subscribe who have a foolish antipathy to vaccination, so that when they are prosecuted, they are enabled to pay the fines at *once*, without experiencing any individual loss, except their paltry contributions; if these, therefore, through the agency of a conjoint scheme, so completely evade the working of the Act, to the detriment of others, how much more can those who are in the higher walks of life do the same? for it is well known that there are many such who are deadly opposed to vaccination, though the why and the wherefore they cannot satisfactorily explain even to themselves.

Bearing all these things in mind, we cannot have the slightest hesitation in coming to the conclusion that the only way to arrest the ravages of this dire enemy, both at the *present* time and in the *future*, is, either to abrogate the clause altogether, increase the fine, or else imprison from three to six months, or even upwards, all *those* who are truculently disposed without the option of such.

I am, Sir, yours obediently,

E. M. Boddy, F.R.C.S.

Camberwell.

ANIMAL VACCINATION AS PRACTISED IN BRUSSELS AND IN BOSTON, U.S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The splendid discovery of the Englishman, Edward Jenner, that the inoculation of an individual by the lymph of cow-pox is a preservation against the ravages of the most hideous of human plagues, has been admitted in all civilised countries by the overwhelming mass of instructed persons to be the greatest triumph of hygienic science possessed by our race. The practice of vaccinating from the arm of one child to that of another was in this country, until quite recently, considered to be amply sufficient to ward off all risk of contagion from small-pox, and hence the manifest duty incumbent on all persons who beget and rear children, to care for their welfare, was changed into a law some years ago, compelling all parents to have their children vaccinated before the age of three months. In this matter England has shown its wisdom and scientific culture, and is at the head of the nations.

Two difficulties, however, lie in the way and prevent this excellent law being always carried out without fail. In the first place, it is alleged that certain dangerous contagions, and

above all, syphilis, have occasionally been spread from a diseased child to a healthy one during the process of arm to arm vaccination. This was, until quite the other day, strenuously denied by the mass of medical men in this country; and no doubt such a catastrophe is of such a very rare occurrence as to be hardly worthy of any sensible parent's consideration. Nevertheless, there is now no doubt that such contagion has been known to spread *from an apparently healthy infant* to others; and hence it is incumbent, I think, on the part of the State to respect the tender scruples of very sensitive parents if possible. The second obstacle in carrying out the practice of vaccination at present arises from the difficulty that is often experienced by practitioners in obtaining vaccine lymph for the purpose of vaccinating infants for the first time, and, above all, revaccinations which, at such a moment as the present in London, are eagerly demanded by hosts of well-educated persons, in consequence of the spread of the disease in all parts of the metropolis. It is well known that the Government Institution for Vaccine in Whitehall, although most anxious to be of service to the public, is quite unable to meet the pressing demands made on it at this time.

For these reasons I would urge in your public spirited journal on our Government the advisabily of having as soon as possible recourse to the admirable method of culture and expedition of animal vaccine lymph, which obtains in Brussels, and has been in vogue there most successfully since 1865. Of 1,000 medical men practising vaccination in Belgium, we are told by Dr. Warlomont, the distinguished and most eminent physician at the head of the State Vaccine Department, no less than 768 applied for vaccine points of animal vaccine to the Institute in 1873, which shows how completely the very highly educated and intelligent medical practitioners of Belgium have come to prefer animal to ordinary humanised lymph. The same able authority, Dr. Warlomont, tells us that vaccination of infants made with animal vaccine points has succeeded in 96 per cent. of the cases vaccinated, whilst revaccination succeeded in 62 per cent.

With regard to the preservation against small-pox conferred by this form of lymph, Dr. Warlomont reports that out of more than 10,000 children vaccinated by calf-lymph from 1865 to 1870, and passing through the terrible epidemic of 1870-71, not a single one was attacked by small-pox; and that the same tale held good for those adults who were revaccinated, a far greater number. With respect to the difficulty of obtaining supplies of lymph, which, as I before remarked, prevails to such an extent in London just now, and whenever an epidemic of small-pox arises, this is no longer possible in Brussels, because, as the inoculations are made from calf to calf, there need be no difficulty in obtaining as much lymph as is needed by the simple expedient of borrowing more calves from the butchers, inoculating them without causing the slightest injury to the health or marketable value of the animals, and restoring them to the owner at the end of the week in as excellent condition as when they came. In a recent epidemic in Brussels, to show how rapidly vaccine-lymph is obtainable, 500 points of animal vaccine were sent away *daily*, and it is clear that 5,000 or 50,000 could have been sent out if only more calves had been used. It is the custom to vaccinate the indigent (I hope they are really indigent, and not like the sturdy beggars of our metropolitan medical charities) gratuitously in Brussels from the calves; other persons are revaccinated by payment of a fee, and all persons of the medical profession in Belgium are allowed to send for the animal lymph by forwarding the payment for it in advance. In this way, in seasons of epidemic, there can always be raised an unlimited supply of the lymph which is obtainable by all the vaccinators of Belgium. I have frequently sent for lymph from Brussels, and found it most successful in raising a fine vesicle in vaccinating infants. Other *confrères* have found the same.

Taking all these facts into consideration, what I wish to urge through the medium of the columns of the MEDICAL PRESS AND CIRCULAR is, that our own Government should be urged to take upon itself the carrying out of this very important part of public hygiene. It is far too important and too laborious to be undertaken by a private practitioner, and requires the undivided attention of gentlemen paid *ad hoc*. A Government commission might at once be empowered to inquire into the question, and ask Dr. Warlomont to come over here; and if all that I have said be found to be consonant with truth, measures might at once be taken (and the sooner the better) to make the practice of animal vaccination a part of the functions of our central medical department at Whitehall. At this moment, as I have said, this department admits that it finds itself totally inadequate to meet the numerous demands made upon it for lymph; and it is, therefore, I submit, very clear that the time has come when a more perfect and irreproachable source of lymph were made accessible to the people of this country. For, although a wise parent will, of course, vaccinate his children with human lymph and accept the slight risk, it were better to have no risk at all.

I remain, yours, &c.,

CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E., Senior Physician to the Metropolitan Free Hospital.

17 Woburn Place, London, W.C.
Jan. 25.

WARBURG'S TINCTURE AND THE OLD FORMULAS OF THE OLD DISPENSATORIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I must confess I have had no experience of the complex formulæ to which you directed our attention last week, but I do know something of other old formulæ which we have neglected and thrown on one side to meet the requirements of modern scientific medicine. Simplicity in prescribing has been our aim, but in our present state of therapeutical knowledge we may sacrifice efficiency by too strictly adhering to this rule. I think you have shown this by your excellent article. The *rationale* of the action of Warburg's tincture cannot be explained. We know that *mineral waters are complex in composition, some of them, as Vals Waters, containing as many as fifteen different salts, all having an elective affinity for some individual part of the human organism.* When taken, their effect is thus divided: each salt works on some special part, and according to the want in the system, some benefit is derived from the peculiar selective actions of each individual medicament.

Nature's laboratory surpasses all chemical competition. We may analyse, but we never can make a mineral water like one that wells out in all its freshness from the pure springs at the fountain head either of Vals, Carlsbad, or Frederic hall. Most of the secret remedies are complex as Warburg's Tincture and chlorodyne, and a good number of them owe their properties to their carminative, aromatic, and stimulating ingredients.

There are several old formulæ that are efficacious and well worthy of trial in certain affections. I may mention a useful one for flatulency and gripes:—

Cloves, nutmeg, mace, cinnamon, aa ʒj.; Saffron, gum-mastic, aa ʒj.; Grains of Paradise, zedoary, angelica-root, dragon's blood, long pepper, Winter's bark, aa ʒj. Infuse for seven days in one pint of rectified spirit. Dose—one teaspoonful in a cup of tea.

A stimulant and strengthening mixture in use by our forefathers, called "Usquebaugh," was made thus:—

Aniseed, liquorice, aa ʒj.; cloves, mace, nutmeg, cinnamon, ginger, aa ʒss.; dates, raisins, aa ℥ʒ.; rectified spirit, 1 gal. Infuse ten days, strain, colour with saffron. Dose—half a wineglass.

Yours faithfully,

Feb. 23, 1877. LAUDATOR TEMPORIS ACTI.

CHEAP DOCTORING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Bearing in mind that experience is the great necessity of the medical man, and that thorough aptitude in the recognition and treatment of disease is only to be arrived at from multitude; also that as men advance in practice they eliminate from their formulæ all but the sure and ready remedies, leaving to bookmakers and lecturers the vague and uncertain. These facts are the wealth and foundation of dispensary practitioners, who, unlike the gratuitous prescription distributor, immediately derive benefit without injury to the independence of the patients, and without profit to the chemist, and in consideration of the class of patients to the advantage of the ratepayers. They likewise correct the injustice of the hospital out-patients' room; and when considered philosophically and

without prejudice, will be regarded as the true philanthropists of the profession. You may perhaps raise your eye-brows in unbelief, and mutter, can this be done for fourpence?

I answer, well, and leave a fair margin of profit for the prescriber in many cases; truly there are exceptional cases of interest where the client carries away much more than has been paid for, but these cases are comparatively rare; and from these at least a good and kind name may be derived. Test the principle crucially. Take a dozen cases as they arrive in your consulting room, write your prescription, eliminate from your formulæ the unnecessary, refer them to the price list of my druggist, Messrs. Corbyn, of Holborn, and the result will be the proof. You will remember that the many give experience, the many also repay. Now what does your journal or the like do, to correct the illegal prescribing of druggists, who, offering medicine at a low rate, place drugs together in a bottle without educated judgment; by this practice draw much money which should pass to the medical men, also by their nostrum-vending, sanction the use of the remedies, so called, which by an iniquitous law are allowed to outrival legitimate practice. Do your journals persistently and honestly use their influence to arrest such practices, or do you not rather turn your forces against the only powers who, by placing before the people honest experience and medical treatment at a reasonable rate, reduce the reasons for seeking illegitimacy of practice to a minimum. Concerning the question of advertising, I must refer you to the practice of special hospitals, as in *Lloyd's Weekly Newspaper*. These are the schemes of the leaders of the profession, and are necessary for success. They are the advertising propensities of the medical fraternity.

Sir, yours faithfully.

P. V. Timothy, L.R.C.P., Lond.

[We are grateful to our correspondent for letting us into the secret of the success of the fourpenny dispensaries. It is now confessed for the first time that, in the supplying of medicine to fourpenny patients, the proprietors of such institutions "eliminate from their formulæ all but the sure and ready remedies, leaving to bookmakers and lecturers" the rest of the Pharmacopœia. The *modus operandi* is naïvely described by our correspondent. Take a dozen cases as they arrive in your consulting room, write your prescription, eliminate from your formulæ the "unnecessary," and so forth. What between confining themselves to the "*sure and ready*," and eliminating "the *unnecessary*," the letter of our correspondent seems to corroborate on the best authority our recent statement that a little nasty-tasting liquid and a dose of salts is the lot of most fourpenny patients. It would be of material advantage to the profession if we were informed as to what constitutes the "unnecessary." Perhaps anything costing more than threepence a pound would come within the category.—Ed. *M. P. & C.*]

Literature.

THE COUNTRIES OF THE WORLD. (*a*)

These numbers of the serial which the Cassell firm are issuing in monthly parts, happen, just now, to possess special interest, inasmuch as the first four numbers of the series are devoted to Arctic travel, and the manners and customs of the Esquimaux and Greenlanders, and the account given by Dr. Brown, may be read with advantage as a pendant to the narratives of the Arctic Expedition, with which the newspapers have made us familiar. Dr. Brown's work is apparently accurate without losing its popular character, and its reading is, therefore interesting; while it conveys information which may be relied upon. The illustration of the book is especially admirable, each having a finely executed frontispiece and numerous woodcuts of remarkable excellence. The sixth part enters upon the description of Hudson's Bay Territory. The fur trade, the customs of the North American Indians, and the mode of life of the trappers, and the interest of the narrative is in no way prejudiced by the change of scene. There are few of the institutions of the country doing so good a work, and none so large a work in the education of the middle classes as the Cassell firm. Their works are well selected for general reading, pure in tone and in literary style, and elegant in production.

(*a*) "The Countries of the World." A Graphic and Popular description of the Countries of the World. Illustrated. By Robert Brown, M.A., F.R.G.S., Ph.D., F.L.S., late President of the Royal Physical Society, Edin. Cassell, Petter, and Galpin. 4to. Parts, 2, 3, 4, 5, and 6. Each pp. 64.

THE REPORTS OF THE LONDON HOSPITAL MEDICAL AND SURGICAL REGISTRARS. (*a*)

The first thing that strikes us on taking up these reports, which are bound up together to form one volume, is the large amount of space occupied by the medical compared with the surgical cases. To the discussion of the former 125 octavo pages are devoted, while the latter occupy only forty-six. This is the more surprising, as the London Hospital has always been celebrated as a surgical school from its foundation. We find that the average number of medical cases in the hospital is 247; of surgical cases 306, giving a total of 553, one of which few metropolitan schools can boast.

We notice in the medical report the record of six cases of ague, all of whom were treated with quinine and recovered. On the same page also we notice the record of a case in which a patient appeared to contract enteric fever in the Hospital. . . . There was a case of enteric fever in the bed next to this patient, whose stools were emptied down the water-closet of the sub-ward in which they both lay. The patient who contracted the fever did not use the water-closet. Both the patients admitted with fever, and the one who contracted it in the hospital well attended by the same nurse. The patient recovered. One case of traumatic tetanus appears *cured* in forty-seven days with chloral hydrate.

In the surgical report, the first thing noticed is the very large proportion of deaths after thigh amputation—viz., seventy per cent. Two amputations at the hip-joint were performed during the year.

It is impossible to over-estimate the value of such reports as these—a value, however, we regret to say, not much appreciated. If more details were given, possibly hospital reports might be sought after by a larger number than at present.

AIDS TO BOTANY. (*b*)

The work of medical education actively engages the attention not only of teachers who consider themselves more or less responsible in the preparation of the student for his pass examinations and for the active duties of professional life; but also of those who, having passed through the trying ordeal and arrived at the goal of their ambition, are willing to offer to become finger-posts to point the way of success to those who follow. To secure this object men are found willing to devote their time and abilities in the preparation of "Manuals" and "Aids to Memory" on every subject required by either College, Hall, or University. Some months ago it was a pleasur-

(*a*) "London Hospital. The Medical Report for 1875." By Stephen Mackenzie, M.D., M.R.C.P., Medical Registrar and Assistant Physician to the Hospital. 1876.—"London Hospital. The Surgical Report for 1875." By Herbert W. Page, M.A., M.C. Cantab, F.R.C.S. Eng. 1876.

(*b*) "Aids to Botany." By C. E. Armand Semple, B.A., M.B. Cantab. M.R.C.P. London: Bailliére, Tindall, and Cox.

"Aids to Examinations." By W. Douglas Hemming, M.R.C.S. &c. London: Bailliére, Tindall, and Cox.

able duty to notice an excellent attempt in this direction, "The Student's Aid to Anatomy," by Mr. George Browne, and we are now called upon to direct particular attention to two companion waistcoat pocket volumes, in every way worthy of commendation.

Dr. C. E. Armand Semple's "Aids to Botany," aim at placing in a well arranged form the elementary facts of botanical science so that the student will find no difficulty if he chooses in committing the whole to memory and summoning them to his aid at the right moments.

Mr. Douglas Hemming's "Aids to Examinations" embraces a somewhat wider field of knowledge, it embraces Materia Medica, Medicine, Midwifery, Pathology and Forensic Medicine, in all of which the author presents at a glance examples of the questions put by the examining boards throughout the United Kingdom and the answer expected, according to the best authorities on the subject. It is well known that there are many students, who while they possess ample knowledge, find great difficulty in transferring that knowledge clearly and succinctly to paper and fail from this cause alone; for such, these little pocket companions are especially designed, and we are sure they will feel grateful that these useful and painstaking aids to memory have been printed and published.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted licentiates of the College on February 21st:—

Richard Bevan, New Romney, Kent.
Samuel Henry Byam, 14 Milner Street, S.W.
Chas. Hamilton H. Cameron, Bethlem Hospital.
Chas. P. B. Clubbe, St. Bartholomew's Hospital.
Peter Cooper, 3 Tavistock Street, Bedford Square.
Cautley Dawson, Leeds.
Frederick S. Edwards, St. Mark's Hospital.
Henry Gorst, Royal Infirmary, Liverpool.
Frank Samuel Goulder, Woodbastwick, Norwich.
Delaware Lewis Irvine, Newcastle-on-Tyne.
George R. McDonagh, M.B., 139 Kennington Road.
Alfred Rees, Maesteg, Glamorganshire.
James W. Roughton, 1 Birkbeck Street, Norwood.
John Burton Rudduck, London Hospital.
Leader Henry Stevenson, Guy's Hospital.
Edmond Symonds, Thaxted.
Edward Beadon Turner, 9 Sussex Gardens, W.
Robert S. Tyrrell, M.B., 139 Kennington Road.
John Rheece Wynn Webb, St. George's Hospital.
Chas. H. White, Brathay House, Tufnell Park.

Indian Medical Service.—The Military Secretary, India Office, presents his compliments to the Editor of the MEDICAL PRESS and begs to enclose for publication a list of the candidates for Her Majesty's Indian Service who were successful at the competitive examination held at Burlington House on the 12th February, 1877. Forty-six candidates competed for 27 appointments. All were reported qualified.

	Marks.		Marks.
T. K. Rogers	2519	J. A. Nelis	2045
W. K. Hatch, ...	2349	D. Mullen, M.D. ...	2043
W. Owen	2345	E. L. Robinson ...	2016
W. Coury	2315	A. W. Mackenzie ...	2015
H. D. Masani ...	2265	J. G. Hancock ...	2010
D. M. Jaek	2220	A. M. Crofts	1975
H. A. F. Nailes ...	2210	W. Coates, M.D. ...	1947
R. J. Taaffe	2194	D. Elcum	1945
W. Gillies	2185	N. Chatterjie... ...	1925
G. J. Kellie	2180	M. J. MacCarthy M.D.*	1919
K. R. Kirtibrar ...	2150	James Crofts	1880
J. Mullane, M.D. ...	2100	W. B. Smyth... ...	1853
G. C. Bouton... ...	2082	J. Blood	1822
D. Basu	2065		

* Mr. MacCarthy having withdrawn, Mr. B. L. Dutt is appointed in his place.

Army Medical Service.—List of gentlemen who were successful for appointments in Her Majesty's Army Medical Service at the Examination held at the University of London on the 12th February, 1877:—

	Marks.		Marks.
Mullen, J. J. ...	2623	Hogan, E. M. A. ...	1781
Murphy, F. H. S....	2353	Ellis, P. M.... ...	1770
De Caux, T. ...	2210	Kearney, T. ...	1705
Johnston, W. F. ...	2011	Kenny, W. J. ...	1645
Hodson, R. D. ...	1995	Irwin, A.	1550
Armstrong, J. ...	1945	O'Sullivan, P. J. ...	1521
Kirkpatrick, H. C....	1886	McCarthy, W. ...	1465
Browne, A. W. ...	1875	Brodie, J. F. ...	1290
Powell, C. R. ...	1808		

Successful Treatment of Enlarged Spleen by Hypodermic Injections of Ergot.—Dr. J. J. Jones, jun., Little Rock, Arkansas, publishes the report of a very interesting case of this nature, which yielded to the hypodermic injection of ergot, when all other remedies had failed. (*M. S. Reporter*, Oct. 7th, 1876, page 291). The patient was a young man, æt. 58, unmarried, a native of Illinois. He was admitted into hospital, under Dr. Jones's care, June 29th, 1876, having suffered from intermittent fever, attended with enlargement of the spleen from the preceding January. The enlargement of the spleen is described as enormous. Notwithstanding a variety of remedies being diligently made trial of, the man's condition became critical in the extreme. "Bowels and urinary organs became complicated with general derangement;" œdema of the legs and feet, rapid emaciation and loss of appetite set in; dissolution seemed imminent. The subcutaneous injection of ergot having been suggested in the columns of the *Med. Surg. Reporter*, in answer to a query on the subject, the result may best be given in Dr. Jones's own words:—"Acting upon the suggestion, I began, on the morning of July 26th, and threw eight drops of Squibb's fluid extract of ergot under the skin, over the left lumbar region, continuing the constitutional treatment of iron, quinine, cod-liver oil, and whisky. To my complete surprise, I found the spleen on the next morning to have diminished at least six inches in circumference, and the patient greeted me with the expression, 'Doctor, my belly has gone down so much, it will wrinkle when I sit up." The œdema had disappeared from his feet and legs almost entirely, and the other complications began to subside at once. I used the ergot in the same manner five times, on successive days, with one or two intermissions, and to day, August 2nd, the patient is convalescing, with a respectably proportioned spleen. I consider him about well, and attribute it all to the use of the ergot."

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

J. B.—Applications for the office of Constabulary Medical Attendant should be made to the Inspector-General of Constabulary at Dublin Castle. All the regulations will be found in the "Irish Medical Directory." Usually the post is offered to the dispensary medical officer of the district and not given to another unless refused by him.

NUMEROUS Original Communications, Letters, and Notices of Books, &c., are again crowded out for want of space.

MR. R. SUMMERS.—With pleasure.

THE LATE SIR WM. FERGUSSON.—Those of our readers who wish to possess some little memento of this great surgeon will find threepence very well spent in the purchase of *The Pictorial World* of last Saturday, which contains a life-like engraving and an excellent biographical sketch of the deceased.

DR. S. G.—We do not know the price of the French edition: it is a rather thick volume of about a hundred plates and six hundred pages of text. Our correspondent will probably get the desired information of Messrs. Bailliére and Co.

MR. PHILLIPS should write at once to the medical officer of health in his neighbourhood, who is bound to see that the provisions of the Act are carried out.

SOCIETY OF ARTS.—We are asked to state that, in consequence of an unfortunate accident to Mr. Chas. W. Vincent, F.R.S.E., F.C.S., his lecture on "Spontaneous Combustion in Factories and Ships" is postponed.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 7, 1877.

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Pathological Anatomy of the Brain

LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Chapter XV.

Gentlemen,—We must here make an important distinction; as we have already noticed, the symptoms will vary remarkably, according to the seat of the injury of the internal capsule.

If it affects any part whatever, in the anterior two-thirds of the capsule, the region where the white tract separates the anterior extremity of the lenticular nucleus from the head of the caudate, which region belongs, as you know, to the domain of the lenticulo-striate artery—paralysis will affect movement exclusively—no lasting trouble of sensibility will be present.

If, on the other hand, having invaded the domain of the lenticulo optic arteries, the lesion affects the posterior third of the capsule, in the part where this passes between the posterior end of the lenticular nucleus and the thalamus, the presence of cerebral hemi-anæsthesia will be, so to speak, a fatal event. Most frequently, the lesion occupying a mixed (or neutral) territory, the paralysis of sensation will be accompanied by a more or less well-marked motor paralysis. But it may happen that hemi-anæsthesia appears alone, as when the most receding parts, the most posterior parts of the internal capsule, are alone markedly affected.

I have now exclusively alluded to really *destructive* lesions of the internal capsule—in other words, those which by laceration, or necrosis, cause an irreparable loss of substance in these parts. It is important to distinguish this state of things from that in which the internal capsule is affected not directly, but as it were indirectly by the fact of its vicinity to a lesion confined to the grey nuclei surrounding it on all sides.

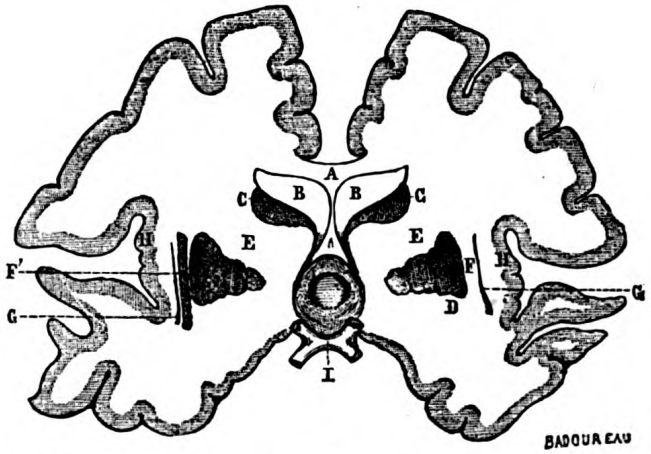
Thus the distension of one of these nuclei, in a case of interstitial hæmorrhage, might have the effect of compressing the nervous fasciculi composing the internal capsule, thus secondarily suspending the function of these fasciculi. But as, in such a case, the nervous fibres of the capsule are only compressed and not destroyed, the paralytic phenomena resulting from that compression (excepting of course, the presence of a tumour) must be quite transient.

The combination which I have just called your attention to, is frequently met with in cases of intra-cerebral hæmorrhages; it makes the interpretation of symptoms often very difficult. And if you are not aware of the difficulties you will be tempted, it has often been done, to trace the symptoms to destruction of the corpora striata or thalami—symptoms, which are uniformly the result of vicinage and of compression of the internal capsule. And to go further into the matter, let us suppose that we have to do with a clot in the "favourite spot," "lie d'election." The blood has been poured out, outside of the lenticular nucleus, in the place we have spoken of so many times, and the third segment of the nucleus (the putamen) has been partly broken up. I have told you how, in such a case, the outer boundary of the clot formed by the convolutions of the island of Reil, the "front wall," and the external capsule, resists the pressure of the mass of blood, while the grey nuclei are together turned inwards towards the ventricles.

It is clear that the structure of the internal capsule will be more be more or less severely compressed in consequence of such a change. Looking at it from the symptoms, two conditions may be regarded.

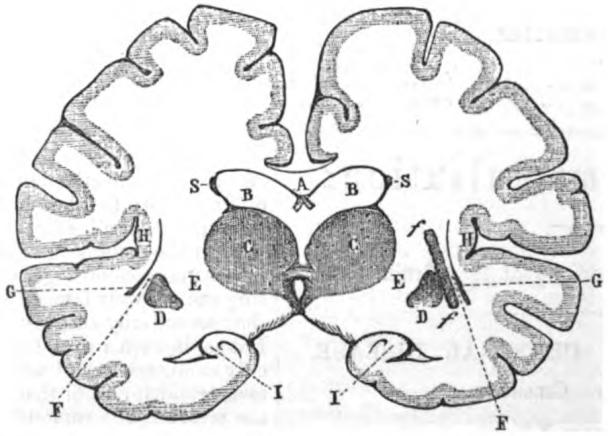
Sometimes the effusion is confined by those parts of the lenticular nucleus which correspond to the anterior half or two-thirds of this body, in other words to the domain of lenticulo-striate artery. Hence, *the anterior part of the internal capsule* will alone be affected, and that indirectly, by compression. The result will be a hemiplegia—exclu-

FIG. 14.



Extra-lenticular hæmorrhage (section behind the commissure) without hemianæsthesia.—A, Corpus Callosum; B, B, Lateral Ventricle; C, C, Caudate Nucleus; D, D, Lenticular Nucleus; E, E, Anterior or Lenticulo-Striate Region of the Internal Capsule; F, External Capsule; F', Hæmorrhage focus, having destroyed the External Capsule; G, G, Front Wall; H, H, Insula; I, Optic Commissure.

FIG. 15.



Extra-Lenticular Hæmorrhage at the level of the posterior part of the Optic Thalamus; Cerebral Hemianæsthesia.—A, Corpus Callosum; B, B, Cavity of the Lateral Ventricles; C, C, Optic Thalami; D, D, Lenticular Nucleus; E, E, *Posterior or Lenticulo-Optic Region of the Internal Capsule;* F, External Capsule; G, G, Front Wall; H, H, the Island; I, I, Cornu of Ammon and Sphenoidal Cornu of Lateral Ventricle; f, f, Extra-Lenticular Hæmorrhagic Focus incorporating above the Internal Capsule; S, S, Posterior Extremity of the Caudate Nucleus.

sively motor—affecting the *opposite side*. Sometimes, creeping further and farther backwards the clot will extend to the posterior limit of the lenticular nucleus, the compression then affecting the *posterior part of the internal capsule*, symptoms of hemi-anæsthesia will be added to the motor paralysis.

Such are the facts. Now to explain them. Having during life noticed the aforesaid symptoms (motor hemiplegia and hemi-anæsthesia), and *post-mortem* having found the existence of a clot in the lenticular nucleus, are you going to conclude from these facts that the lenticular nucleus has control over both sensation and voluntary movement in the opposite side of the body?

That would be an unfair conclusion, for supposing the patient recovered, the effusion being absorbed, and nothing remaining but a yellowish striate of cicatrix, the hemi-anæsthesia and motor paralysis would no doubt have disappeared without leaving any trace—in spite of the destruction of part of the lenticular nucleus. What I have said, gentlemen, of hæmorrhage in the lenticular nucleus applies equally to hæmorrhages into the substance of the posterior part of the thalamus. These effusions occur in consequence of the external posterior optic artery, one of the branches of the posterior cerebral. They are generally announced clinically by a more or less marked hemiplegia, but also, almost always, by more or less complete hemi-anæsthesia—supposing the clot to be of sufficient size. Must we then at once conclude, as so many authors continue to say, that the thalamus is the seat of common sensation? No, most assuredly; it would be easy to cite a number of cases where a lesion of the posterior part of the thalamus, brought about by an effusion of blood, after having caused troubles of sensation in the early period of the disease while the state of compression lasted, ceases to be accompanied by these symptoms in the later stages, when resorption of the clot having taken place, compression of the posterior part of the internal capsule no longer exists.

It is probably needless to insist longer on the fact that in regional diagnosis of affections of the central masses of the brain, the "situation is commanded" by involvement or non-involvement of the internal capsule.

IV.—These propositions, gentleman, have a great practical interest. They have been placed before you in the form of a "postulate" so to speak. They should be actu-

ally proved by regular demonstration, or in other words, the documents should be laid before you which constitute their basis in human pathology.

We ought to know the theory of the facts about which we are concerned, to penetrate, as far as possible, their anatomical and physiological *reason*. And to this end we must refer to the normal anatomy of the brain, to complete our investigations, almost for the last time, however.

In the preceding lesson, the important part in the pathology of the central masses, taken from lesions of the two great departments of the internal capsule has been fully shown to you. Herein we have justified some conclusions we have drawn, *apropos* of the anatomical constitution of this great tract. Now we must go further, and inquire what there is anatomically peculiar in the anterior or lenticulo-striate region of the capsule, as contrasted with the posterior or lenticulo-optic region whose lesion produces the syndrome of cerebral hemi-anæsthesia. Let us begin with this last point.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

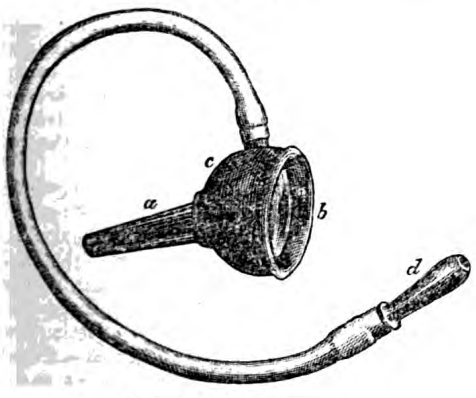
By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page* 141.)

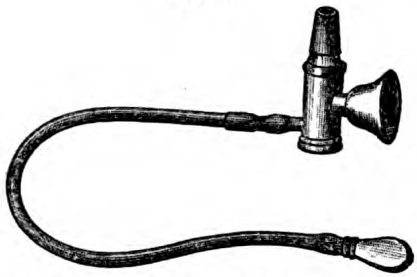
The mode of using the otoscope is simple. The patient is desired to shut his mouth, and at the same time to hold his nose firmly, and then to blow (not too forcibly), when the air is at once heard with a gentle rustle impinging against the membrane. The previous insertion of the speculum when this is done, will show the degree to which the patient can inflate the membrane. In the majority of cases we recognise the fact that air has impinged by an alteration in the shape of the membrane or any temporary obliteration of the triangular spot. But there are extremes of rigidity or flaccidity, in which it is hardly affected, or it is blown out bladder-like, and yields abnormally to the force of the entering current. We may get a peculiar moist gurgling sound of varying shades of intensity, denoting a moist state of the Eustachian tube, and probably an accumulation of mucus in the tympanic cavity. On the other hand, there is in many cases of old tympanic mischief a dry crackling sound, which accompanies that flaccidity of the membrane above-mentioned, and which I have found present in long standing cases of retained secretion. But familiarity with these various sounds is to be gained only from the constant use of the otoscope; they are to be learned not from description but from practice. Grüber has drawn attention to the relative value of the secondary sounds which we hear during the recoil of the membrane and ossicles, &c. Though aware of the occurrence of these sounds, I have not observed any further fact of practical importance in connection with them. For further determining the presence of adhesions of the membrane and the mobility of the malleus, the pneumatic speculum first introduced by Siegle is very valuable. It consists *vide* (Fig. 8) of an ordinary vulcanite speculum (*a*), which screws into a vulcanite box (*c*) covered with a glass lens (*d*), which is also screwed on. By placing a little piece of india-rubber tubing on the tubular part, it fits air-tight into the meatus. The box has an india-rubber tube and a mouth-piece (*a*) connected with it, which is placed in the mouth of the surgeon; suction is applied to the end of the tube, and the air drawn from the meatus, thus acting on the membrane, and with a good light thrown through the speculum this membrane is seen magnified, and any adhesions and inequalities which may exist are disclosed. I before referred to its existence in a diagnostic and a therapeutical point of view for the relief of tinnitus, a fact first dwelt on by Mr. Hinton.

Fig. 8.



Siegle's Speculum.

Fig. 9.



Morison's Speculum.—(Modification of Brunton's Auriscope).
(*Arnold and Son*).

Fig. 9 is a representation of Mr. Alexander Morison's speculum, a description of which, in his own words, I quote from the *British Medical Journal* of Dec. 22, 1876: "This is simply a miniature Brunton's speculum with an exhausting tube having an ivory mouth-piece attached. Near the point where the elastic tubing joins the speculum, there is a small valve which closes on respiration, thus preventing the breath from dimming the reflector. The advantage of this modification is, that, on account of the reflecting mirror in the speculum, and because of the observer looking directly on to the membrane through a lens placed parallel with the surface of the eye, the membrane can be more easily inspected than by direct light and through the obliquely placed eye-piece of Siegle's original speculum." But by far the most valuable means of ascertaining the condition of the membrane and the Eustachian tube, is that devised by Dr. Politzer. A bag, such as the one to be represented in a future paper is furnished with a valve at the bottom. This, or the douche of Mr. Lennox Browne, is held in the right hand; the patient is given a little water to keep in the mouth, and he is directed to swallow the fluid, immediately on his being called on to do so. The surgeon then introduces the india-rubber tubing attached to the nozzle of the bag into the floor of the nostril, and firmly closes with the forefinger and thumb of the disengaged hand both nostrils. When the patient is called on, or a signal is made to him to swallow, he does so, and immediately, *during the act*, the air is expelled from the bag, and it rushes into the ears. There is no difficulty whatever in carrying out this simple manœuvre, and even children get quite accustomed to the inflation if in the beginning they are taken gently and gradually are taught. Mr. Dalby recommends for children the use of an india-rubber tube "with a mouth-piece at one end and a nozzle at the other," and he blows through the tube as they swallow. Figure 10 represents another variety of Dr. Politzer's bag; it is furnished with a tube and two nose pieces. This the patient can use himself, and by it we avoid the unpleasantness of pushing

the tube into the nostrils. The douche that I generally, of late, give to patients to use themselves is that repre-

Fig. 10.

Politzer's Insufflator, with Allen's Improvement.

Fig. 11.

L. Browne's Air Douche.

sented in Figure 11, but I prefer the plain Politzer bag, to any other form for my personal use. These instruments may be obtained of Messrs. Khrone and Seseman, Duke Street, Manchester Square.

Clinical Records.

ST. MARY'S HOSPITAL.

Twelve Cases of Rheumatic Fever treated with Salicylic Acid.

Under the care of Dr. Handfield Jones, F.R.C.P., and Dr. Cheadle, F.R.C.P.

Reported by Mr. J. Swain Scriven, L.S.A.

(*Continued from page* 163.)

Case 9.—Female, æt. 18, servant.

1st day.—Temp. 102. Much erythema in ankles. Ac. salicyl., gr. xx., every hour for six hours.

2nd.—Temp. 100. Pains decreased.

3rd.—Temp. normal. Great swelling of joints; erythema gone. Ac. salicyl., grs. xx., every six hours, daily.

4th.—Pains variable.

5th.—Medicine makes her feel sick.

8th.—Omit ac. salicyl.

9th to 34th.—Pains variable. Temp. normal.

Had rheumatic fever four years ago. Heart sounds clear; no albuminuria. Salicylic acid caused nausea and deafness. The pains, though not severe, were very persistent; but this can be accounted for by the conduct of the patient, who took a great dislike to the medicine, and acknowledged that she kept it in her mouth after it was given her till the nurse turned away, when she spat it out. She would also get out of bed whenever she had a chance, and run about the ward; and when hot in bed, throw off the coverings and the flannel which she was ordered to wear over her shoulders when in bed. In spite of all this the temp. remained normal, though pains and swelling remained, with various degrees of intensity, for some time. Discharged on the thirty-sixth day, cured.

Case 10.—Female, æt. 16. Father, stationer.

1st day.—Temp. 103. Ac. salicyl., gr. xv., every hour for six hours.

2nd.—Temp. normal. No pain.

History good. Heart sounds clear; no albuminuria; no deafness. Pains in lower limbs yielded at once to treatment; only six doses necessary. Joints remained stiff for some days. Discharged sixteenth day, cured.

Case 11.—Male, æt. 30, postman.

1st day.—Temp. 100; pulse 100. Ac. salicyl., gr. xx., every hour for six hours. Temp. after six doses, 100.

2nd.—Temp. 99. Less pain.

3rd.—Temp. 99. No pain. Omit salicylic acid.

4th.—Temp. normal. Some pains. Ferri et quiniæ cit., gr. v., mist. pot. cit., ℥j., t. d. s.

19th.—Pains diminished gradually, and none now.

History good. Does not drink much. Temp. and pain yielded quickly to acid, but pains returned. Temp. did not again go up, and pains ceased after a time. Heart-sounds clear. No albuminuria. Discharged twenty-first day, cured.

Case 12.—Female, æt. 36, husband labourer.

1st day.—Temp. 99. Great pain. Ac. salicyl., gr. xx., every hour for six hours daily.

2nd.—Temperature normal. Pains less.

3rd.—Reduce ac. salicyl. to gr. xx. every hour for three doses, daily.

5th.—Pains gradually less, and now ceased.

History good. Heart sounds clear. No albuminuria. Medicine induced deafness. Pain yielded at once to the remedy, and never returned. Discharged cured eleventh day.

The principal deductions to be drawn from the foregoing cases are as follows:—

1. Salicylic acid though not a "specific" is a most valuable remedy in cases of rheumatic fever.

2. The bowels should be well open before the treatment is commenced.

3. It is best given in water, combined with an equal quantity of carbonate of soda. The addition of tinct. aurantii makes it more palatable; when given as a powder it is very disagreeable to the palate.

4. It generally produces deafness, which however is only temporary, passing off as the drug is eliminated from the system.

5. It may sometimes produce irritation of the stomach, causing nausea and sickness, and to such an extent as to render its use in some cases impracticable, but this does not often occur.

6. Its effects appear not so good where there is a syphilitic history, such patients among the above not being so amenable to the treatment as the others.

7. The production of deafness and nausea is apparently not modified by the presence of extreme pain, nor by a high degree of temperature.

8. It is advisable to continue the use of the drug after the temperature has been reduced to normal, though the doses should be smaller, and administered less frequently, as if discontinued too soon a relapse is likely to occur. Dr. Handfield Jones is, however, of opinion that it is best to leave off the remedy as soon as defervescence takes place, and if needful, give it again on a return of the pains or high temperature.

9. Salicylic acid probably lessens the tendency to pericarditis and endocarditis; as of the twelve foregoing cases, excluding one, Case 6, in which there was marked morbus cordis on admission, there were only two that had any murmur, viz., Case 7, murmur heard on the fourth day, which ceased on the sixth, and Case 8, murmur heard on the third day, and ceased on the ninth. Both cases had feeble hearts on admission. In one other case, Case 3, the first sound of the heart was slightly prolonged on a single day, the eleventh after admission; and it is also noteworthy that though Case 5 was admitted with a very weak heart, there was no murmur throughout.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Sixth Meeting of the Session was held on Friday evening, Feb. 16, the President of the College, Dr. G. H. KIDD, in the Chair.

EXTENSIVE HIP-JOINT DISEASE.

Mr. COLLINS said the specimen he exhibited to the Society was removed by the operation of excision of the hip-joint from a little girl six years old. She had suffered from the disease for more than a year and a-half. Shortly before the time of of her admission to hospital, four months since, an abscess opened of itself 3½ inches below the anterior inferior spine of the ilium. The suppuration gradually wore the patient down, and she was beginning to succumb to hectic, small pieces of bone coming away from time to time in the discharge, but he was unable to touch diseased bone with the probe, for he examined it carefully, and so also did many of his colleagues on various occasions. That fact was owing to the tortuous nature of the sinuses. The ordinary silver probe was not only used, but he used also the probe that Mr. Sayre, of New York, particularly recommended. However, evidence of the diseased bone could not be obtained; but from the pieces of bone coming away, and the child's health giving way, he determined on performing the operation of excising the hip-joint. He found the upper portion of the femur diseased; the head was gone, and epiphysis also; and there was only a small stump representing the neck of the bone. Though the bone appeared healthy immediately below the neck, he removed it, as Mr. Sayre and he (Mr. Collins) believed all the best surgeons who had written on this disease recommended, below the great trochanter, and immediately above the lesser trochanter, and he thought the case was interesting as showing the advisability of doing that, because, though the bone appeared tolerably healthy externally immediately below the place from which the head and neck had been absorbed, still, on making a section of the bone, there was very extensive disease manifest, passing down almost to the limit of the incision. Whether that was tuberculous matter or simply pus he did not say; at all events, there was evidence that the bone was in a state of death to within a short distance of where he sawed the bone. The acetabulum was very extensively diseased; it was carious and perforated. He was able to pass his index finger from the bottom of the acetabulum, and could feel the soft structures lining the pelvis. The patient was going on remarkably well since the operation; she had less fever now than before, and every morning since the operation the temperature has simply been 99¼.

OVARIAN TUMOUR.

Dr. LOMBE ATTHILL exhibited a recent specimen to the Society which he said was, in his opinion, one of great interest, and exceedingly instructive. It was a large ovarian tumour, which had been removed from the body of a woman who died in the Rotundo Hospital on the previous day. She was admitted to hospital about three weeks ago. Her history was this:—She was married for many years, but never had been pregnant; she was about 43 or 44 years of age, and had enjoyed excellent health up till about May last, up to which date menstruation had regularly taken place; at that date, however, the menses ceased, but without any apparent derangement of her general health, and the flow never returned. A short time afterwards the abdomen commenced to enlarge, and continued rapidly to increase in size until about six weeks ago, when it had become so large that she consulted a local practitioner. He at first thought she was pregnant, but subsequently decided that it was an ovarian tumour, and tapped her, but no fluid was drawn away. She then sought admission to the Rotundo Hospital, and came under Dr. Atthill's care three or four weeks ago. The abdomen then measured round the umbilicus about 42 inches. There was universal dulness on percussion over the whole of the abdomen except in the region of the epigastrium, and also low down in the flanks on the inner side. Indistinct fluctuation could be felt about the umbilicus, and at a point above the umbilicus in a very indistinct degree. The uterus was of normal size. A tumour could be felt distinctly posterior to the uterus. This tumour was evidently distinct from the uterus, but whether it was part of the tumour above was not clear. He came to the conclusion that the woman was the subject of a multilocular ovarian cyst, and that there was a very large quantity of solid matter in the tumour. He therefore considered, from the great size of the woman, the rapidity of growth of the tumour, from the fact that her health had failed very much, and the great œdema of the lower extremities, that the case was a very unfavourable one for operative interference. During the three weeks she was in hospital her abdomen increased in circumference two and a-half inches. She then suffered from dyspnœa, was obliged to sit up in bed at night, and the œdema greatly increased. Ultimately she was tapped, and about three quarts of rather thick fluid drawn off. She expressed herself as greatly relieved by that operation, and on that night she slept. The next day she was cheerful and well, but on Tuesday she began to complain, and that night she was very restless, and notwithstanding the fact that the hypodermic injection of morphia was used, she hardly slept at all. On the day following there were well marked symptoms of peritonitis, incessant vomiting set in, she sank rapidly, and died 24 hours after, the peritonitis lasting only 30 hours. On making a section of the abdomen there were well marked symptoms of peritonitis, and the abdomen contained a large quantity of semi-purulent fluid. The cyst removed was found to weigh over forty pounds; it had not yet been opened, but it was quite evident that the diagnosis was a correct one, for the tumour was large and multilocular, containing a considerable amount of solid matter. Next to the tumour was a large projection into the posterior *cul-de-sac* of the peritoneum, and it caused some doubt as to whether it was a distinct fibroid or some portion of the tumour above. It was evidently distinct from the uterus, and detached from it, and on feeling it we felt confident that it was a fibroid tumour, and so it had proved to be. Looking at the result of the tapping and the general condition of the woman, there could be no doubt that the decision not to interfere was in the case a wise one. The woman would have died had they performed ovariotomy, and her death would have been made use of by those few opponents who now exist to the operation as an argument in favour of the unjustifiability of an operation which is now so frequently resorted to. In conclusion, he might add that there were no adhesions.

Literature.

BENTLEY & TRIMEN'S MEDICINAL PLANTS. (*a*)

WE have already had occasion to draw the attention of our readers to this valuable and much needed work which is now in course of publication. Several parts have been issued since our last notice, and, therefore, we shall again renew our acquaintance with it.

The work consists of original coloured illustrations, natural size, with accompanying descriptive text of the plants which yield the drugs in common use. The British Pharmacopœia has been the chief guide in the selection of the plants to be delineated, but many will be found which, although not officinal here, are included in the Pharmacopœia of the United States or in that of India. The work will thus serve as an illustrated botanical guide to the British, United States, and Indian Pharmacopœias. Plants also which are employed in different parts of Europe, or which are used as food, are also described.

The letterpress is, as we have remarked on a previous occasion, a valuable part of the publication. We need not say that the chief portion of the letterpress is taken up with a full account of the botanical character and natural history of the plants illustrated, but this is followed by a succinct description of the composition, medical properties, and uses of the officinal parts of each plant.

The last five parts which have appeared are equal, both in the execution of the plates and in the descriptive text, to any of those previously published. Among the plants most commonly known we have in these parts excellent

(*a*) "Medicinal Plants, being Descriptions with Original Figures of the Principal Plants employed in Medicine, and An Account of their Properties and Uses." By Robert Bentley, F.L.S., &c., &c., and Henry Trimen, M.B., F.L.S. J. & A. Churchill. 1875—6.

delineations of Rosa gallica, Daphne Mezereum, Pinus sylvestris, Aconitum Napellus, Strychnos Nux vomica, Ecbalium Elaterium, Convolvulus Scammonia, Eucalyptus Globulus, Cephaælis Ipecacuanha, and Rheum officinale. Among plants less commonly known we have : Tinospora cordifolia, or Gulancha (Hindustani) a plant which is much used in India as a bitter tonic and antiperiodic. Erythroxylon coca, or coca, the leaves of which have been long used by the Indians as a stimulant and restorative, and to the chewing of which it was recently said that Weston owed his great success as a pedestrian. Its action appears to resemble that of tea, but recent inquiries would seem to show that its therapeutical properties are of a very mild or doubtful nature.

In conclusion, we may observe that to the student this will be a very valuable work of reference especially in preparing for his examinations ; while it will form a handsome and valuable addition to the library of every medical man. It is certainly a rather costly publication, but then it is to be remembered that it will be a standard work for many years to come, and not like most other medical works superseded by a new edition, or by some other medical work of the same kind.

Medico-Parliamentary.

MEDICAL PROMOTION IN THE NAVY.

On Friday last, in the House of Commons,

Captain Pim asked the First Lord of the Admiralty if the three medical officers who were promoted from the late Arctic Expedition were so promoted on the recommendation of the Director-General of the Medical Department of the Navy, and if so, whether any reference was made to that officer before such promotions were made, and why Fleet-Surgeon Nolan was not included in these promotions, and if it was his intention to bestow any reward upon that meritorious officer.

Mr. Ward Hunt.—I am sorry that I must decline, on general principles, to satisfy the curiosity of the gallant member. Promotions in the navy are made upon the responsibility of the First Lord, after consultation with his colleagues. The latter part of the question seems to imply a grievance. The promotion of surgeons was limited to a small number by the order in council, and no promotion takes place unless there is a vacancy.

THE SANITARY STATE OF THE WAR OFFICE.

Mr. Noel, in reply to Mr. Kay-Shuttleworth, said that plans and estimates were being prepared to carry out the expenses to be incurred in accordance with the report of the commissioners as to the sanitary state of the War Office. When they were ready they would be immediately sent to the Treasury for their sanction and approval, when every effort would be made to carry out the work as speedily as possible. The erection of a new War Office would be a very formidable undertaking, and he was unable to state whether her Majesty's Government had any scheme under consideration for the erection of a War Office.

A miser died last week at Woolwich at the advanced age of 86, leaving property to the value of £30,000 to £40,000. Of this sum a lucky member of our profession, Dr. Halifax, of Brighton, comes in for a legacy of £5,000, and local charities also are included in the will. The strangest part of the affair is that the deceased, who for nearly half a century had lived in the utmost seclusion, and denied himself the common necessaries of life, eating only when driven to it by sheer hunger, and then only the smallest possible quantity of the cheapest commodity, should have lived to such an age.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 7, 1877.

VISCERAL SYPHILIS.—II.

Many of the specimens exhibited in illustration of true or supposed syphilitic affection of the lungs were of great interest, and all the more so, from the fact that a little mystery still surrounds the real nature of some of these growths. Speaking generally, the lesions to which we now propose to draw the reader's attention, may be divided into those which are undoubtedly syphilitic, and those respecting whose pathogeny there is much difference of opinion.

Gummata, or what had all the appearance of gummata, were shown by Drs. Gowers, Green, Aitkin, and others. One of Dr. Gowers was a syphilitic nodule from a patient who also presented two gummata in the cerebellum. It was only one-third of an inch in diameter, ill-defined, and caseous at several points. It consisted of a small, round-celled growth, partly around the vessels, and infiltrating the walls of the air-cells, which were filled with a mixture of new growth and inflammatory products. Histologically, it was not possible to distinguish it from tubercle. Dr. Green showed a specimen of what he considered to be a form of gumma taken from a young man, who had also a well marked gumma in the liver. It consisted of a mass of induration, of the size of a small orange, passing gradually into the surrounding tissue, very fibrous, of a greyish-red colour, and the microscopical sections of which presented the ordinary appearances of syphilitic, small-celled growths. The peculiar naked-eye characters of the specimens, and the presence of a gumma in the liver was, in the opinion of the exhibitor, a strong confirmation of its syphilitic nature. Three specimens of gummata of the lung were also amongst those that were taken from the museum of the hospital at Netley ; but on the whole the number of gummata exhibited was not in proportion to

the frequency with which they are supposed to occur in the lungs. The attention of the Society was more attracted to certain fibroid changes, which were considered to be of a very suspicious character, when found in connection with a syphilitic history. One of the first specimens of this sort was shown by Dr. Greenfield. It was found in the lower lobes of the right and left lung, and consisted of fibrous bands passing from the pleura inwards, along the course of the vessels, and producing contraction and puckering of the pleura. Another specimen of the same kind was shown, and both of them closely resembled one previously exhibited by Dr. Payne.

At the second meeting of the Society, Dr. Goodhart exhibited microscopical sections and drawings of a fibroid form of pulmonary syphilis, taken from four cases in whom a syphilitic history was well established. The naked eye appearance of these growths was remarkably characteristic of syphilis. They were prominently fibrous, and not tubercular; they were seated at the base or root of the lung, and not at the apex; they were associated with marked puckerings of the pleura; they were symmetrical, and not unilateral, and they led rather to gangrene than to molecular or cheesy changes. But in their minute structure they did not differ from those of the more chronic forms of tubercular phthisis, or chronic pneumonia. They consisted of thickening of the lobular septa, coats of the vessels and bronchi, with dilatation of the latter, the fibrous septa being in places crowded with small cells and nuclei, growing between the alveoli. The extreme vascularity of the new tissue, however, was a point of importance, and was probably, observed Dr. Goodhart, the source of hæmoptysis in fibroid phthisis. In the complications of morbid lesions found in the case of syphilis, brought forward by Dr. Pye-Smith, disease of the lung was a prominent feature. There was no tubercle to be found in any part of the body, but a large amount of visceral syphilis. There was a single fibrous nodule in the lower lobe of the right lung; while the left lung was the seat of more or less consolidation, which was firm and grey, and traversed by dilated tubes. It was a form of chronic interstitial pneumonia consisting of a fibro-nuclear growth, with numerous small vessels, abundant fibro-cicatricial tissue and bronchiectasis, and appeared to arise from a chronic contracting peribronchitis. But there were no tubercles, caseous change of any kind, affection of the glands, or peribronchial tubercles, or stuffing of the alveoli with catarrhal cells.

Before analysing the evidence in favour of or against the syphilitic nature of all the specimens that were exhibited at the society, it remains for us to notice the chief points in connection with syphilitic affections of the *Brain and its Membranes*.

Of the twenty-two cases of syphilitic disease examined after death by Dr. Greenfield, two died from gummata in the brain and dura mater, but it must be borne in mind that in this statement we are excluding those cases (from the same category) of diseased cerebral arteries to which we have already drawn attention. The two specimens exhibited by Dr. Gowers were very instructive ones. In one of syphiloma of the brain the growth sprang from the dura mater, involved the pia mater, and invaded the brain tissue by several processes, which surrounded the blood-vessels, and branched out into the substance of the convolution. This mode of extension of cerebral syphilomata was, remarked Dr. Gowers, long ago pointed out by Virchow, and he believed all apparently intra-cranial gummata sprang from processes of pia mater between the convolutions. The other specimens consisted of two nodules growing from the dura mater, composed of rounded nucleated cells, 1-2,000th to 1-3,000th of an inch in diameter, with a few fusiform cells, and a delicate fibrillary stroma. Again, in the interesting case related by Mr. Hutchinson, the real nature of which was not recognised till after death, the skull was found very thick and hard, its dura mater adherent in patches, and in the pia mater indenting the convolutions, which were also implicated; there were a number of dense, pinkish-white lumps, or small gummata. Dr. Sutton also exhibited a drawing of syphiloma of the brain, in which the new growth or node, springing from the inner surface of the parietal bone, involved the membranes of the cortical substance of the subjacent convolutions, while the left optic, and the left third and right sixth nerves were surrounded by a greyish material. The dura mater was adherent to the brain in the left hemisphere, and the outline of the convolutions was lost. Nor did the membranes of the brain escape implication in the many visceral changes found in the case adduced by Dr. Pye-Smith. There was a patch of caries of the frontal bone in the middle line, to which the dura mater was adherent, and from this point a thick vascular condyloma of the membrane adhered to the brain over the first and second frontal convolutions. In one of the specimens showed by Dr. Gowers both the brain and the spinal cord were the seat of syphilitic growths. There were old thickenings around left fifths nerve-roots and ganglion, as well as around the third, fourth, and sixth nerves. There was an old gumma in the position of the fundibulum, and a recent growth in the left crus, which extended to the case of the optic thalamus. The lower cervical region of the cord was also the seat of two recent growths, one of which was so large as to occupy half its area in the posterior and left portion of the cord. The growth beneath the optic thalamus was found to be continuous along the crus, with a small growth close to the surface of the pons, beneath the induration around the fifth nerve. Lastly, we have to notice two specimens from the hospital at Netley, one of a gumma the size of a walnut, seated below the extra-ventricular part of the corpus striatum. The other one in which the calvaria was diseased and adherent to the dura mater, while the anterior lobe of one cerebral hemisphere was softened, and the seat of two gummata, with softening of the central ganglia also.

We need scarcely remark that specimens of visceral syphilis occurring in other viscera than those above-mentioned were shown at the last three meetings of the Pathological Society. There were to be seen syphilitic lesions of the liver, of the spleen, of the testis, and other parts, but as these in a clinical point of view yield in interest to those which attack the arteries, the brain, or the lungs, we need not draw particular attention to them. As we mentioned in the case of disease of the arteries, so also with respect to syphilitic affections of the brain or the lungs, the history of the cases which furnished the specimens showed what great importance is to be attached to such

affections when viewed in their clinical bearings, especially their diagnosis and treatment.

An isolated gumma in the lung may have little or no effect upon the health unless it be of large size; while those more extensive fibroid changes of the lung that have been found in connection with syphilis were usually accompanied by all the physical signs and general symptoms of chronic phthisis. Still more alarming and often more rapidly fatal, were the phenomena arising from the presence of gummata and periosteal thickenings. The scope of these articles will not allow us to do more now than very briefly refer to them. Suffice it to say that constant headache, severe pains in the head, various forms of local or partial paralysis, dimness or loss of vision, intolerance of light, strabismus and other ocular derangements, various forms of eclampsia or even epileptic convulsions, and great mental irritability are among the more prominent symptoms observed in these cases.

We have now given a brief account of the main facts which have been recently brought before the notice of the Pathological Society with regard to a very important subject, and it will only remain for us to consider what light these discussions have thrown upon our knowledge of the real extent and prevalence of visceral syphilis, the lessons to be learnt from them, and in what direction it seems desirable to prosecute future inquiries.

THE SATURDAY REVIEW ON "MAD DOCTORS."

The Saturday Reviler, true to its natural malignity, is indignant and vituperative because a miserable and diseased youth has escaped the gallows. In an article last Saturday, headed, "The Mad Doctors Again," it pours forth the vials of its wrath because the convict Treadaway has not been hanged. Now, a friendly feeling towards Mr. Marwood and a desire for his prosperity are all very well, but they ought not to lead a journal with pretensions to respectability and intelligence into applying a foolish and offensive nickname to a body of able and honourable professional men. A zeal for the interests of justice is commendable, but it ought not to betray a smart writer into egregious blunders and misrepresentations. And we regret to say that in the article with the courteous title which we have just quoted the blunders and misrepresentations are egregious. Dr. Hughes Bennett, who has never had any connection with lunacy practice, is called a "mad doctor;" Dr. Rhys Williams is named Dr. Reece Williams; Mr. Richards, one of the medical superintendents of Hanwell Asylum, is spoken of as the surgeon of the Clerkenwell House of Detention, which he never was, and is said to have had Treadaway under his care, which he never had. The inquiry, subsequent to the trial, into the convict's mental condition is said to have been conducted by certain "unknown persons," whereas, the names of the medical assessors called in, Dr. Rislon Bennett and Dr. Crichton Browne, were published in every metropolitan newspaper. The convict is said to have purchased the pistol on the day of the murder, the fact being that he bought it the day before; he is said to have run up the area-steps after his assault on Mrs. Collins, the fact being that he went back into the house, up the stairs, and let himself out by the front door. And lastly, he is said to have been declared irresponsible for his actions when he has just been sent to penal servitude for life. The motto of the smart writers of *The Saturday* is evidently "Perish accuracy of statement."

The convict Treadaway had a seizure in court, which turned out on inquiry to have been a genuine epileptic fit. It further appears that during the last few years he has had several other fits of a similar nature. Those who know anything of the devastating effects of epilepsy upon the intelligence, and of the sudden and transitory outbreak of violent excitement that it frequently induces, will be inclined to think that there may be truth in the statement which he has undeviatingly made since his arrest, that statement being that he had some kind of seizure immediately before the murder, and that he has no recollection of anything that occurred until he came to himself at a considerable distance from the scene of the tragedy. They will, at any rate, be satisfied that the Home Secretary has acted with wisdom and humanity in remitting the capital sentence in a case in which, even if a wilful murder was committed the culprit's powers of self-restraint were almost certainly weakened by a terrible disease, the very essence of which is a violent interruption of consciousness, and the almost inevitable consequence of which is complete mental decay.

We are not in the confidence of the Home Office, but it seems to us not improbable that another consideration weighed with Mr. Cross in respiting Treadaway. The convict had two fits when the charge against him was undergoing examination at the Westminster Police Court, and he had a very severe fit when on his trial at the Old Bailey, the latter having been brought on by his hearing the young woman to whom he had been engaged to be married sobbing near him. It is clear that any intense emotion would bring on another fit. Now it might heighten the grim gratification of *The Saturday Reviler* at the vindication of the law that a convict should have a fit on the scaffold and should be strangled whenever the convulsions had subsided, or that he should be carried from his cell and hanged when just recovering from an attack of one of the most grievous visitations that flesh is heir to. But the British public is not yet sufficiently enlightened to desire such an exhibition, which would, indeed, have anything but a salutary effect; for surely, more harm than good is done whenever punishment is of such a nature that detestation of the crime is swallowed up in pity for the criminal. Had Treadaway been left for execution, and had a painful scene occurred on the scaffold, that stern censor, *The Saturday Reviler*, might perhaps have had something to say about the ignorance and inefficiency of "mad doctors" in failing to foresee and avert such an outrage.

THE DISFRANCHISEMENT OF THE "LEDWICH" SCHOOL BY THE UNIVERSITY OF DUBLIN.

It will readily be understood that the announcement that one of the leading Irish schools has been disfranchised by the Board of Trinity College was received not only with interest but with excitement by the profession. That excitement has been increased rather than abated since we recorded the fact in our last issue, by the know-

ledge of the circumstances under which the disfranchisement took place, and the confirmation of the decision of the Board by the voice of the Academic Council. We publish elsewhere a complete statement of the case of Mr. Ledwich, in which the whole correspondence preceding the transaction is set out, and the profession are in a position to judge for themselves of the position taken by Trinity College. For ourselves we think it right to say that—while we adhere to a warm approval of any steps taken by the University to purify the Irish medico-educational system from the stain of the sham-certificate arrangement—we consider that, in their recent action against the Ledwich School, the Board has committed a great mistake; and that the Academic Council has been guilty of more than one error in confirming that mistake after it had been made plain to them.

The correspondence will show our readers that the "Ledwich" School has been refused entry to Dublin University not because it issued fraudulent certificates, or certificates which might be open to the suspicion of fraud, but because a surgeon of Mercer's Hospital, who happens to be a part proprietor of the School, gave an irregular certificate of the attendance of a student at the hospital.

The University of Dublin grants to medical students exemption from certain parts of their Arts course, to secure which privilege it is necessary to produce to the senior lecturer evidence of their being engaged in medical study. For this purpose Mr. Ledwich gave to a student a printed card in which it was stated that A. B. "had diligently attended the course of clinical lectures in Mercer's Hospital during the session commencing in October 1876, and ending in April 1877."

Inasmuch as the session has not terminated, and as, moreover, Mr. Ledwich had dated the card in January, 1877, it must be quite evident that no misrepresentation could have been intended, and that the certificate, though badly worded, and, in fact, quite irregular, was nothing more than the usual *testimonium* that the student was in course of study for the period stated therein. Upon the ground of such blunder in wording it would have been entirely unjustifiable, we think, to disfranchise any teaching institution—how much less reasonable does the act of Trinity College apppear when it is recollected that the institution disfranchised is not the hospital which gave the certificate, but a school whose connection with the hospital is purely casual and unofficial. From the fact of the connection of Messrs. Ledwich and Mason with both institutions, and from their contiguity of situation, Mercer's Hospital happens to be frequented largely by Ledwich students, who are, however, received at the hospital just as those of any other school would be, and with no special privilege whatever. Others of the hospital staff are connected by examinership and teachership with the College of Surgeons and with the Carmichael School, and yet no one thinks of suggesting that Mercer's and these latter institutions are mutually responsible for each others acts. This aspect of the matter seems so plain that we imagine that the Board must have acted without reference to their medical registrar, or to any medical man who could have made them aware of the relation of the hospital to the school, and they seem to have fallen into confusion of mind on the subject, and thus made the school to suffer for the act of one of its members, done on behalf of Mercer's Hospital. If they have thus fallen into error, they may be somewhat excused, although an influential public board is eminently open to censure when it takes such steps without close inquiry; but what is to be said of the Academic Council, which deliberately repeated the mistake with its eyes open. Its act does not deserve to be called a mistake—it is an indefensible act of despotic authority, and, as such, will have no apologists.

If any hospital or school gives fraudulent certificates, the course is plain before the University, and all who honour straightforward dealing will approve and support it in disfranchising such an institution; but neither the Board of Trinity College nor any other administrative council can be supported when it condemns a school without clear evidence against it, or when it exercises its arbitrary power of disfranchisement upon no better ground than indefinite professional rumour.

The University of Dublin has been signally at fault, and if it were to do justice to its high reputation it would not hesitate to rescind an act which not even the greatest stickler for purism of certificates can approve.

THE PROPOSED AMENDMENT OF THE VACCINATION ACT.

A LONG letter from our correspondent, Mr. Boddy, and an excellent leader in last Saturday's *Daily Telegraph*, remind us that the attention of the House of Commons will shortly be called to a Bill the purpose of which is to amend the law relating to vaccination so far as accumulating penalties are concerned.

It is gratifying to know that the opinion of the profession on the subject of compulsory vaccination, and the principle and working of the Vaccination Act, have been always strongly supported by the daily press, and we are glad to see that the opponents of vaccination receive no quarter from the writer of the article above mentioned, and that no countenance is given to any measure that would weaken the operation of the Act. The amendment which Mr. Pease has this Session introduced amounts to this:—"That it be enacted that no parent shall be liable to be convicted a second time for neglecting to have his child vaccinated, and that he is not to be prosecuted if either he has been previously adjudged to pay a penalty of twenty shillings for any offence under the acts, or if he has been previously twice adjudged to pay any penalty less than that just mentioned." Very little reflection is required to see that were this proposed amendment to become law, it would totally defeat the very object for which the Vaccination Acts were framed. We are, therefore, not surprised that the *Daily Telegraph* at once perceives the absurdity of introducing such a clause as that to which Mr. Pease, Mr. Mundella, and others, will ask the House to give its serious attention As that paper justly observed, the offence contemplated by the Acts is not refusing to have a child vaccinated, but having a child in an unvaccinated condition. "If a child is unvaccinated on the 1st of February an offence is committed, but a second offence is committed if it is not vaccinated on the 1st of March." Or to put it in another way, the Vaccination Act is essentially a com-

pulsory one. Its object is not to persuade, nor to permit, but to compel every parent to have his child vaccinated within a certain period from its birth. But what compulsion would there be if parents were to do as they liked after they had been once prosecuted and had paid their penalty of twenty shillings. The Acts would be perfectly stultified and rendered useless by such a clause as that proposed, while the performance of the operation would be continually opposed by the caprice and prejudices of the public. In fact, the proposed amendment is so absurd on the face of it that we have not the least fear it will ever become law, although we believe that Mr. Sclater Booth is of opinion that some alteration in the Act is desirable. A few months ago, the honourable member thought it would be well if some relaxation could be made with respect to the repeated prosecution of those who could not have their children vaccinated, provided that such relaxation could be made without weakening the general force, or defeating the great object of these Acts. It is clear, however, that if vaccination is to be thoroughly and universally carried out, any amendment that may be made must be in a very different direction to that proposed by Mr. Pease, and this consideration brings us to the letter of Mr. Boddy, which appeared in our last issue.

In the first place we think our correspondent is much mistaken in supposing that the clause of the Vaccination Act which relates to the fines and penalties has actually had the effect of fostering small-pox, and "that the present outbreak of this disease may be justly ascribed to the bad working of the Act originating from this clause." The opponents of vaccination who have successfully evaded the law and the unvaccinated children are so few when compared with those who have complied with the law, that the occurrence of small-pox epidemics cannot be reasonably ascribed to the cause above mentioned. The result of the inquiry made more than five years ago by a select Committee of the House of Commons was to show that 95 per cent. of each year's registered births are finally accounted for on the vaccination registers, while the small percentage remaining is satisfactorily disposed of on otner grounds than that of the objection of parents. In 1874, in which upwards of 700,000 children were "successfully" vaccinated, only 749 summonses were issued, and in a large proportion of these the proceedings were little more than nominal. We cannot now enter fully into this subject, but if we did there would be no difficulty in shewing that the present epidemic is due to very different causes from that specified by our correspondent, and that it should be rather ascribed to epidemic influences which will always give rise to a certain number of cases of the small-pox, and more particularly to the improper or inefficient performance of vaccination, to the neglect of re-vaccination, and to the existence of those various insanitary conditions which favour the spread of all kinds of contagious diseases.

Although, however, we think that the clause as it stands at present has not led to the neglect of vaccination, it is very clear that the abolition of accumulative penalties would be virtually equivalent to the abrogation of the Act. Mr. Boddy suggests that such fines should be imposed as many would find it difficult to pay, and if our correspondent will turn to an article which we wrote on the subject in August of last year he will see that we made a similar suggestion. "We might," we then said, "either make the penalties incurred by second and third convictions so heavy that the anti-vaccinators would find it difficult to pay them, or we might take no further proceedings after the first, but with the provision that the parents would be liable to extreme penalty in the event of the unvaccinated child contracting small-pox, and even be indictable for manslaughter in the event of the child dying from the disease." At all events, if the Vaccination Act is to continue a compulsory one no such amendment of it as that now before the House of Commons is worthy of a moment's consideration. If any alteration is to be made, it must be rather in the direction which Mr. Boddy and we ourselves have suggested. We shall, therefore, be anxious to know the result of Mr. Pease's motion, but hope that Mr. Sclater-Booth will do all in his power to resist any attempt that may be made to weaken the efficiency of the Vaccination Act.

Notes on Current Topics.

Complications in Ovariotomy.

During the operation of ovariotomy, unexpected complications oftentimes arise which severely test the skill and patience of the surgeon; a typical instance of which is given in our contemporary, *Le Paris Medical*, of February 15th. Whilst Dr. Michaux Louvain had almost completed a successful operation, it was found there was considerable adhesion of the cyst to the great *cul-de-sac* of the stomach. This was unexpected, as there had only been slight vomiting, and digestion had always been regular. In presence of such a grave complication what course should be taken? Two methods suggested themselves, either to detach the cyst and break down the adhesions as far as possible, or to excise the body of the cyst, leaving a portion adherent in the abdomen.

The first method has been advised and sometimes succeeds.

M. Michaux preferred the second procedure, and recommends it as easier of execution, and safer in its results.

The operator cut away all the part of the cyst on the exterior border of the stomach, and the remaining portion about the size of two palms of the hand, was united to the edges of the wound, by means of metallic sutures. A month afterwards the patient was convalescent. On January 18th, 1877, a distinguished English provincial surgeon performed ovariotomy on a patient advanced in years, and a somewhat similar complication was unexpectedly discovered; the adhesions were not to stomach but to the intestines.

He adopted the plan followed by M. Michaux, of cutting as closely as possible to the intestines, leaving a small portion attached, this plan being better than running the risk of injuring the walls. The result has been a most satisfactory recovery.

Surgeon Dentists and Oculists in France.

It seems that there is an international stampede at the present time, taking place amongst the unqualified; in England our Medical Defence Association is pursuing its laudable work, whilst in France great reforms are on the *tapis*. Dr. Adrien has addressed a petition to the Senate on the profession and teaching of dentistry, and asks for a special law to prevent anyone practising the art, unless he has obtained a degree in medicine or some medical license. His petition has been referred to the Minister of Public Instruction. Dr. Camuset has also addressed a letter to the Union of Medical Legislators, on the subject of oculists, and desires them to prevent the sellers of spectacles employing the word oculists on their prospectus and advertisements, as they thus deceive the public and usurp medical functions.

Ventilation at the Royal Institution.

The well-known maxim of Cicero—"*Sapientissimum esse dicunt eum cui, quod opus sit, ipse veneat in mentum*"—has not suggested itself to the powers who reign over that temple of science called the Royal Institution, otherwise we should not again find it necessary to direct attention to the want of ventilation in the lecture theatre. It is rather hard lines to invite friends to listen to a scientific discourse in an atmosphere well nigh suffocating, and where ladies, before the lecturer has proceeded half-way with his discourse, have to be assisted in a fainting condition out of the dingy back rows of seats under the gallery almost over the heads of those who crowd in long after every available space has been filled, and block up the stairs and passages, making it a life and death struggle to reach the much required fresh air. It is very disappointing to find that the managers of an institution which reckons among its members and subscribers the cream of the scientific world, and which furnishes scientific discourses especially attractive to the fair sex, should not have thought of providing a lecture theatre of sufficient capacity, with means of exit not unnecessarily likely to endanger life in a case of emergency, and in every way affording good breathing space, ventilation without a cold downward current, so necessary to the comfort and health of the fashionable audiences that flock to the Friday evening lectures.

Legal Mutability in its Medical Aspect.

In the person of Dr. Woods, of Monaghan, the glorious uncertainty of the law has been vindicated by a remarkable judgment delivered last week by Mr. Justice Barry. Dr. Woods had—many months ago—proceeded against one Crumley, a public-house proprietor and dispensary committee-man, to recover fees for attendance on the wife of a schoolmaster who was well able to pay, and did afterwards of his own choice pay a doctor, but who, nevertheless, had been given a pauper's relief ticket by Crumley. In this stage of the case Dr. Woods was successful, but Crumley appealed to the higher court over which Mr. Justice Fitzgerald presided. At the hearing in this court the learned judge said that he would have given speedy judgment against Crumley only that the word "fraud" was not contained in the summons, which thus omitted to state the offence committed. To enable Dr. Woods to correct this error he sent back the case, and therefore a new summons was taken out in which the word was inserted. On the rehearing of the matter at the next assize, it happened that Judge Barry, and not Judge Fitzgerald, came circuit to the locality, and the trial came off before him. He delivered an elaborate judgment, in which he said that the merits of the dispute were all with Dr. Woods, but that he must decide against him *because the word "fraud" was used in the summons*. Thus the suitor is sent back to meditate upon the mutability of legal decisions, and to exercise his mind over the question whether it is right that he should be defeated in his suit and mulcted in costs because he—against the advice of his lawyers—acted upon the recommendation of the judge.

Quackery at Liverpool.

With a view of counteracting the evil done upon seamen by quack doctors, the committee of the Sailors' Home, Liverpool, are about to establish a dispensary in connection with it.

The Spontaneous Generation Controversy.

The controversy between M. Pasteur—whom Professor Tyndall describes as "an experimenter who can walk without tripping"—and Dr. Bastian, we learn from the columns of our contemporary, *Nature*, still rages, and is about to be submitted to a Commission named by the French Academy. M. Pasteur challenges Dr. Bastian to make his experiments with urine before the Academy, in which he asserts bacteria appear only when they are introduced by the urine or the solution of potash, and not subjected to a sufficiently high temperature. To this Dr. Bastian replies, "In order that M. Pasteur may not attribute to me the least desire to elude the main point of the debate, and also with the view of testfying the respect which I consider due to the opinions of so distinguished an investigator, I hasten at once to accept his challenge. During the last week I have repeated my experiments several times, and with a degree of precaution going much beyond the severity of the conditions prescribed by M. Pasteur. I repeated them at first with liquor potassæ which had been previously raised to 110°C. for sixty minutes, and afterwards with liquor potassæ which had been raised in the same manner to 110°C. for twenty *hours*. The results have been altogether similar to those produced upon sterile urine by liquor potassæ which had been raised only to 100°, when added in suitable quantity, that is to say, in twenty-four to forty-eight hours the urine was in *full fermentation* and swarmed with *bacteria*. The specimen of urine employed had a specific gravity varying from 1,010 to 1,022, and required about 3 per cent. of liquor potassæ for neutralisation."

It is announced that MM. Dumas, Milne-Edwards, and Boussingault have been appointed to constitute a commission on behalf of M. Pasteur, Dr. Bastian nominating a similar number in this country to represent him and express an opinion on the facts in dispute.

The Goldsmiths' Company have sent a donation of £500 towards the rebuilding fund of the Metropolitan Free Hospital.

Parkes' Hygienic Museum.

THE Council of University College have granted the necessary space for Parke's Museum of Hygiene, to perpetuate the memory of the late Dr. Parkes, which will be the first of its kind in London. The executive committee are ready to recive offers of the gift or loan of objects of hygienic interest, and subscriptions for the adequate endowment of the museum. The subscriptions amount at present to £740, but a considerable sum is yet needed to enable the committee to carry out its laudable purpose.

On the Employment of Salicylic Acid in Catarrh of the Bladder and Typhoid Fever.

M. GUENEAU DE MUSSY is of opinion that this remedy is a useful one, and reports its favourable results in his own practice. One patient suffering from vesical catarrh, with putrid urine, its administration internally diminished the fœtidity of the urine and reduced the malady to the condition of simple cystitis. In some cases of typhoid fever its success was equally manifest. Four patients attacked very seriously, with a temperature of 39° to 40°, eschars on sacrum, in a comatose state, and dry tongue, were placed on salicylic acid, in doses of two grains a day, administered in lemonade or citron. On the following day the amelioration was evident, and recovery soon took place. Was this the result of the medicine, or a simple coincidence? M. Gueneau de Mussy cannot say. The salicylate of soda is not less efficacious. A young man on the eighth day, with a temperature of 40° 6, comatose, delirious, was given it with marked benefit. At the end of three days he was much better and recovered.

A dissussion took place on December 27th, at the Societé de Thérapeutique, in which MM. Moulard-Martin, Constantin-Paul, and Fériol took part, and the conclusions were—That the acid did not possess the remarkable curative properties assigned it in England and Germany. In typhoid fever, M. Moulard-Martin, following the method of M. Guéneau de Mussy, only obtained insignificant benefit. In acute articular rheumatism unless considered as a powerful sedative of pain, it gave no other result. It acted neither on the pulse nor on the temperature, and did not modify in any respect the progress of the malady. But a more serious question was proposed by M. Blandeau, *i.e.*, Whether the acid has not an injurious effect on the organism? According to dentists this agent has injurious effects on the teeth. English observers have noticed its effect on the bones, and necrosis of the tibia has been assigned to its use. It evidently possesses considerable affinity for the calcareous salts of bone, as we see the urine loaded with lime salts in an ultra-physiological proportion from the internal use of the acid. The salicylate of soda presented the same dangers.

If these facts are confirmed, and their verification should be easy, the therapeutical employment of salicylic preparations should be condemned. M. Le Jou (*Jour. de Pharm. et Chimie*) has observed that salicylic acid is eliminated by the kidneys much earlier than is generally admitted. At the end of half an hour its presence may be proved in the urine. Its antiseptic properties are of benefit therapeutically. When taken by the mouth it is transformed into an alkaline salicylate much less energetic as an anstiseptic. To remedy this transformation M. Le Jou proposes to administer it with citric acid thus—

Acide salicylique	2 gr. 50
Sirop citroque	97 „ 50

Twenty grms. of this syrup take up 0 gram. 0 5 of salicylic acid.

At the present time, when many of our English papers are recording such beneficial effects from the use of the acid, these facts must be interesting, and should induce us to suspend our judgment until we have larger data and more satisfactory evidence.

Picric Acid for the Cure of Sore Nipples.

FISSURES of the breast and sore nipples are most troublesome to mothers, and their cure is oftentimes tedious and obstinate. Dr. Charrier, in the last number of the *Courrier Medical*, suggests a new remedy in the form of a solution of picric acid. He employs two dilutions—

A. Distilled water, 100 grammes; picric acid, 1 gram., 30.
B. Distilled water, 100 grammes; picric acid, 1 gramme.

He first washes the breast and nipples with tepid water, and then applies to the fissure solution A, and after a short time washes the part for four minutes with solution B. It does not interfere with suckling, as children continue to take the breast with avidity.

Dry Preparations.

FOR preparing rapidly bones and ligaments for museum purposes, Dr. L. Frederick (*Bulletin de l'Academie Royale de Belgique*) recommends that after the soft parts have been taken away, except the ligaments, the preparation be washed in water, dehydrated by alcohol, and then plunged into essence of turpentine. After two or three days' maceration in this fluid, the skeleton is placed in the position in which it is designed to keep it, and dried in the air. In drying, the bones and ligaments become beautifully white, and the whiteness increases as time passes. The same process gives less satisfactory results for muscles. For a parenchymatous organ, on removing it from the turpentine bath, Dr. Frederick plunges it into melted wax or paraffin during half an hour to two hours, till the bubbles of turpentine have ceased to pass off. When withdrawn and cooled, the piece resembles a wax model, but is far superior in its minor details: the colour of the organ persists.

A Happy Country—Iceland.

DR. JOHN FINSON, a practising physician in Iceland, states that he has never seen a case of syphilis in a native Icelander, only in foreigners.

A New Gravimeter.

IN an interesting paper presented to the Institution of Civil Engineers by J. J. Mann on the subject of testing the strength of Portland cement and other materials of the same class, reference is made to the mode of determining their specific gravity, and a very simple and practical method is suggested by the author of the paper. He employs an ordinary specific gravity

bottle, and a graduated pipette which holds the same quantity of fluid as the bottle, the measure in both being indicated by a cut on the glass; a known quantity of cement, say 100 grains, is introduced into the flask, and the remaining space is filled from the pipette with any liquid which will not dissolve the cement or cause it to set. It only remains to observe the height at which the liquid stands on the scale of the pipette, which is graduated experimentally in order to ascertain the density of the substance experimented upon. This contrivance dispenses with the somewhat tedious process in ordinary use for taking the specific gravity of solids in a powdered condition, and is not unlikely to become of more general utility than anticipated by the gentleman who has introduced it.

Dr. Deville and the Harrogate Commissioners.

A short time since we drew attention to what appeared to us an unjustifiable usurpation of authority by the Harrogate Local Board in the case of their medical officer of health in summarily dismissing him from his post, because he declined to appear before them when summoned to explain his conduct, in having read a paper before the Yorkshire Medical Officers of Health Association which contained matters which were unpalatable to the said Board. We contended then as we do now that Dr. Deville or any other health officer is perfectly justified, nay bound by public trust, to bring such sanitary defects and suggestions forward as may appear to him desirable for the public welfare, and that if he looks upon his salary as "hush money" to make matters pleasant, he is unworthy the trust imposed upon him. Dr. Deville honourably discharged this duty; he brought no personal charge against any; his paper was introduced before a proper tribunal, and was a fair comment with suggestions upon existing sanitary arrangements. Had the Commissioners instead of summarily dismissing Dr. Deville from his post for refusing to apologise, sought to remedy the defects which undoubtedly existed, they would have displayed a little more wisdom, and shown that their zeal for the public welfare was above the suspicion of personality which naturally attached itself to the arbitrary course pursued by them. As the matter now stands, Dr. Deville has brought an action against the Board for salary, and the amount claimed has been allowed, a case meanwhile having been granted on certain points raised for argument in a superior Court.

On Fusil Oil Poisoning.

On this subject there have recently been reported some experiments of Dujardin-Beaumetz and Audigé (*Comptes Rendus*, lxxxiii. 80). The trials were made with dogs, the fatal doses being determined for five different alcohols, and by two methods—administration by the stomach, and by hypodermic injection. For each kilogramme of live weight the quantities necessary to produce death were these:—Of methyl alcohol, 5 grains; of ethyl alcohol, 7·75 grains; of propyl alcohol, 3·13 grains; of butyl alcohol, 1·74 grains; and of amyl alcohol, 1·48 grains. Thus it appears that the most abundant constituent of fusil oil is the most poisonous, and that this amyl alcohol is five times as powerful as ordinary alcohol. And it further seems that the dilution of some of these higher alcohols of fusil oil with ordinary alcohol enhances greatly their toxic effects.

These experiments are instructive to the consumers of Scotch "Silent Spirit," which is blended under the patronage of the Crown, and issued as Dublin whisky for the consumption of the public-house drinkers. This "Silent Spirit" is whisky fresh from the still, and heavily charged with fusil oil—a poison not only ruinous to the health, but maddening to the brain.

A New Tonic.

Another bid to professional favour has been made, in the shape of a tonic called St. Raphael Tannin Wine; an article (although new to this country) which has been extensively prescribed for the last thirty years in the hospitals of Paris, in the varied forms of anæmia chlorosis, indigestion, gouty complications, and, above all, to give a tone to the system in debility and in convalescence. The opinions of the profession have undergone violent changes during the past twenty years since Todd's time, in respect to alcoholic stimulation; the only danger now is, that in our zeal for moderation we may fall into the opposite extreme. Hippocrates insisted that "wine is a substance wonderfully appropriate to man, in health as well as in sickness, *if it be administered at the right time and in proper quantities*, according to the individual constitution." We must confess that we more heartily endorse this principle than that of rigid abstinence, albeit the latter is far preferable to excess. The wine of St. Raphael, however, comes to us more in the nature of a medicament than one which will be taken in large quantities, its chief characteristics being naturally-developed alcohol, tannin (which is the basilic element of Peruvian bark), and grape sugar.

Opinions are somewhat divergent on the value of certain astringents. Those learned physiologists, Profs. Pasteur and Bouchardat—who have, perhaps, given more attention to these matters than any living writers—express themselves strongly in favour of natural tannin wines for therapeutic uses, as "they exercise an action upon the stomach which must be regarded as very favourable, re-animating the energies of the digestive functions."

The wine of St. Raphael—which is the first of the class introduced to this country by the French growers, through their agent, M. Gallais, of Margaret Street, Cavendish Square—is, we understand from several friends, being sent round in small cases to the leading members of the profession, in order to give them the opportunity of practically testing its value. Of course, it is too early yet to confirm or disprove the views of our French *confrères:* we can only remark that St. Raphael is a most agreeable medicament, luscious to the taste, somewhat resembling tent wine, with an after astringent flavour of the tannic element, and a twang of very dry port. We hope to report fully upon its action after a more extended trial.

One hundred and eighteen deaths are reported from small-pox in the United Kingdom during last week; of these 104 occurred in London, 7 in Liverpool, 8 in Manchester and Salford, and one in Oldham. No deaths are reported from any other town.

Admission of Women to Medical Degrees at the London University.

Since the passing, in August last, of the Act to remove restrictions on the granting of qualifications for registration under the Medical Act on the ground of sex, the Senate of the University of London have taken the opinion of the law officers of the Crown as to the nature and extent of the powers conferred on the University by this Act in regard to the admission of women to degrees in medicine, and also on the question whether women, if admitted to degrees, will become entitled to admission to Convocation.

The opinion expressed by the law officers is, in the main, to the effect that the Senate have power to examine *all persons* for medical degrees, and after examination to confer degrees upon them in such mode, and in compliance with such conditions, as the Senate shall from time to time determine; that the Senate may frame any regulations they think fit as to the examinations which women candidates for degrees are to undergo, not necessarily the same as those prescribed for men; and that women admitted to degrees in medicine or surgery would become *ipso facto* members of Convocation.

There is a special clause in the Act which removes all title on the part of women to take any part in the Government management or proceedings of the universities or corporations in virtue of their degree—a diploma registered; but the members of Convocation virtually have no part in the management of the University, all power being in the hands of the Senate. So the clause does not interfere with women becoming members of Convocation.

After the expression of opinion by the law officers of the Crown, the Chancellor (Lord Granville) drew the attention of the Senate to the powers conferred on them by this new Act, and after a lively debate, it was decided by a majority of two to one (which majority included Sir James Paget, Sir William Gull, and Dr. Billing) "That the University should exercise the powers conferred by the Act."

A committee has already met, to consider the mode and conditions of giving effect to the resolution.

This decisive step on the part of the leading medical examining board practically settles the whole question, and the long controversy on the admission of women to the medical profession may be considered at an end.

Prof. Lister and London Clinical Teaching.

The hospital surgeons and surgical lecturers of Ireland and Scotland have been so loudly bidden and so long expected to bow the knee before the great pre-eminence of London practitioners, and teachers who have been accustomed to breathe the air of "head-quarters" and to plume themselves upon their unchallenged supremacy, that they will, no doubt, stand helplessly aghast at the audacity of a surgeon who hails from outside the sound of Bow bells, and yet has the courage to administer a most complete and scalding snub to the great ones of the surgical Babel of the south. It is positively startling to the reader and a real treat to the provincialists of Dublin and Edinburgh to know that there is still a good judge of surgery who does not take the London teachers at their own estimate, but with amazing daring tells them that they are nothing better than a herd of botches and ignoramuses.

This—in plain terms—has Prof. Lister, of Edinburgh, done, and done it, moreover, in response to a flattering suggestion that he should be invited to breathe the atmosphere of superiority and to pick up the crumbs of the great ones of London. On the 22nd of last month, it having been mooted that Prof. Lister should occupy the seat of Sir Wm. Fergusson in King's College, the Edinburgh students addressed to that gentleman a request that he would not be claimed away from them. In reply to them, the learned professor gave them a full answer, which he wound up in the following notable words:—

"If I turn to London and ask how instruction in clinical surgery is conducted there, I find that, not only according to my own experience as a London student—which I once was—but also from the universal testimony of foreigners who visit there and then come here, it is, when compared with our system here, a mere sham. Clinical medical teaching is in various London schools exceedingly well and ably conducted; but the magnificent opportunities of demonstrative teaching presented by clinical surgery are to a great extent neglected. And, therefore, even if the too flattering article in a certain medical journal holding out to me the prospect of fame and fortune and so forth were more reliable, nay, even were it certain—and I need not say how far indeed from what would be the fact the supposition is—that I should attain the very topmost position in private practice, and at the same time have to teach clinical surgery as it is now taught in any London school, I would certainly not go to London."

It would certainly seem as if a personal application of the carbolic acid treatment had conclusively stamped out the last germ of modesty and produced a commensurate and contemporaneous hypertrophy of the cranial *locus* of self-esteem. The learned professor would appear to have actually taken away the breath of our London contemporaries with astonishment, for, with the exception of one of them—which surrounds him with its editorial *ægis*—not a syllable appears in their columns, although a fortnight has elapsed to afford rest from the shock. We await at present the volcanic outburst of the insulted dignity of the great metropolis, and, at the same moment, we can imagine the cordiality of greeting of the northern salon when he takes up the rostrum at King's College. It may be that Mr. Lister's speech is a free translation of the dogma—*nolo episcopari*. Perhaps he will not be offended if we offer a still freer version—

"I cannot marry you,"
My pretty maid.
"Nobody axed you, Sir," she said.

The Sanitary State of the War-office.

It is almost impossible to believe that such a large and important establishment as that of the War Office should have been allowed to remain so long as it has in the unhealthy condition described in the report just issued. Considering the great wealth of this country, the ample resources at the disposal of Government, and the great waste there is of the public funds in matters of much less importance, it is surprising that something has not been done before to rectify the evils complained of, or that the present building has not been pulled down and a new one erected in its place. The commissioners have stated that the office has already been "so cut about and altered, that they cannot recom-

mend any one system of ventilation applicable to the whole office, and that if the alterations they recommend be thoroughly carried out, they will only mitigate the evils, not remove them." It is clearly, then, the duty of the State to provide such a building as is not only consistent with the dignity of so important an establishment, but one which is built and furnished in accordance with the most approved requirements of modern sanitary science.

Although there has been no specific outbreak of disease in consequence of the unhealthy state of the War Office, it is probable that it would not be long before some such outbreak occurred were this building to continue long in its present condition; and only the fact of the 633 *employés* not living in the building, but only engaged there for eight out of the twenty-four hours can account for their comparative immunity from disease. But it is to be borne in mind that it is not by the occurrence or absence of typhoid or other fevers that the sanitary condition of such a building as the War Office can be rightly gauged. As the commissioners observed, daily exposure for several hours to insanitary influences must tend to deteriorate the health of persons so exposed. We have no doubt that hundreds die every year from pulmonaay and other affections, the seeds of which have been sown by confinement in the close and ill-ventilated rooms of this and similar institutions.

Indeed, were this the only great public building which has been examined and found wanting, that a large class of people who have to work in them would not have much cause to complain. But the great increase in business and all kinds of commercial enterprise, the great rise in the value of property in the more central districts of the metropolis, and the difficulty of finding accommodation for all the clerks engaged in the city and elsewhere, are strong peasons for keeping a strict vigilance over all kinds of public and even private institutions in which a number of people are employed.

British Practitioners in France.

Le Progrès Medical has a very pronounced leader in its issue of February 17th in favour of the scheme of M. Roger Marvaise, and as in justice we are bound to consider French feeling and to listen to both sides, we furnish our readers with a *resumé* of it.

The editor indignantly repudiates the idea that the proposed law has been inspired by unworthy professional jealousy, and wonders at the English press being alarmed at a shadow of its own creation.

The views of English lay and medical journals are erroneous, and they have failed to grasp the spirit of M. Roger Marvaise's proposition.

He claims for his own countrymen the right to adopt legislation similar to that in force in England, and cannot see that we have any reason to complain of a scheme which has in view the protection of the public health and the suppression of charlatanism.

A qualified aspirant for French practice or honours will not have to commence his medical education *de novo*, or to waste years in study at a French medical school, *but he will have to pass an examination which will not take much longer than a week, after having satisfied the medical authorities that he has undergone a course of study equal to what is expected of French candidates.*

He observes that the same rule is in force in England, and foreigners are expected to obtain a degree or licence in medicine or surgery before they are recognised or registered as English practitioners. Can Englishmen then reasonably complain of the application of this principle in France? Our sole aim is to put resident foreign practitioners in France on the same footing as their French *confrères* withhut giving either any privileges. Such absurdities as have found their way into the columns of English journals are unworthy almost of notice. As, for instance, "that Jenner or Paget could not see a patient in France without submitting to full examinations and satisfying us of their preliminary education."

We quote some of the concluding portions of the article in full :—"Our English *confrères* are of opinion that M. Waddington is disposed to submit the question to an international commission, and we see no reason to prevent any negotiations likely to establish an absolute reciprocal equivalence between French diplomas and English degrees, but *on condition that these negotiations will not delay for a day the vote on the scheme of M. Roger Marvaise.*

"The colleges conferring the legal right to practise in Great Britain are numerous, but all do not enjoy the same reputation; if some of them are on a level with French colleges, there are others below our standard."

"To make a choice would require long deliberation, and we have not now time to solve the question. We must first put foreigners on the same footing as our countrymen, and then we can easily enter into negotiations."

THE deaths last week from fevers (other than small-pox), were less than half the average number of the past ten years.

THE Metropolitan Asylum Small-pox Hospitals contained 916 patients on Saturday last, including 112t convalescent cases at Limehouse, against 834, 811, and 901 at the end of the three preceding weeks. The new cases admitted during the week were 205, against 194 and 238 in the two previous weeks.

IN reply to statements recently made in the House of Commons in reference to the Deptford and Fulham small-pox hospitals, alleging that there has been unnecessary delay in carrying out the building of new hospitals, the committee of these two institutions have drawn up a report showing the date of each step taken by the managers in relation to these buildings, as "the best answer to such an unfounded complaint."

Correspondence.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my last letter I merely made some general observations and strictures on the unbecoming assumption by many "unqualified assistants" of being veritable medical men, either on account of gratifying personal vanity, or for the sake of obliging their very honourable employers, who, to their shame be it spoken rather, encourage the ephemeral counterfeit than otherwise, and I hope I clearly showed all right-minded "unqualified assistants" the foolishness of such an assumption.

I now come to consider the much more disgraceful and reprehensible practice of the medical practitioners themselves, who, for the sake of private interests, and an inordinate desire for gain, employ "unqualified assistants" to carry on branch practices, superintend the management of dispensaries, attend club and parish patients, or take in hand those unpleasant engagements called nocturnal confinements.

Now, in order to prevent any scandal arising and obviate the chances of publicity of any mismanagement on the part of these "unqualified assistants," they are duly provided by their principals with any number of already signed death certificates, &c., so that the friends of those patients who succumb to a *curable* or *incurable* disease are provided *at once* with death certificates; by this unworthy manœuvre their unresisting tools, I mean their unqualified assistants, are completely shielded by their unprincipled principals, who doubtless are much elated at the way by which they elude the ends of justice.

This most wretched practice is carried on, I really am most grieved to confess, by all grades of the profession alike, quite irrespective of degrees or diplomas; it is patronised by Fellows, Members, and M.D.'s of Oxford and Cambridge, down to those which are obtainable by purchase; so that one class cannot throw stones with impunity at the others; for they all, more or less, engage in this dirty work; and little care they as long as they feel the ill gotten money in their pockets—their callousness is such, that they are perfectly indifferant as regards the opinions of others; good or bad it is all the same to them; the getting ahead, or the outwitting of brother practitioners by the establishment of a two-penny-half-penny dispensary placed near their opponents' residences for the sake of depriving them of as many patients as possible is to them something delightful, and they gloat over such a *noble* deed like ghoules gloating over a decomposed corpse, to take a similitude from the "Arabian Nights;" happy would it be if these disgraceful pettifogging practitioners could be kicked out of the profession: but no that cannot be, they are perfectly safe, and they can disgrace the profession with impunity, for the love of money and the getting of it has so persuaded the licensing boards that they care nothing about anything else; they get the money, they grant their diplomas, and the recipients may go and hang, the horror of the profession is *nothing* to them, however they may spout at their gatherings in Lincoln's Inn or Pall Mall about the dignity of Surgery and Medicine, the rapid advances and the wonderful discoveries made yearly by prominent members of the profession; but such ebullitions are all froth and splutter, for a great number of these prominent members are guilty of the infamous practices upon which we are now animadverting.

"An English Practitioner" has had the boldness which one must admire (though I sincerely wish he had not hid his name under the *nom de plume* of "An English Practitioner") of bringing publicly forward a disgraceful state of affairs, and which shows into what a degraded condition the medical profession is now brought by a set of men, who hold degrees and diplomas, from the highest to the lowest, who for the sake of expeditiously filling their ever-gaping pockets, resort to practices which have dragged Medicine and Surgery through the mire, reducing them to a trade, instead of heightening them to the highest standard amongst their sister sciences.

The time has now come to thrust this cankerworm from our midst, and all right-minded members of this most noble self-denying profession, to which I for one am proud of belonging notwithstanding its numerous drawbacks and annoyances, should put our shoulders to the wheel and strive heart and soul to wrench out an abominable evil which has flourished *so* long and *so* silently.

The "Medical Defence Association" is perfectly powerless to root out this mischief for these interloping "unqualified assistants" are perfectly secure from legal prosecutions, and why? Because they are shielded by medical practitioners; for it is these wretched grasping "medical men" who cause this evil to continue, and it is *these* who cannot be too severely contemned, because *they* encourage the evil, and it is *they* who wilfully deceive their patients by encouraging the belief that their unqualified assistants are qualified. Many of the unqualified assistants are more to be pitied than otherwise, because in order to obtain a livelihood they must do what their employers wish.

The "Medical Defence Association" to which one cannot accord to much praise, *can*, I am glad to observe, prosecute quacks and others of that base class, but it cannot prosecute these interloping "unqualified assistants" or their qualified protectors, because they are not out of the pale of medicine; for they, and their counterfeit doctors, are protected by that very profession they strive so much, undesignedly, it is to be hoped, to undermine.

The *only* argument, which one must confess is very weighty, and which the advocates for the employment of "unqualified assistants" can advance with any show of reason, is, a qualified assistant *may*, after becoming acquainted with all the ins and outs of a certain practice, if he chooses, set up on his own account and practise against his former employer, much to his detriment; therefore it is to secure themselves against such an untoward contingency that some medical men object to the employment of qualified assistants.

I know a case of this kind existing in Greenwich at the present time, where a qualified assistant seized hold of some small matter as a pretext for squabbling with his principal, accordingly left him, set up on his own account, abstracted a great number of patients, and very nearly succeeded in ruining his former employer. Unfortunately, there are too many cases similar to this, but still it offers no extenuation for the employment of "unqualified assistants" very carefully and considerately provided with a goodly collection of already signed death certificates to carry on branch practices, &c. It does not justify cheating, it does not palliate mean deception; in fact, however leniently we may speak of "unqualified assistants" and their many short comings, still, we cannot inveigh *too* strongly against this wicked infamous mode of practicing, of which a far too considerable a number of medical practitioners are guilty.

I have now brought my second letter to a close, and in my next and *last* I will lay some suggestions before my readers which I hope will receive their approbation; and I also trust that they will have the support of an "English Practitioner" whom I cannot thank *too* much for the unveiling of this long hidden scandal.

I am, Sir, yours obediently,

Camberwell. E. M. B.

PRESIDENT-ROLL OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the late meeting the following table was to have been my speech, but it was unspoken, because the chartered yearly succession never seemed in danger.

	Presidents.	*Scientific and Clin. Chairs.*
1785	Samuel Croker King ...	Steevens'.
1786	John Whiteway	Steevens'.
1787	Robert Bowes	Jervis Street.
1788	Philip Woodrooffe ..	Steeyens'.
1789	William Dease	Anat. and Surg., R.C.S., Francis Street.
1790	Ralph Smyth O'Brè ...	Steevens'.
1791	Francis M'Evoy	Jervis Street.
1792	George Stewart	Jervis Street.
1793	George Renny.	
1794	Solomon Richards ...	Meath.
1795	Clement Archer	Materia Medica, R.C.S.
1796	Francis L'Estrange ...	Mercer's, Richmond.
1797	William Hartigan ...	Anatomy, T.C.D.
1798	Robert Moore Peile ...	Richmond.
1799	George Stewart (II.) ...	Jervis Street.
1800	Sir Henry Jebb	Midwifery, R.C.S., Mercer's.
1801	Francis Rivers	Francis Street.
1802	Abraham Colles	Anat. and Surg,, R.C.S., Steevens'.
1803	Solomon Richards (II.) ...	Meath.
1804	Francis M'Evoy (II.) ..	Jervis Street.
1805	Robert Hamilton	Francis Street.
1806	Gerard Macklin	Mercer's.
1807	Francis M'Evoy (III.) ...	Jervis Street.
1808	Solomon Richards (III.)...	Meath.
1809	Richard Dease	Meath.
1810	John Armstrong Garnett...	Mat.Med.,R.C.S.,Jervis St.
1811	Philip Crampton	Meath.
1812	John Creighton	Midwifery, R.C.S.
1813	Richard Carmichael ...	Richmond.
1814	Cusack Roney	Meath.
1815	Samuel Wilmot	Steevens'.
1816	Robert Moore Peile (II.)	Richmond.
1817	Andrew Johnston ...	Materia Medica, R.C.S
1818	Solomon Richards (IV.)...	Meath.

Presidents.	*Scientific and Clin. Chairs.*
1819 Thomas Hewson	Meath.
1820 Philip Crampton (II.) ...	Meath.
1821 Charles Hawkes Todd ...	Richmond.
1822 James Henthorn	Richmond.
1823 John Kirby	Med., R.C.S., Jervis Street.
1824 John Creighton (II.) ...	Midwifery, R.C.S.
1825 Alexander Read	Mercer's.
1826 Richard Carmichael (II.)...	Richmond.
1827 James William Cusack ...	Steevens'.
1828 Cusack Roney (II.) ...	Meath.
1829 William Auchinleck ...	Mercer's.
1830 Abraham Colles (II.) ...	Surgery, R.C.S., Steevens'.
1831 Rawdon McNamara ...	Mat. Med., R.C.S., Meath.
1832 Samuel Wilmot (II.) ...	Surgery, R.C.S., Steevens'.
1833 James Kerin	
1834 John Kirby	Med., R.C.S., Jervis Street.
1835 Alexander Read (II.) ...	Mercer's.
1836 Francis White	
1837 Arthur Jacob	Anat., R.C.S., City of Dub.
1838 William Henry Porter ...	Surgery, R.C.S., Meath.
1839 Maurice Collis	Meath.
1840 Robert Adams	Richmond.
1841 Thomas Rumley	
1842 William Tagert	Surg., Peter St., Mercer's.
1843 James O'Beirne	Richmond.
1844 Sir Philip Crampton, (III.) Bart.	Meath.
1845 Richard Carmichael (III.)	Surgery, Richmond.
1846 Samuel Wilmot (III.) ...	Surgery, R.C.S., Steeven's.
1847 Jas. William Cusack (II.)	Steeven's.
1848 Robert Harrison	Anat., T.C.D., Jervis St.
1849 Andrew Ellis	Surg., Cecilia St., Jervis St.
1850 Thomas Edward Beatty...	Mid., R.C.S., City of Dub.
1851 Leonard Trant	
1852 Edward Hutton	Richmond.
1853 William Hargrave ...	Surg., R.C.S., City of Dub.
1854 Charles Benson	Med., R.C.S., City of Dub.
1855 Sir Philip Crampton, (IV.) Bart.	Meath
1856 Robert Carlisle Williams	Mat. Med., R.C.S. City Dub.
1857 Hans Irvine ...	Anatomy, Marlborough St.
1858 James W. Cusack (III.) ...	Surgery, T.C.D., Steeven's
1859 Christopher Fleming ...	Surg., Park St., Richmond.
1860 Robert Adams (II.) ...	Surgery, T.C.D. Richmond
1861 William Jameson ...	Coombe and Mercers'
1862 Thomas Lewis Mackesy	
1863 William Colles	Surgery, T.C.D., Steeven's.
1864 Arthur Jacob (II.) ...	Anatomy, R.C.S.
1865 Samuel G. Wilmot ..	Surgery, Steeven's
1866 Richard G. H. Butcher ...	Oper. Surg., T.C.D., Mercer's
1867 Robert Adams (III.) ...	Surgery, T.C.D., Richmond
1868 George Hornidge Porter...	Meath
1869 Rawdon M'Namara ...	Mat. Med., R.C.S., Meath
1870 Albert Jasper Walsh ...	Adelaide
1871 James Henry Wharton ...	Surgery, Ledwich, Meath
1872 Frederick Kirkpatrick	
1873 John Denham	Anatomy, Marlborough St., Rotunda
1874 Jolliffe Tufnell	Mil. Surg., R.C.S., City Dub.
1875 Edward Hamilton ...	Anatomy, Steeven's
1876 George Hugh Kidd ...	Anatomy, Dublin, Coombe

It will be seen that during the ninety-two years, since our foundation, there were twenty-four re-elections, always after intervals of which the shortest was three years (M'Evoy), the longest twenty-eight (A. Colles). Richards and Crampton presided on four occasions; such eminent Presidents as King, W. Dease, Todd, W. H. Porter, O'Beirne, and Hutton held office once only; and such remarkable former Fellows as Daunt, O'Ferrall, Houston, Pentland, E. McDowel, John Jacob, Bellingham, Power, and Wilde (*a*) were never elected.

As the list may be recorded in the College, I will feel obliged for any corrections or additions. I am, &c.,

6 Merrion Square, North, March 1. E. D. MAPOTHER.

(*a*) As I wrote this name, it occurred to me that it is now time to commemorate our great medical statist and authority on the eye and ear. His labours in Irish antiquities and topography were so highly valued, that the movement would be aided by all classes of his countrymen.

THE DISFRANCHISEMENT OF THE "LEDWICH" SCHOOL BY THE UNIVERSITY OF DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Ledwich School of Medicine, Peter Street, Dublin.

SIR,—Relying on your usual sense of justice and impartiality, might I beg of you to insert in your valuable journal the following statement of facts, as they have occurred between this Institution and the Board of Trinity College. It is a plain, unvarnished tale, without the slightest attempt to suppress or exaggerate a single fact of any consequence.

I am, yours always very truly,

EDWD. LEDWICH, F.R.C.S.I.

Report to the Board of the Ledwich School of Anatomy, Peter Street.

February 17th, 1877.

Gentlemen,—I beg leave to call your attention to an occurrence which has taken place in connection with this Institution—one that I believe is deserving of the most earnest consideration on your part, from its very great importance in every sense of the word. On the 16th of January, 1877, Mr. Alfred Mason, a pupil of Mercer's Hospital, called on me with a request that I would sign for him a card, certifying his attendance on the hospital for the current session. Having had from personal observation the most ample opportunities of observing that he was strictly entitled to what he asked, I at once acceded to his request, and accordingly filled the card in exact conformity with what I conceived was required, and dated it up to the day only for which I certified his attendance, but not for a single hour beyond that period. It was in fact framed in the usual manner in which I was in the habit of signing for all other licensing bodies. I likewise impressed on him to state to the Senior Lecturer of Trinity College that such only was my intention, and no other. I heard nothing more of the matter until the 31st of January, 1877, when I received the following letter from the Rev. T. Slack:—

Trinity College, Dublin, Tuesday, Jan. 30th, 1877.

Edwd. Ledwich, Esq.

Sir,—I am directed by the Board of Trinity College to inform you that a certificate, a copy of which is subjoined, has been presented by the student named therein to the Senior Lecturer, and by the Senior Lecturer laid before the Board.

"Trinity College, Dublin. To the Senior Lecturer.

"Mr. Alfred Mason has diligently attended the Practice and Clinical Lectures of Mercer's Hospital, from the 1st of November 1876, to April 1877.

(Signed) EDWD. LEDWICH.

"Date, January 16th, 1877."

This certificate purports to declare, under the guarantee of your signature, bearing date January 16th, 1877, that the student named has diligently attended a course of medical instruction, terminating in April 1877.

The Board having hitherto included the Peter Street School of Medicine, of which you are the head, in the list of the medical schools recognised by the University of Dublin, considers itself bound to take official cognizance of the above matter. With that view they have directed me to bring it under your notice, in case you may have any remarks to address to the Board on this matter.

The meeting of the Board at which this matter will come under consideration will be held on Saturday next, the 3rd of February, at twelve o'clock.

I remain, Sir,

Your obedient servant,

T. SLACK, Registrar.

On the receipt of this communication I wrote at once in reply, repudiating altogether the idea that I was at the head of the School in Peter Street; at the same time explaining to him that the Institution was governed by a Board of Lecturers, eight in number, and to this Board I acted simply as Registrar. I likewise stated to him that I had signed the certificate in question only in my capacity as surgeon to Mercer's Hospital, and in doing so, had no desire whatever to impose a false certificate on the Board of Trinity College, or to show the slightest disrespect to the regulations of that body. I sought to show him that the card itself clearly proved that I held myself only responsible up to the day of its date, but from that hour all responsibility on my part ceased. I concluded by stating that any further explanation that might be considered necessary I would, if in my power,

be happy to afford. On the 3rd of February, 1877, I received the following letter from the Rev. T. Slack:—

Trinity College, Dublin, 3rd February, 1877.

Sir,—I beg to acknowledge the receipt of your letters of the 1st and 2nd of February. I read them to the Board at their meeting, and I am directed to inform you that the Board regret to say that they do not consider your explanation satisfactory.

I am, Sir, your obedient servant,

T. Slack, Registrar.

Edwd. Ledwich, Esq., F.R.C.S.I.

To this letter I sent no immediate answer, as I thought it much the more prudent plan to defer any definite reply, until I received something more explicit from the Board of Trinity College, and in coming to this conclusion, it will be seen that I was perfectly correct, for on the 8th of February, 1877, I again heard from the Rev. T. Slack in the following terms:—

Trinity College, Dublin, 8th February, 1877.

Sir,—I am directed by the Board of Trinity College to inform you that at their meeting on February the 3rd, 1877, after hearing your letters of the 1st and 2nd of February inst. read, passed the following resolution:—"That after the current session, the Peter Street School of Medicine be removed from the list of medical schools recognised by Trinity College." I am also to inform you that I am directed, according to the usual course in such matters, to communicate the above resolution to the Registrar of the Academic Council before their next meeting, which will take place on Wednesday, the 28th of February, on which day the Council will have before them the above resolution of the Board.

I am, Sir, your obedient servant,

T. Slack, Registrar.

Edwd. Ledwich, Esq., F.R.C.S.I.

Directly on the receipt of this letter, which left me perfectly free to act altogether irrespective of any ties by which I might consider myself bound to Trinity College, I wrote at once to the Rev. T. Slack, simply remarking that I looked upon the course that had been taken by Trinity College as rather harsh towards a body of gentlemen of which I formed only an unit. I stated also that it had accidentally come to my knowledge that a similar card, but perhaps more formally signed by one of my colleagues in Mercer's Hospital, had been accepted by the Board of Trinity College—thus clearly exonerating me from any intention whatever of committing any fraudulent act, and concluded by stating that any informality, however unintentional, I might have been guilty of, I very deeply regretted, and as sincerely apologised for. I also added that I made the reparation with no desire whatever of influencing any decision which the Board might have thought proper to arrive at, but simply as one strictly due to its members as well as to myself. To this communication I received the following reply:—

Trinity College, 12th of February, 1877.

Sir,—I have laid before the Board your letter of the 8th of February, 1877, according to your desire expressed therein.

I remain, your obedient servant,

T. Slack, Registrar.

Edw. Ledwich, Esq., F.R.C.S.I.

I have thus endeavoured to give a plain and simple statement of facts as they really did occur, without any attempt at exaggeration, or suppression of a single incident, and with you it now remains to take any steps that you may think proper in the matter. The only explanation that I can offer to account for the extraordinary step taken by the Board of Trinity College is, that its members are labouring under the misconception that the School and Mercer's Hospital are one and the same. That such an idea is wholly without a particle of foundation you are all perfectly aware, and that therefore any act on my part done in my capacity as surgeon to the hospital, should not with any degree of justice be visited on the School.

Edw. Ledwich.

The report having been read, the Board, after some discussion, came to the resolution of confiding the matter to Dr. Barton, who kindly undertook to prepare such a letter as might be laid before the Academic Council of Trinity College, and ultimately adjourned until Friday the 23rd inst., when the letter in question should be brought before them for their approval.

Since writing the above the decision of the Academic Council confirming the act of the Board of Trinity College is now well known, and by this it would appear that the arbitrary power is assumed of disfranchising a number of gentlemen for the act of one who issued a card in his capacity as an officer of an entirely different institution. That the Board of Trinity College has in this particular, simply through misconception, I have already stated, but that the same plea cannot be advanced in extenuation of the line of conduct pursued by the Academic Board, as it has amongst its members three Fellows of the Royal College of Surgeons, all fully conversant with matters of this description, and it was their bounden duty to have explained to their colleagues that they had determined to adopt. Apologising for the great length to which this communication has extended,

I am, my dear Sir,

Yours always, very truly,

Edward Ledwich, F.R.C.S.I.

EXEMPTIONS FOR LADY DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In my letter of the 24th ult. I gave you official information of what you professed yourself ignorant when you wrote your comments on the admission of Miss Walker-Dunbar to the examination for the licence of this College in the Medical Press of the 14th and 21st February—namely, that several other foreign universities besides Zurich *had been* admitted by the College to the same privileges which were extended in January last to Zurich.

In your last issue (28th February) you shift your ground and state that "you have reason to believe that the number of male persons who have received the license of the College in foreign degrees is infinitesimal, and the date of their admission long past, and that the recognition of the Zurich degree was therefore an extraordinary privilege conferred for the express purpose of admitting female candidates who could not give the usual guarantees of education. Dr. Finny has not given us the numbers or times for which we asked, and has, therefore, not contravened the inference which we drew."

When as registrar of the College I have made official statements such as those in my letters of 15th and 24th ult., it seems to me that you exceed good taste, if not your privilege as a journalist, to require chapter and verse out of the minutes of the College before you give credence to the information I gave you.

I shall, however, overlook such poor stratagems to cover defeat, and shall close this correspondence called forth by the inaccuracy of your statements, by correcting the remark "that the date of admission of holders of foreign degrees to the licence of the College is long past," when I state officially that in 1872, 1873, and 1874 the same privilege was extended to male candidates, which in January, 1877, was extended to a female candidate by reason of their holding foreign degrees.

I have the honour to be, Sir, your obedient servant,

J. Magee Finny, M.D. Dub.,
Fellow and Registrar.

King and Queen's College of Physicians
in Ireland, Dublin, 3rd March, 1877.

[We have elicited from the Registrar of the College of Physicians the fact that the number of foreign graduates who have accepted the bid is so few, none having offered for three years past, as to form no rule such as might justify the extension of the same latitude to the Zurich degree.

We leave it to the profession to judge whether or not our indictment against the College that it "accepts from women curricula which they would not receive from a male student, is justified by the facts." If it be, we think the profession and Medical Council are called upon to stop so unfair a traffic. We desire to give lady doctors every fair play, but we protest against their being privileged to enter the ranks of the medical profession upon evidence of competency which would not entitle a home student even to offer himself for admission.—Ed. M. P. & C.]

MEDICAL ADVERTISING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my opinion Mr. "P. V. Timothy, L.R.C.P., Lond." deserves the thanks of the great mass of the profession, the general practitioners, not for "philosophically and without prejudice" constituting himself a "true philanthropist" by prescribing for his patients at fourpence a head, but for calling attention to the great and growing scandal of medical advertising in the daily papers, which he stigmatises as "the schemes of the leaders of the profession" and asserts to be "necessary for success." Suppose I were to cause a few advertisements, announcing my name, residence, and qualifications to be inserted in the *Times*, *Standard*, and other papers, what an uproar there would be! How my neighbours would cry out! I should be called upon to resign by the various societies of which I am a fellow, and, in a word, I should be "cut" by every right-minded member of the profession, and very properly too. But "Dr. ——, F.R.S., M.R.C.P.," or Mr. ——, M.A., M.C. Cantab., F.R.C.S.," &c., &c., may, and do advertise daily, and the learned bodies aforesaid look on complacently and make no sign. Why should this be? Just this: these "leaders" (?) of the medical world, advertise indirectly—books, compiled for the most part, and "special" hospitals (!) are the excuse: and that these shifts are, as Mr. Timothy asserts, "necessary for success," is patent enough when we see the staff of these benefited institutions doing "a roaring trade," while their *confreres*, more modest and often much abler, men, who nevertheless scorn to have resourse to such pitiful dodges, have difficulty in making both ends meet.

Either let advertising, directly or indirectly, be rigidly suppressed, or as the Cornish parson said to his congregation, "Let us all start fair, my dear brethren!" Surely, what is sauce for the gander, should be sauce for the goose! and geese we shall be, if we, the body of the medical profession, do not take some decided action in the matter before long, and, for many of us, it is too late. I enclose my card and am, sir,

Yours faithfully,

A GENERAL PRACTITIONER.

LEPRA GRÆCORUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It might interest the profession (especially that portion engaged in teaching) to know that there is a specimen of a disease, very rarely seen in this country, now in the wards of the Kilkenny County Infirmary.

The patient is brother to a man who died a few years ago of "lepra græcorum," and who, previous to his death, excited much interest in your professional circle in Dublin.

The present sufferer persisted, contrary to repeated warnings, in sleeping with his brother and wearing his clothes.

I shall be happy to show this case to any member of the profession who may feel a desire to see one of the "ills that flesh is heir to" rarely to be seen in this country, and only when imported from abroad; and if any of our teachers should wish to exhibit him to the classes I shall in every way facilitate his transfer to Dublin. He is rapidly declining and not likely to live very long, although the disease has not yet attained the very remarkable development which it exhibited in his brother's case before his death, and of which an excellent drawing has been preserved.

The case is one of peculiar interest, and I shall be happy to supply further particulars to any inquirer.

Yours, dear Sir, very truly,

ZACH. JOHNSON, A.M., T.C.D., F.R.C.S., &c.,
Surgeon Kilkenny County Infirmary.

THE BIENNIAL PRESIDENCY IN THE IRISH COLLEGE OF SURGEONS.

OUR columns have been a good deal occupied recently in the discussion of a proposal that the Presidency of the Irish College of Surgeons should be a Biennial, instead of an Annual office, as heretofore, and our readers will recollect, we argued against such a proposition on the ground, *firstly*, of its inconsistency with the Charter; *secondly*, of its inexpediency in the interests of the College; and, *thirdly*, because its adoption would be equivalent to final ostracism of the Provincial Fellows from the honours of the College. The feeling of the Fellows was so strongly and almost universally expressed against the project, that we doubted that its advocates would go to trial before the College, and we even felt uncertain that the twelve requisitionists would be found to sign the necessary memorial to the President for a special meeting of the Fellows. That difficulty was, however, overcome, and sixteen names secured, and, in accordance with the requisition, the College met on Wednesday last, at twelve o'clock, to discuss the proposal. There was—considering that it was a special meeting—a large assemblage of the Fellows, amongst whom were a good many of the provincial members, to whom the proposal seems to have been received with something like indignation. The President (Dr. Kidd) occupied the chair, but the Vice-President (Dr. Robert MacDonnell) was absent through ill-health. The Biennialists were represented in chief by Dr. Barton, Mr. Corley, and Dr. Tyrrell, and on being called on to move the resolution, which was to pledge the College to their views, a change of policy was unfolded by them, which somewhat astonished the assembly. The original abstract proposition, "That it is expedient that the offices of President or Vice-President should be in future held for a longer period than one year" was withdrawn (doubtless out of respect for the provisions of the Charter to the contrary), and an amended resolution proposed to the effect "that the outgoing President and Vice-President should be requested to present themselves for re-election at the expiration of their terms of office." This change was at once objected to by Dr. Mapother, on the ground that the resolution, as amended, was not consistent with the purpose for which the College was called together, inasmuch as it was personal to the present officers and not a general principle.

After some discussion, Dr. Barton altered his resolution into the plural number, in order to obviate Dr. Mapother's objection. An animated debate ensued, in which Mr. MacNamara, Dr. Darby (of Bray), Dr. Corley, Dr. Jacob (of Maryboro'), Dr. Tyrrell, Dr. Wharton, Dr. Smith (of Donoughmore), Dr. Smyly, Dr. Benson, and Dr. Jacob (of Dublin) spoke.

From first to last it was obvious that the proposal before the chair had few friends, and that the feeling of the College was dead against it, and eventually it was (at the suggestion of Dr. O'Leary, M.P.) withdrawn.

The withdrawal—though, perhaps, the most amicable settlement of the question—is not, we think, the best end of the matter in the interest of the College. A proposition of this sort, if it had received the least encouragement, might be resuscitated at any time for the benefit of an individual; and it would be well if the College had, once and for all, declared its disapproval of biennial presidencies. On Wednesday last it was quite prepared to record such a vote, and if a division had been taken we hardly think that fifteen votes would have been polled in favour of the resolution. Irrespective of any consideration personal to the present or coming Presidents and Vice-Presidents, there was really nothing to say for it, and the advocates put forward to support the proposal must have been conscious that they were fighting a hopeless contest. The result is, as it should be, and if we ever hear of perennial presidencies again let us hope that the question will be dealt with as an abstract principle and not as election *ruse*.

The roll of Presidents which Dr. Mapother contributes to our columns to-day is sufficient to show that, for very nearly a century the College has been content with annual presidencies, and has found them work satisfactorily, and we hope that personal ambition will not be allowed to disturb so time-honoured a system.

Medical News.

The Cancer Hospital, Brompton. — The annual general meeting of the governors of this hospital was held on Friday last, Mr. David Mocatta in the chair. The twenty-sixth annual report of the committee was read by the secretary, Mr. H. J. Jupp, which showed that the financial position of the charity was satisfactory, although there has been a slight falling off in the items of donations and new annual subscriptions, but more than balanced by an excess of legacies. During the year 863 new patients had been received. Thanks were recorded to the Baroness Burdett Coutts, to Lady Abercromby, the Lady Visitors, and to the various officers of the institution. A vote of thanks to the chairman terminated the proceedings.

Modes of Treating Town Sewage.—A public meeting of the Sanitary Institute of Great Britain will be held at the rooms of the Society of Arts, John Street, Adelphi, on Wednesday next, March 14, at three p.m., to consider the report recently issued by the committee appointed by the President of the Local Government Board upon the disposal of town sewage. The chair will be taken by the President of the Institute, his Grace the Duke of Northumberland, and the discussion will be opened by Sir J. W. Bazalgette, C.B., Engineer to the Metropolitan Board of Works, Vice-President of the Institute. Medical officers of health and sanitarians generally are invited to be present. At the close of the discussion an adjourned public meeting will be held to receive the report of the committee of the Sanitary Institute of Great Britain, and to order thereon.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

H. E. J.—Wanted the address of the advertiser of "A Practice for disposal in Yorkshire" who advertised with the above initials attached in our number of Feb. 21. There are letters awaiting him at our office.

The Croonian Lectures will be delivered at the Royal College of Physicians on March 7, 9, and 14 by Dr. Braxton Hicks. Subject: "The Difference between the Sexes in Relation to the Aspect and Treatment of Diseases." Members of the profession are admitted on presentation of card.

The Working-classes and Hospital Saturday.—We are happy to observe our excellent contemporary, *The Leisure Hour*, take the same view of this question as ourselves. In its number for March it concludes an able summary thus: "It is gratifying to note an increase in the contributions; but even if the total had been made up entirely—by no means the case—of sums given by working men and women residing within the bills of mortality, it would not come to a penny a head. Working Jack and Jill ought certainly to contribute at a more liberal rate than this to institutions which shelter them in sickness and set them on their feet again by means of medical and surgical skill and appliances beyond the reach of some of those who regularly subscribe to hospitals. Instead of flattering the London working-man, it is truer kindness to tell him that his conduct in responding on so parsimonious a scale to the appeal of those who sacrifice time—and realised time, hard cash—and spare themselves no trouble in their efforts to induce him to, fractionally, help himself, does not, in American phase 'look pretty.'"

Mr. Geo. Andrew is thanked.

To the Editor of the Medical Press and Circular.

Sir,—Have I any redress in the following case; J. J. N. Licentiate, a country practitioner in the same village with myself, got a sharp attack of diphtheria; for about ten days he was confined to bed, during which time he called me down three or four times a day to see him and make applications to his throat.

During the whole time of his illness I did all his duties, both in hospital and private practice, dressing some wounds every day, prescribing and mixing medicines, generally my own. He did not care how much trouble he gave me as I fully expected all along I was to get paid by him for my services in the same way as on three former occasions I had done when I required his services in my absence. I left the place shortly afterwards but never did he say a word about recompense. Since then I wrote to him twice but received no answer. This man prides himself in his full estimation of medical etiquette. May I have your opinion on the subject. In my letter I valued my services for the fortnight at £10.

I am, Sir, yours truly,

Ex-Dispensary Doctor.

[Our correspondent would have his remedy at law if the judge took the view that payment for the services rendered might reasonably have been anticipated of the person receiving them. As between two medical men practising in the same locality he might take the opp ' ce view, in which case our correspondent could not recover. If a con ing person puts trust in a mean or unprincipled person he is—in any walk of life—liable to such treatment, and we advise our correspondent to be content with having purchased his experience and to be more wary in future.—Ed. M. P. & C.]

FOURPENNY DOCTORING.

In our issue of Jan. 10th we drew attention to another handbill which was being distributed with the name of P. V. Timothy, L.R.C.P. Lond., M.R.C.S. Eng., &c., attached, offering advice and medicine in the morning at fourpence, in the evening at sixpence per head. In the following number the gentleman named disclaimed all knowledge of the handbill, and stated that his name had been used by Dr. George Fearon entirely without authority or consent, and that he should demand its instant withdrawal. We congratulate Mr. Timothy upon having acted up to his expressed intention, of which the following will explain:—

To the Editor of the Medical Press and Circular.

Sir,—In accordance with the suggestion mentioned in my letter concerning the unwarranted use of my name by George Fearon, M.D., 42 Craven Hill Gardens, Hyde Park, for the better vending of 4d. bottles of physic, I placed the matter in the hands of an attorney, but upon the assurance that Dr. Fearon would not again adopt my name as an alias, I have suspended proceedings.

Yours faithfully,

Barrow-in-Furness, March 1st. P. V. Timothy, L.R.C.P.Lond.

Erratum.—In the letter on "The Vaccination Act" in our last number, lines 51 52, page 175, should read thus: "and it completely stands in the way of the main object (which we *all*, except those who are opposed to conviction, desire to attain)—viz., universal vaccination."

A SONNET.

(*Written while attending a tedious labour.*)

Hail, Patience, Queen of all the Virtues! thou
Upon me in mine hour of trial smile,
O goddess of the calm unruffled brow;
For staid Lucerna mocketh me the while,
Nor comes responsive to my ardent vow.
O help me, thou the moments to beguile,
Aid me to hearken to the trivial chat
Of "Sarah Gamp" without impatient shrug,
Teach me to stroke the calmly purring cat,
Complacent dozing on the old hearthrug,
While "Mistress Harris" pulls and tugs in pain,
Her lot lamenting with recurrent groan,
Vowing she never will be caught again:
Hail, Patience, come, and be thou all my own.

VACANCIES.

East London Hospital for Children.—Assistant Physician. Honorary. Attendance required two afternoons each week. Applications to be sent to the Secretary on or before the 22nd inst. (See Advt.)

Kilcock Dispensary, Colbridge Union.—Medical Officer. Salary, £100 per annum. Applications to Hon. Sec.

Louisburgh No. 1 Dispensary, Westport Union.—Medical Officer. Salary, £100 per annum. Applications to Hon. Sec.

Bradford Infirmary.—Resident Medical Officer. Salary, £110, with board, &c. Applications to the Secretary, 65 Market Street.

University College Hospital, London.—Resident Medical Officer. Information as to the duties and emoluments to be had of the Secretary.

Dental Hospital of London.—Assistant Dental Surgeon. Honorary. Applications to the Hon. Sec. by the 14th inst.

St. Saviour's Union, Surrey.—Medical Officer for the 9th District. Salary, £130 inclusive. Endorsed applications to the Clerk's Offices, John Street, Blackfriars.

Royston Union, Herts.—Medical Officer for No. 5 District. Average remuneration by fees about £67 per annum. Applications to the Clerk of the Guardians.

APPOINTMENTS.

Betts, J., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 10 District of the Chelmsford Union.

Carmody, W. F. P., M.D., Medical Officer, Public Vaccinator, &c., for the Killanne Dispensary District of the Enniscorthy Union.

Kenny, B. J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Listowel Union Workhouse.

Parker, C. A., M.B., C.M., Medical Officer and Public Vaccinator for the Gosforth District of the Whitehaven Union.

Marriages.

Thomson—Mourant.—On March 1st, at St. Mark's Church, London, N.W., Wm. A. Thomson, F.R.C.S., L.R.Q.C.P.I., of Wembly, Middlesex, to Caroline Ella, only daughter of Colonel Mourant, St. Saviour's, Jersey.

Deaths.

Britton.—On Feb. 25, at Wellington Road, St. John's Wood, William Samuel Britton, M.R.C.S.E.

Gutch.—On Feb. 19, at Broughton, William Gutch, M.R.C.S.E., aged 84.

Scholfield.—On Feb. 21, at Todmorden, Samuel Scholfield, L.S.A.L., aged 56.

Tuck.—On Feb. 25, at Oxford, Francis Tuck, L.S.A.L., aged 44.

Tylor.—On Feb. 20, at Lansdown, Joseph Savory Tylor, M.D., aged 63.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 14, 1877.

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SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page* 182.)

EXAMINATION CONTINUED.

With Politzer's bag we can diagnose any perforation of the membrane which may escape our notice with the speculum, the air as it passes through the aperture conveying a characteristic whistling sound through the otoscope to the surgeon's ear. To examine a patient for perforation we must first carefully cleanse the meatus, and get a full and distinct view of the membrane. If the perforation is large there will be no difficulty in recognising its presence, the clean cut edges marking its size and position. In many instances the membrane may be almost entirely absent, and then we get a view of the red mucous membrane of the cavity of the tympanum which is often thickened and has a granular appearance. Hinton says that perforation of the membrane is never absolutely complete. Since I read this statement in 1874, I have had at least two cases in which after careful examination by sunlight, I could trace no vestige of membrane remaining. Frequently one meets cases where nothing but the rim of membrane close to its attachment remains. The malleus may be absent, or only a portion of the handle remain, or all the ossicles may have disappeared. I had two cases at the hospital lately which served admirably for demonstration to students of such extensive destruction. In both, the inner wall of the tympanum was completely exposed; in one, the fenestra ovalis and promontory were visible, and all the ossicles destroyed; in the other the stapes alone remained, and was seen applied firmly against the fenestra. But often with the speculum it is not easy to diagnose a pin-hole perforation or a slight rent or slit in the membrane. The presence of a minute dot of cerumen, a tiny blood clot on the membrane, a fine foreign body, an old scar or the cicatrix of a healed perforation may each be taken for a small perforation. We must then on all occasions when in doubt about perforation, confirm our diagnosis by Politzerising the ear; one end of the otoscope being placed in the surgeon's ear, and the other in the affected ear of the patient, the ear is, as I have previously described, inflated by the bag of Politzer, and if there be any aperture or chink the air whistles through it with the unmistakeable sound of perforation. It is then of importance in any ambiguous case not to arrive at a conclusion until the patient is Politzerised. In the great majority of cases, on fixing our eye well on the spot that we suspect is an aperture, and throwing a good light on it through the speculum, we can see the small bubbles of air issuing from the perforation or fluid oozing through it from the tympanum on inflation. Sometimes the hole is covered by a bright bubble of air, the glisten of which at once shows the seat of the perforation. All deceptive appearances are discovered by the adoption of these two methods: first by careful examination with the speculum and watching the suspicious spot on inflation; secondly, by the use of the otoscope and Politzer's bag. Not alone may we see the membrane perforated or destroyed, but adhesions may have taken place, either with or without perforations, which bind the membrane to the inner wall of the cavity or to the stapes and promontory. It may be thick and cartilaginous-looking, a condition frequently accompanying ankylosis of the bones. In arriving at a conclusion from the history, and especially from the nature, of the deafness as to the seat of the malady, when the cavity of the tympanum is affected, we have some general characteristic symptoms which guide us to a conclusion before we test the case with the tuning fork. Frequently a case is brought to us presenting some characteristic symptom. This may not be necessarily an attendant on the lesions of the tympanum referred to. But there are a certain set of symptoms, some of which are almost invariably met with in every case where we have

ankylosis, adhesions, or rigidity of the membrane lining the cavity of the tympanum. I cannot conceive, that any more lucid description of the typical symptoms which are complained of by the great majority of patients who have adhesions of the membrana tympani and ankylosis of the tympanic bones can be given than that of Mr. Toynbee. There are no more important passages in his unrivalled work on "Diseases of the Ear," than those in which he so clearly depicts those symptoms so well known to all aural surgeons, and which when described by a patient almost infallibly point to the seat and nature of the affection.

"Many patients will most distinctly hear a single voice, although low, but are puzzled to hear anything distinctly when two or more persons are speaking; others hear the voice, but cannot discriminate the words; others again can hear slow conversation, but cannot follow it when rapid. These symptoms show that the *adapting power* of the ear, dependent as already shown upon the ossicles and their muscles is at fault. But the history of the case, showing it to be one of slow hardening of the tympanic mucous membrane, together with the absence of all those symptoms which render it liable to be confounded with other diseases, as nervous deafness, obstruction of the Eustachian tube, &c., are unusually sufficient to enable an attentive observer to form a correct diagnosis."

"Thus the patient will hear perfectly a single distinct, voice, but a second voice intermingling completely disables him from hearing either; he having lost the power of rapidly adjusting his ear to suit the sound of the voice of the person immediately addressing him to the exclusion of that of the other. Yet another striking symptom of the early stages of the affection is the necessity of exercising an act of distinct volition in order to catch the sound of a voice, which ceases to be perceptible as soon as the effect is relaxed. It has, indeed, happened to me to receive patients whose complaints consisted not in being dull of hearing, since they could hear everything said in a room, but in not being able to do this without a prolonged effort of attention, the fatigue of which soon became intolerable. This latter condition is, of course, perfectly explicable from the more or less rigidity of the chain of bones in this disease, and the muscular effort consequently required to move and keep it in constant motion."

"Another symptom and one certainly characteristic of the later stages of this affection, but which it is not in my power to deny, may not also be present in another disease of the ear, is the immense improvement of the hearing which attends the patient's travelling in a carriage over a hard road, by which considerable vibration is communicated to his body; a vibration that doubtless in a degree shakes the chain of bones, and imparts to them a kind of vibratory movement, which permits the muscles, while it lasts, so to act on those bones as to restore more or less of their proper functions in adjusting the pressure on the labyrinth."

THE TUNING-FORK.

We now come to the most important step in the process of examination. The diagnosis of an obscure aural case is incomplete without the test of the tuning-fork. It is necessary here to repeat what has been elsewhere so well described by Politzer and other recent writers on this subject. "To Lucae," says Hinton "we owe the first scientific appreciation of this test." That knowledge is founded on the fact that if the external meatus is closed the sound of the tuning-fork placed on the head or against the teeth in the median line of the lower jaw, is increased.

It is not in keeping with the design of these papers to enter into the various physiological and acoustic reasons which have been assigned for this. It is sufficient to recognise the fact that vibrations passing through the solid media, the bones of the head, are intensified and the reflections increased when the external meatus is closed, in the normal state, and that those vibrations are prevented from escaping. If this obstruction is in the meatus or in the cavity of the tympanum, the effect is identical. Cerumen, a foreign body, polypus, obstruction from epithelium and hardened mucus in the external passage, or accumulated mucus in the cavity of the tympanum, will produce a similar effect. It is right, however, to say that in my experience this is not an absolute rule. There are persons whose hearing is very acute, and in whom there are no symptoms of any abnormal conditions, who do not hear the tuning-fork louder on closure. Some time since, in trying the tuning-fork on the heads of some bystanders and explaining the reasons for the use of the instrument in diagnosis, the accuracy of the theory received rather a blow when, the first person (a student) on whose head it was placed for experiment, who had remarkably good hearing and had never had anything wrong with his ears, declared that he did not hear the tuning-fork louder on closure of the meatus, but, of the two, less so. I tried him several times, with the same result. There was no cerumen, the membranes were healthy; all the others present were, however, influenced differently. This is not the only time that this very unusual result has been stated to me.

Nothing in the examination of the ear requires the exercise of so much patience as the trial with the tuning-fork. Each experiment should be repeated a few times, and the patient kept in ignorance of the result expected. Deaf patients, especially the poorer ones, are often intensely stupid. To arrive at a truthful conclusion, we must try their accuracy several times. It is a good plan to return to a previous step in the examination, and to repeat the question as to the intensity of the sound. Constantly, patients will at the same examination contradict assertions which a minute before they have made with the greatest confidence. I find it often at the hospital a trial not alone of the tuning-fork, but still more of my patience, to elicit the truth which they quite unintentionally obscure. I generally adopt the following method of testing, whether the deafness be unilateral or bilateral:—

1. Ascertain if the sound is heard louder in either ear, the meatus of each remaining open.

2. If the sound is heard louder in either ear, or the contrary, the meatus of each having been closed alternately with the finger.

3. If the sound, as heard with the meatus of each ear closed, is louder as contrasted with its intensity when both ears are open. This I do by making the patient, with his thumbs in readiness, quickly close the ears on placing the tuning-fork on his head, and by testing him alternately with both the ears open and closed.

Let us take a few uncomplicated examples. We have by the speculum excluded any cause which can exist in the external meatus, such as cerumen, polypus, epidermis, or foreign body. We wish to arrive at a conclusion as to whether the deafness and tinnitus are due to tympanic obstruction or to disease of the nerve. First, a patient hears *badly in the right ear*, and well in the left. With the tuning-fork on the head in the first step of the examination, he hears it *loudest in the right ear*. The *presumption* is—*mucus in the cavity of the tympanum of that ear*. On closing the left ear the sound is intensified in it, equally, if not exceeding, that heard in the right one. On closing the right one the sound is not increased, as a rule. The diagnosis is complete in the vast majority of cases; it is one of obstruction in the cavity of the tympanum.

Secondly, a patient is *deaf in both ears*, with or without tinnitus. The tuning-fork placed on the head is *heard loudly and equally in both*, and there is *no difference, or very slight, on closure of either meatus*. We diagnose *mucus in the tympanum of each ear*.

Thirdly, a patient is *deaf in the right ear*, with or without tinnitus. The tuning-fork placed on his head is *heard louder in the left ear. We assume nervine deafness of the right ear. On closing the left ear, the sound is intensified in it; on closing the right, there is no difference.* In my experience in the majority of cases it is, of the two, *less*. We confirm the diagnosis of nervine deafness in the right ear.

Fourthly, a patient comes to us *deaf in both ears*, with or without tinnitus. The tuning-fork placed on the head, *he hears, perhaps, badly, and the sound dies rapidly away.* This can be ascertained by testing him as usual, and transferring the fork quickly to the observer's head or teeth, on the patient's making a signal that the sound has disappeared. It is possible *he may not hear the tuning-fork at all* when placed on the head, and we must transfer it to the teeth before the vibrations are conveyed. Closure of either ear produces little difference (*Hinton thinks slightly increases the sound*); of the two, I am inclined more frequently to think, lessens it. We diagnose *nervine deafness of both ears.*

Such is, up to the present, the result of my experience in the majority of cases. On the disputed point of the patient hearing the sound less distinctly on closing the deaf ear (Roosà) in a case of uncomplicated nervine deafness, or its being slightly intensified (Hinton), after examining many hundreds of cases, I believe that the result is variable. This may arise from some error in diagnosis. Complications may exist which escape observation, and may be outside our power of diagnosis. Such complications existing in the tympanum, and which involve its membrane and ossicles, would influence the result. That they co-exist frequently with nervine deafness is, of course, true, and hence it may be the case, that much of the difficulty lies in this source of error.

Though the above rules as regards the diagnostic value of the tuning-fork are generally found to lead to a correct conclusion, still anomalous cases are constantly occurring in a large aural practice which I do not pretend to account for, and which are more or less at variance with them. For instance, within the past few days these three cases have come under my notice.

Case 1.—J. N., age 51. Right ear deaf for two years; the deafness came on after cold; he has a "humming" tinnitus; there has been an old syphilitic history, and at present he suffers from his throat from the same cause. He has never had any pain or discharge. With the right ear the watch is heard barely on contact, with the left at half an inch. He inflates both membranes—the right faintly, the left with a moist crackle. The membrana tympani of the right ear is divided into two very hollow pockets; it is unusually white, and the malleus is displaced, the handle being prominent. In the left ear the malleus is not visible, the membrane is considerably drawn in, and extremely concave and dull. The tuning-fork he hears best in the right ear. Closure of either meatus makes little difference, the sound remaining most distinct in the right ear, though not so loud as when that ear is open; on closing the meatus of each ear the sound is less than when both ears are open.

Case 2.—J. H., age 49. The left ear has been very deaf for two years, with constant "singing." He found the right getting similarly affected about one year since, when he consulted me, and was then relieved of the tinnitus in both ears and the hearing of the right ear considerably improved. His hearing distance now is $\frac{6}{50}$ with the right, and the watch is not heard in contact with the left. The tinnitus has returned, and it is for relief from this symptom he has come again. The membranes show but little change from the normal state; he inflates both ears with a dry sound; the tuning-fork is heard loudest in the right (the good) ear; on closing the right the sound is increased; closure of the left, he fancies, rather intensifies the sound in the right; when both ears are closed the sound is slightly lessened.

Case 3.—P. K., age 16. When seven years old he had scarlatina, and after it the right ear remained deaf; he has never had any pain or tinnitus, and does not recollect any discharge; the hearing distance of the left ear is normal, of the right $\frac{1}{50}$; the external meatus of the right ear is healthy; the membrane is congested, the triangular spot is obliterated, and there is what appears to be a small scar of an old perforation; otherwise its shape is normal. He inflates both membranes well; the tuning-fork is heard *alike in both ears.* With the right closed the sound is loudest, with the left ear closed it still remains loudest in the right; when both ears are closed it is louder than when both are open.

These three cases I cite as they occurred while writing this paper, and I tested each frequently and cautiously to correct any error. They are all very intelligent. In these cases I am inclined to believe the mischief was confined to the cavity of the tympanum and the ossicles, probably the effects of long-retained secretion, low inflammatory states of the lining membranes, adhesion, and partial ankylosis of the bones. There was little yielding of the membrane on inflation, no improvement on suction with the pneumatic speculum, and in all three cases its concave and thickened appearance verified the diagnosis.

To prove, however, the utility of the tuning fork, I cite fully this case.

Mrs. —, widow lady, age 52, consulted me in **March,** 1876, for deafness and tinnitus in both ears. On examination I found that the cause of the affection was a slight accumulation of cerumen, the removal of which and subsequent inflation completely cured her. In December last she again consulted me. She then suffered from an "unpleasant, stupid, sensation in the head, giddiness, tendency to fall, and general debility," accompanied by complete deafness in the left ear, and "noises like the sea roaring." There was a history of irregularity during the menopause. Menstruation had ceased for one year and two months previously; she had been slightly unwell during the past month. She had several pregnancies, the last occurring in 1866. She had a general anæmic look and feeble circulation; the heart sounds were normal but weak; there was no albumen in the urine; the secretions were fairly regular. On examining the deaf ear, I found the watch barely heard on contact, the external meatus healthy, the membrana tympani healthy and normal in shape and appearance, the Eustachian tube free. She could inflate the membrane, but not well, and the normal rustle was represented by a moist gurgle. I assumed a recent accumulation of mucus in the cavity of the tympanum, and a collapsed Eustachian tube. The mucous membrane of the throat was pale and anæmic looking. On placing the tuning fork on her head she said "she heard it nearly altogether in the right (the deaf) ear." I passed the Eustachian catheter and syringed out the ear with a warm solution of chloride of ammonium (gr. iv. ad. ℥i). I then Politzerised her a few times through the opposite nostril. On testing her immediately after inflation her hearing distance was $\frac{3}{50}$. This treatment, added to general attention to the debilitated constitutional state by tonics, &c., was continued, and gradually the noises completely disappeared. On the third of the month she visited me, the hearing perfectly restored and the tinnitus gone.

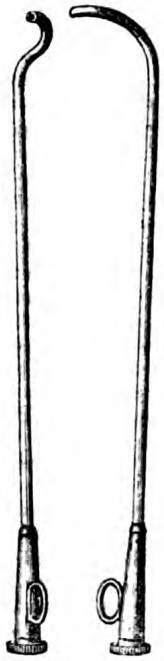
To understand the use of the catheter, I would recommend all those who wish to study its mode of introduction on the dead body to make the usual sections of the skull required to expose the pharynx and nasal fossa. This is easily done by sawing through the base of the skull behind the styloid processes and the attachment of the pharynx, the other section being made vertically through the nose at either side of the septum. In this way, if the section be carefully made and the soft parts uninjured, the inner and outer wall of the nasal fossa are preserved. The various muscles which act on the orifice of the tube, the posterior nares, the depression behind the tube, and the tube itself can be examined. Beautiful illustrations of these sections can be seen in plates 26 and 28 of Ellis's "Illustrations of Dissections." These I use myself for demonstration.

The chief facts of practical importance which we have to recollect when we undertake the passage of the catheter are as follows:—The Eustachian tube is about one inch and a half in length, ("35 mm.; 24 mm. of which belong to the cartilaginous, 11 mm. to the osseous canal," Tröltsch translated by Hinton), the osseous portion in the temporal bone being three quarters of an inch, and

the cartilaginous portion one inch. The tube is funnel-shaped, its narrowest part being at the junction of the osseous with the cartilaginous portion. This tube passes from the anterior wall of the tympanum downwards, forwards and inwards, to terminate at the pharyngeal orifice, which projects as the opening of the trumpet, close behind the internal pterygoid plate, on a level with the inferior turbinated bone, at the back part of the inferior meatus of the nose. Two lips bound this orifice, one posterior, directed downwards, the other anterior, turned upwards. It measures (Tröltsch) "9 mm. in height, 5 mm. in width." This faucial orifice (Toynbee) is nearly half an inch long. The pharyngeal end is the widest portion of the canal, and is composed both of cartilage and fibrous membrane. The mucous surfaces of the membrane which line this canal are in a state of apposition, the two patent points being the faucial orifice and the commencement of the osseous portion (Tröltsch). This arrangement converts the Eustachian tube into a form of valve, which in a state of rest is closed, and which opens and closes at each act of deglutition, in consequence of the action of the tensor and levator palati muscles, the former dilating the opening (Rüdinger and Tröltsch), the latter muscle drawing the inferior curved edge of the orifice of the tube into a straight line upwards. The palato-pharyngeal muscle assists in fixing the cartilaginous portion. This action we are frequently performing in the swallowing of our saliva. It is this action of the palatal muscles that we take advantage of in Politzerising and inflating the membrane, during the act of swallowing the water; the orifices of the Eustachian tubes then becoming pervious. We may epitomise the uses of the valvular canal thus :—

1. It permits of an exchange of air to the cavity of the tympanum, thus it forms an outlet for abnormal secretions and prevents their accumulation in the tympanum.
2. It prevents the rarefaction of the air in the tympanum by the successive acts of swallowing when air can enter the cavity at each act.
3. It maintains a condition of equilibrium between the air in the tympanum and the atmosphere.
4. It may influence the vibration of the membrane and the resulting sonorous effects on the tympanic cavity; (Bernstein) clinical effects would appear to verify the suggestion.

Fig. 12.



This is one instrument, profile and front view.

The valvular action of the tube has the most important bearing on our knowledge of Eustachian deafness. Closure or occlusion of the tube leads to rarefaction of the air in the tympanum, which, while it may filter out, is not restored or renewed. Then follows an accumulation of mucus in the tympanum, and an increased concavity of the membrane, and finally hardening of the secretion, contraction of the membrana tympani, and thickening and adhesion of the membrane lining the cavity with accompanying changes in the ossicles. The annexed figure represents a form of the Eustachian catheter, the double curved catheter of Dr. Noyes, of New York. The mode of passing the instrument we shall now proceed to consider.

ABSTRACT OF REPORT OF A CASE RESEMBLING ONE OF ADDISON'S DISEASE. (a)

By George F. Duffey, M.D.,
Physician to Mercer's Hospital, &c.

This was a case which presented many features resembling the supra-renal melasma of Addison. The patient was an intemperate car-driver, thirty-two years of age, who came under Dr. Duffey's care in Mercer's Hospital, with œdema of the lower extremities and albuminuria. There was also a peculiar dark-brownish discoloration of his lower lip, blackish spots on the buccal mucous membrane and tongue, and a nearly general dark, tawny-brown cutaneous pigmentation. He had noticed that he was getting very dark about five weeks before he presented himself at hospital, and he felt himself growing weak, and listless. He could ascribe no cause for his illness, and had never had syphilis, malarial fever, or, in fact, any previous sickness.

Dr. Duffey described minutely and in detail the state of the man on admission. The discoloration was more marked and deepest in hue on the groins, flank, and axillæ. The penis, nipples, and their areolæ were deeply stained. The discoloured integument was universally and irregularly mottled over with small darker spots resembling ephelides. The sclerotics were "pearly-white." The patient was extremely feeble, any exertion brought on breathlessness, his temperature was subnormal, and he became extremely apathetic and low-spirited. The œdema soon disappeared, but the albuminuria continued, and he had persistent headache for a month.

Warm baths, which acted well as diaphoretics, had no effect on the cutaneous change; but, as he became better under the administration of phosphorus and iron, the labial patches first disappeared, and then the deposits of pigment in the mouth and on the tongue. Subsequently it was observed that the affected portions of the skin had become of a somewhat lighter tint, and it was noticed that, corresponding to the site of a blister—which had been applied over the left side when he had been suffering from pain in the region of the spleen—the cutis was of a much paler colour than the surrounding integument. This was opposed to the usual result following the application of a blister in Addison's disease, increased pigmentation subsequent to vesication being the rule. Soon after his admission, and mainly as a test experiment, a small blister was applied to a portion of the unpigmented skin of his back; no discolouration ensued. These facts, coupled with the partial and mottled, instead of uniform and general, discoloration now observed; the disappearance of the patches from the lips and from the mouth; the greatly improved general health, strength, and spirits of the man; his good appetite; the absence of emaciation and gastric symptoms, and the perceptible clearing up of the discoloration now following the frequent use of warm alkaline baths and soap, caused a doubt as to whether the case was really one of Addison's disease

(a) Read before the Medical Society of the College of Physicians, Ireland. The debate will be found at p. 206.

associated with renal disease, as at first diagnosed, or not. It was well known that discoloration of the skin might be induced by a variety of causes, independently of any affection of the supra-renal capsules. In this case the discoloration being neither raised, in patches, itchy, or scurfy, in no way resembled pityriasis versicolor; there was no detectable hepatic or tubercular disease, and, if not the result of supra-renal melasma, or of the cachexia induced by the renal disease, the change of colour in the skin was most probably an example of that condition to which Vogt has given the name of "Vagabonden-Krankheit," and which Greenhow has rendered into English as "Vagabond's Discoloration."

Against this view were—

1. The age of the patient. Vagabond's discoloration is most frequently seen in elderly persons of very indigent circumstances and uncleanly habits, especially when infested by vermin; while Addison's disease very seldom occurs in persons past middle age. (*a*) 56·75 per cent. of the 37 cases of Addison's disease tabulated by Dr. Hayden (*b*) occurred between the ages of twenty and forty years.

2. The presence, at first, of associated pigmentation of the mucous membrane and cutaneous discoloration.

3. The constitutional symptoms and subnormal temperature.

4. The non-effect, at first, of hot baths, the pigmentation actually becoming darker during their use.

In favour of Vagabond's discoloration were—

1. The fact of its being paler on the face, hands, and other exposed parts.

2. The partial discoloration of the skin.

3. The surface left after blistering being pale.

4. The remarkable diminution of the discoloration after the use of warm alkaline baths and soap.

5. The constitutional symptoms present being referable to a distinct cause, and one of the most characteristic constitutional symptoms of Addison's disease—viz., obstinate and uncontrollable vomiting, being wanting.

In reply to a communication from Dr. Duffey, Dr. Greenhow had informed him that personally he had not seen a case in which discoloration of the mucous membrane of the mouth had disappeared, but that he had been told of such a case by a hospital physician of high reputation. Also, in reply to a query as to the probable causation of the abnormal pigmentation on the buccal mucous membrane and lip in the case under notice, supposing it to be one of Vagabond's discoloration, and in his own case Dr. Greenhow said he could not explain the pigmentation of the lips, &c., in his case of Vagabond's discoloration when he was watching the case, and was still equally at a loss to do so. The difficulty of diagnosis in the case "lay in the fact that, co-existing with the general discoloration of skin were some constitutional symptoms and local signs which at first sight raised the question whether Addison's disease might not also be present."

Clinical Records.

STEEVEN'S HOSPITAL.

Cases of Traumatic Tetanus. (*c*)

By HENRY J. TWEEDY,
Resident Surgeon.

IN these days of progress it is a humiliating reflection that while new facts are constantly being brought to light in surgery and pathology, there are still many problems in disease which remain to be solved. New remedies and new theories are continually turning up, only to be in their turn rejected in favour of others more plausible. Much, however, is being done towards clearing up many of the difficulties which perplex us. The true nature of tetanus has long been a subject of minute and careful investigation, but without any very tangible results. Some light, however, has been recently thrown upon its pathology, and we may feel sure that further discoveries on the subject will reward the patient and zealous research which is each day approaching nearer the truth. With regard to the treatment of tetanus, less can be said; for though much can be done for the alleviation of suffering, and in some instances for the prolongation of life, medicine and surgery are as yet unable to reach with any degree of certainty the source of the disease.

To the kind permission of Mr. Colles, the Society is indebted for the brief clinical history of three cases of tetanus, which occurred recently in the wards of Steeven's Hospital. These cases presented, each, features of peculiar interest, of which a careful record was kept by the clinical registrar, Dr. Fox. One of the cases recovered—fortunately for himself if not for pathology.—*Post-mortem* examinations were made on the other two, and a number of sections of the spinal cord, made by Dr. McDonnell, who will lay before the Society this evening the result of his investigations.

The first case was that of a man, aged 32, tall, well built, and exceedingly muscular, employed in a well known distillery. He had been engaged in oiling a portion of a steam engine in rapid motion, and whilst doing so, through some carelessness or inadvertence on his part, a portion of the machinery, known as the crank, struck him with great force on the left foot. He was found, on examination, but slightly collapsed, though he had lost a considerable quantity of blood, but his foot was fearfully mangled. There was a large lacerated wound on the instep, four inches in length by two in breadth, the foot was completely punctured through, portions of the second and third metatarsal bones and also of the tarsus itself being literally ground into small fragments, and a jagged rent appeared on the plantar surface. It was at once proposed to amputate, but the unfortunate man obstinately refused to allow any operative interference; so the wound was simply plugged with charpie, soaked in turpentine (as there was considerable oozing of blood), and then dressed with carbolized oil.

Two days afterwards, finding himself much worse, the patient was anxious for the operation which he had refused on the previous day; but constitutional disturbance was now so evident in the rapid bounding pulse, the increased temperature and the occurrence of rigors, it was felt that the limb could not be removed with safety.

No improvement took place in his condition, the wound failed to take on healthy action, and on the fourth day not only the wound itself but the entire foot was beginning to assume a gangrenous appearance. Towards evening the patient became delirious, and for two days longer he continued in the same condition, raving for the greater part of the time, but having occasional lucid intervals, the same treatment being continued as before. The next following morning, however (the seventh after his accident), about 3 o'clock, symptoms of locked-jaw showed themselves unmistakeably. The abdomen was hard, the head and neck fixed, profuse sweating, and that peculiar expression of countenance which once seen can never be forgotten. He was ordered hypodermic injections of 1-3rd grain of the calabar bean every second hour, gelatine calabarized discs being used for the purpose; his temperature was now 100·4°, and his pulse 100; the delirium, moreover, quite disappeared.

The day following (the eighth day) all the symptoms had become aggravated, and he had violent spasms every hour or so, but they increased in violence and frequency as the day wore on; the calabar bean did not seem to have the slightest effect, though the dose was now increased to ½ gr. every hour and a-half, and indeed the very introduction of

(*a*) Greenhow. Croonian Lectures, p. 43; and Clin. Soc. Trans., Vol. IX., p. 46.
(*b*) *Dublin Journal of Medical Science*, Feb. 1865.
(*c*) Read before the Surgical Society of Ireland. The discussion will be found on page 165.

the needle, and also each cough, brought on spasms. The only agent that gave the slightest relief was the nitrit of amyl, and this was certainly wonderfully efficacious in cutting short the spasms. Three drops of this were poured on a handkerchief and held to the patient's nose, as soon as a spasm came on; the effect was instantaneous; the pulse became at first full, slow, and laboured, and in a few seconds more began to fail altogether; while the muscles at once relaxed, and the spasm was over for the time being. As the disease progressed and the patient grew weaker, two drops only could be administered, and finally one was as much as he could bear, and that administered with the greatest caution.

There is but little more to be said of the case. There was only opisthotonos but no pleurosthotonos even on the injured side. He gradually grew worse and worse, and breathed his last early on the morning of the tenth day.

The second case was that of a fine healthy boy, 18 years of age, employed in a mill at Blanchards-town. On the morning he met with his accident, he was engaged in oiling a portion of revolving machinery, when his left hand was caught between two cog wheels, and before he could extricate himself or stop the machinery, the arm was drawn in, crushed, and mangled. He was at once removed to hospital. On examination there he was found slightly collapsed. There was a laceration of the left hand, and the middle finger fractured in two places. There was also a large irregular lacerated wound extending from about three inches above the olecranon process to two inches below it, on the outer and back part of the arm, partially opening the elbow-joint. Amputation was proposed, but as there was not any very considerable loss of integument, and no vessel of importance had been divided, it was decided to give the limb a chance. The wounds were accordingly dressed with carbolized oil, and the hand and arm placed in a splint, and the boy was soon asleep under the influence of a sedative draught. Days now passed on, the wounds looking healthy, the patient sleeping well, and nothing untoward occurring; but towards the afternoon of the seventh day after the accident, the nurse in charge of the case brought the significant information that the boy was complaining of pain in the back of his neck, and also found some difficulty in masticating his food. He was at once ordered the extract of calabar bean in doses of one-third of a grain every second hour.

Towards morning the symptoms had become much better marked. There was now no mistaking the nature of the malady. The patient slept but little. He could scarcely open his mouth. The masseter muscles were in a state of extreme rigidity, the abdomen hard and tense. Still the temperature was not increased nor the pulse accelerated.

In consequence of the locked-jaw, it was found impossible to continue the pills of calabar bean, so some calabarized discs were procured, as in the former case (one-sixth of a grain each); one of these, one-sixth of a grain, was dissolved in a few minims of distilled water, and injected hypodermically every second hour, but as it did not seem to have the smallest effect, the injection was increased to one-third of a grain. He was likewise given a grain of calomel every fourth hour.

The ninth day arrived, but brought no mitigation of the symptoms. The jaws were now completely closed, the tension of the muscles unrelaxed, constant twitchings, and occasional attacks of spasms (opisthotonos). The wounds assumed a most unhealthy aspect, and discharged a quantity of exceedingly fœtid sero-purulent matter. Still the pulse continued at 85, and the temperature did not rise. He was now fed by enemata of beef-tea, eggs and brandy, and was ordered in addition to the calomel (which was only administered with great difficulty), five grains of quinine every fourth hour.

On the tenth day the temperature had risen to 101°, the pulse was small and wiry, and beating 125 to the minute. He had passed a wretched night. The spasms had increased in frequence and severity, occurring every ten minutes. The whole muscular system was in a state of intense rigidity, and there was profuse diaphoresis; enemata of tobacco were tried without the slightest effect, the spasms continued with unbated violence, each leaving the sufferer weaker than the previous one, till gradually sinking, he died at ten o'clock the same evening.

The third case, though a very tedious and protracted one, was a pleasant contrast to the two former, as it resulted in the recovery of the patient, but, like the former, it was the result of a machinery accident.

R—— M——, aged 19, a slight delicate looking lad, was employed at some mills in the vicinity of Dublin. On the day of the occurrence, he had occasion to remove a leather belt or girdle from a wheel while in rapid motion; in doing so his left hand was caught between the pulley and the shaft, and received a very severe lacerated wound; fingers, hand, and wrist being all more or less involved. He was conveyed to Hospital, where for some days he progressed favourably, his case presenting no feature of more than ordinary interest. Twelve days, however, subsequent to the receipt of the injury, a slight stiffness of the jaws was noticed when the patient was at breakfast. He had, likewise, repeated fits of yawning. Camphor dissolved in milk was ordered for him, to be taken as a drink *ad libitum*.

On the thirteenth day the locked-jaw was better marked, still he had passed a good night, had no spasms of any kind, the temperature was normal, and the pulse tranquil. The injured hand was looking well, and continued to be dressed with the ordinary Hospital warm dressing (gum elemi and turpentine), and constantly renewed poultices of linseed.

On the fourteenth day the symptoms were still more apparent; the abdominal muscles somewhat rigid, the trismus so far increased as to necessitate the use of a gag.

The fifteenth day found the pulse and temperature still in a normal condition. Both sterno-mastoid muscles were very rigid, but there were no spasms, no diaphoresis, and comparatively little difficulty in eating and drinking.

On the sixteenth day the temperature had risen to 100°; there were slight twitchings of the muscles on the injured side, especially when the patient was falling asleep. There was also considerable sweating. Poultices of tobacco leaves were now kept constantly applied to injured limb.

On the seventeenth day the symptoms had all become intensified, an attack of bronchitis formed an additional complication, and regular spasms now appeared for the first time, accompanying each fit of coughing. The injured side was most affected, but there was at the same time slight opisthotonos. Mercurial inunction to the spine was now directed, and at the same time ice was kept constantly applied to the same region. He was also ordered pills containing two grains of quinine, one grain of calomel, and one grain of extract of belladonna, one to be given every second hour. He was able to take these, as the timely use of the gag had prevented the jaws from closing completely.

The nineteenth day found him in a still worse condition. He was now ordered ten grains of the chloral hydrate every second hour. His temperature was 101°, and his pulse 130, at which they both continued almost stationary for the next seven days. For the following two days there was no change worth noticing; but on the twenty-second day the spasms were limited entirely to the left side, and followed each effort to cough or swallow. The index and ring fingers of the hand had become partly gangrenous, and the next day the first phalanx of the index finger had completely separated. All this time the patient bore his sufferings with great fortitude, and, happily, his appetite did not fail, as all through his illness he was able to partake freely of nourishment and stimulants.

During the twenty-third, twenty-fourth, and twenty-fifth days the disease was at its height—profuse perspirations, frequent spasms, general muscular rigidity, and some difficulty in micturition. The mercury now began to have some effect on the system; the gums were be-

coming sore, and there was slight salivation. The temperature came down to 100°, and the patient seemed slightly better. On the following day (the twenty-seventh of his illness) the improvement was still more evident; the spasms were less frequent, and the other symptoms proportionately diminished. His temperature, too, had fallen to 98·5°, and remained so. In fact, from this date he made a slow, but steady, recovery, and on the thirty-seventh day he was up, and walked about for the first time. He was shortly able to leave hospital, and was sent to the country for some weeks. Since then he has twice visited the Institution, to show himself. He is in excellent health, and not a whit the worse for the terrible ordeal he has gone through.

These, gentlemen, are the three cases, and there are one or two points in connection with them which would seem worthy of notice.

The first two cases only confirmed the general rule, that where the disease manifests itself before the tenth day the result is almost inevitably fatal. Singularly enough, the two cases followed very closely on each other. The first was admitted on the 9th of June, and died on the 19th; the second was admitted on the 15th of the same month, and died on the 25th—so that they were both actually in the same ward at the same time, and in the second case the symptoms manifested themselves three days after the death of the first. At the time there seemed to be a kind of epidemic (if the word be admissible) of the disease, as cases were stated to have occurred almost simultaneously at several of the Dublin hospitals.

With regard to the third case, the tetanic symptoms did not appear till the twelfth day. He was (as we have noticed) a slight, delicate boy, and yet he weathered a long and tedious illness, while two others much more robust were cut off in a few days. It was a singular fact that his grandfather had also recovered from tetanus. You shall hear the story, without comment, as I heard it from the boy's mother.

She related that her father had been in Cork Street Hospital with the locked-jaw; that a great many doctors saw him, and said he had no chance; that then old Surgeon Cusack was sent for. He examined him, and then stood looking at him carefully and pulling his lower lip; and at last (according to her account) pronounced the oracular words, "If he winks with his right eye he will get well, but if he winks with his left he will die." He winked with his right eye, said the old lady, most triumphantly, and accordingly he recovered.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE most interesting paper read at the last meeting of this Society was that read by Mr. T. Spencer Wells, F.R.C.S., on

THREE HUNDRED ADDITIONAL CASES OF OVARIOTOMY, WITH REMARKS ON DRAINAGE OF THE PERITONEAL CAVITY.

Mr. Wells arranged in a table all the cases in which he had operated, from the fifth to the 300th case, distinguishing the operations performed in the Samaritan Hospital from those in private houses or nursing institutions. The mortality in the first 100 of the additional cases was 29, in the second and third 100, 24, a mortality which nearly corresponds with that in the 500 cases previously reported. But in the latter series there were more operations performed under unfavourable, or almost hopeless, conditions; inasmuch as the author had been encouraged by recoveries in bad cases, to advise the operation or give a favourable opinion in cases in which he would have formerly declined to operate. In discussing the influence of drainage of the peritoneal cavity upon the success of the operation, Mr. Wells traced the history of the practice from the time when drainage by the ligature securing the pedicle was the rule, to its disuse when the extra-peritoneal treatment of the pedicle and its intra-peritoneal method by ligature or cautery was generally adopted. He thought that the occasional use of puncture and drainage to be no reason for preferring, as had been recommended, at the time of operation for drainage or injection in every case. In the 300 cases under consideration, he had only made provision for drainage at the time of the operation in eight, and in only eleven other cases did fluid afterwards escape by opening of some portion of the wound, or by vaginal puncture. He did not consider that drainage should be a general practice in ovariotomy, but should be reserved for exceptional cases where collection of blood or serum may be expected to follow the operation. Mr. Wells also described the different methods of drainage, as well as the use of simple and antiseptic injections, but the question of the more complete adoption of antiseptic precautions before, during, and after the operation, was reserved for another occasion.

Mr. NUNN said that Mr. Wells was to be thanked for his bold innovation in the method of treating the peritoneal cavity with a view to combat inflammatory mischief.

Mr. BRYANT was glad to hear the opinion of the author respecting drainage of the peritoneal cavity. Drainage was resorted to in five cases recently under his care, of which four recovered, and in three of them he considered the good result was due to the drainage. Enormous quantities of serum sometimes drained away, which otherwise must either have been absorbed, or have undergone septic changes. Of his five cases, the glass tube had been used in three, and the ordinary india-rubber tube in two.

Mr. BARWELL complimented the author of the paper on his large experience and great success, and asked for information about the management of the drainage tubes.

Mr. T. SMITH said that the results obtained by Mr. Spencer Wells were as good as they could be, especially considering the unfavourable circumstances under which the operation was often performed. A more careful selection of cases by less courageous operation might be even more successful, but then such selections might entail the sacrifice of many lives. Mr. Smith then animadverted upon the contrast which, in an early report of the Samaritan Free Hospital, had been drawn between the large mortality from the operation in the general hospitals of London and the small mortality at the Samaritan. But it should be borne in mind that the more unfavourable statistics were compiled at a time when the operation was admittedly less successful than at present, and that the registrars at the general hospitals had been in the habit of including in their returns the cases in which the operation had to be abandoned before its completion. But in the statistics of the Samaritan Hospital, and of ovariotomists generally, only cases of completed ovariotomy were included, and he believed that the mortality would be greatly increased if the results of the incomplete operations were taken into account. Moreover, the success of one surgeon remarkably experienced in the operation had been contrasted with that of many surgeons, some of whom were probably not equally qualified to perform the operation, and who had to perform the operation without such skilled nursing and specially qualified assistants as were desirable. He believed that the great success of Mr. Wells was a personal success due to his great experience, sound judgment, courage, and fertility of resource.

Mr. HULKE also spoke of the high mortality of the operation at the general hospitals, but stated that at the Middlesex Hospital the adoption of isolation had greatly reduced the mortality.

Dr. GRAILY HEWITT congratulated Mr. Wells upon his success in this department of surgery. Dr. Hewitt had himself operated thirty-five times, and although his success was not so great as that of Mr. Wells, he was satisfied with it. Dr. Hewitt advocated bringing the pedicle to the wound and treating it externally. Mr. Wells had not mentioned the use of the cautery which he (Dr. Hewitt) preferred to ligature when it could be employed.

Sir JAMES PAGET, in calling upon Mr. Wells to reply, said, that he deemed the operation of ovariotomy as perfected by Mr. Wells to be one of the greatest achievements of surgery in this country, and the gain was not limited to ovariotomy, but that the whole principles of surgery, and especially of operations involving the peritoneum, had been improved by the success and study of these cases.

Mr. SPENCER WELLS, in reply, said, the escape of a large quantity of fluid in Mr. Bryant's cases did not show that the drainage-tube was necessary. The tube itself might act as an irritant. In answer to Mr. Barwell, he said that the presence of fluid could be felt *per vaginam*, and as a drainage-tube could be inserted by introducing a trocar into the pos-

terior *cul-de-sac*, instead of opening up the abdominal wound. With regard to Mr. Smith's remarks, he believed that the report of the Samaritan Free Hospital, for which, however, he was not responsible, had done good. The operations at that hospital were not all done by himself. Last year fifteen cases were under the care of Dr. Bantock and Mr. Thornton, only one of which proved fatal. It would not be fair to class together the incompleted and the completed operations, but he did not think the mortality among the former was high. In the present series of cases very few of the incompleted operations were included. Much, he thought, might be attributed to good sanitary conditions and good nursing, but he saw no reason why those should not be obtained at the general hospitals. His view as to the value of antiseptics was unsettled, and he had some intention of testing it by treating 100 cases on that plan. Since then he had had a series of twenty-seven successful cases consecutively, a result which would have been attributed to the antiseptics had they been tried. He had not often used the cautery, which, although a good measure, was not, in his opinion, to be preferred to the clamp or ligature.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

At the meeting on Wednesday, February 7, 1877, Dr. Hayden, V.P., occupied the chair.

Dr. Duffey brought under the notice of the Society

A CASE RESEMBLING ONE OF ADDISON'S DISEASE,

which will be found on page 202.

Previous to the discussion on the paper which ensued the subject of it was introduced and examined by the members of the society present.

The Chairman said, the main question in connection with the paper had reference to diagnosis; and he was inclined to agree very much in the view taken by Dr. Duffey, which was now confirmed by their inspection of the patient; viz., that the case was not one of genuine Addison's disease. He had seen the man with Dr. Duffey, in Mercer's Hospital, some months ago, and he certainly then presented very many of the features of the genuine disease. He had then discoloured lips and skin; he was exceedingly low, and less robust than he was at present; and the whole aspect of the case made him suspect that it would turn out to be one of Addison's disease. Dr. Duffey had admirably summarised the general features of the disease with which many members present were familiar. The constitutional symptoms were defective, and recognition of the disease was surrounded with very great difficulty. In a case that he (Dr. Hayden) had published some years ago, the same symptoms as seen in Dr. Duffey's patient, were observable, including the apathy; there was an almost total indifference to what passed about the patient, and his carelessness as to the result of the disease was almost remarkable. This was well expressed in the face of the woman, aged thirty-eight, a coloured photograph of which case he now exhibited. In another case, included in Greenhow's tables, the patient was a boy, aged sixteen, and the disease ran a rapid course.

Surgeon-Major Jackson, C.B., stated that a relative of his own was attacked about a year ago with somewhat similar symptoms to those that occurred in Dr. Duffey's case. He had large dark brown patches on his shoulders, neck, and abdomen, in the axilla, and around the breast and nipples. He suffered also from general debility. He also suffered from anorexia, constipation, and difficult digestion. The temperature was sub-normal; the urine was albuminous. and this condition persisted after an improvement in the patient's health had taken place. Subsequently the bronze spots disappeared, and his skin assumed a much fairer tint than even before his illness. Sometime afterwards his vision became impaired, and Mr. Wilson found that he had hæmorrhagic retinitis. He improved until about a fortnight since, when, after feeling out of sorts for a week, he had an attack of asphasia. The dark-coloured patches again appeared on his shoulders. He gradually improved as regards the asphasia, but the albuminous urine had continued during the whole time of his illness. The teeth were black during the colouration of the skin, but when he commenced to gain flesh, the skin got more the colour which it has in cases of Bright's disease, and the teeth again became quite clean.

Dr. Nixon, after detailing the facts of a case under his care, in which he had no doubt, from the presence of the constitutional symptoms of the so-called supra-renal melasma, that the man had Addison's disease, proceeded to refer at length to the pathology of Addison's disease, founding his remark on the views expressed by Jaccoud in the article referred to by Dr. Duffey. That writer assumed that the disease was the result of an alteration in the great sympathetic nerve-ganglia of the abdomen. A special function of these ganglia was to preside over pigmentation and the general condition of the arterial system. Under certain circumstances, these ganglia might be irritated, and as a consequence gave rise to the different symptoms so common to supra-renal disease. Disease of the supra-renal capsules was not, however, the sole cause of the symptoms we are familiar with under the name of Addison's disease. Other abdominal lesions might produce the same result, but only by acting on the semi-lunar ganglia in the same way that disease of the supra-renal capsules does. But from the extremely large number of nerves that lead to the supra-renal capsules, disease of their substance offered a greater means of transmitting irritation to the semi-lunar ganglia than any other abdominal disease. The probability that there might be an under-current of inflammatory action in the capsule, which might extend along the nerves, and ultimately implicate the semi-lunar ganglia, and which might be subject to periods of remission, would explain what Dr. Duffey had pointed out; namely, that many of the symptoms of Addison's disease were liable to remission. In connection with that view cases had been recorded in which the disease had demonstrably travelled up along some of the nerves from the supra-renal capsules to the semi-lunar ganglia, which were found in an abnormal state.

Professor Moore said that his case of bronzed skin was not simply one of supra-renal melasma. The abdominal glands generally were enlarged, and there was also some tubercular or strumous disease of the lung, but there was no disease of the supra-renal capsule. In his (Dr. Moore's) case there were all the symptoms of Addison's disease, in its more aggravated form, including dementia and complete regurgitation of everything. The urine was normal; the blood contained a slight increase of the white corpuscles; but the question was, had these white corpuscles increased absolutely, or only relatively. Dr. Bennett and others made a careful microscopical examination of the supra-renal capsule, but no one who examined them saw any sign of strumous disease about them; so that, in that case, there were all the most marked and progressive signs of Addison's disease, without any tubercular or strumous disease of the supra-renal capsule. But there was strumous disease elsewhere; namely, in the abdominal glands, and also tubercular disease of the lungs. It was said by Dr. Habershon and Dr. Wilks, that in Addison's disease, there was a specific deposit in the supra-renal capsule, and Habershon explains the vomiting that occurs as being due to reflex irritation of the pneumogastric nerve. His (Dr. Moore's) case upset that theory; there was no prominent enlargement of the supra-renal capsule, and there was no retention of food at all; the asthenia was also extreme, and, for weeks before death, the woman ceased to speak audibly. About eighteen months ago he had another remarkable case of discoloration, which differed from the first. In that case, also, there was vomiting and great asthenia, and it proved fatal. The principal *post-mortem* change was scirrhous obstruction of the bile duct. He (Professor Moore) concluded, therefore, that there could exist any amount of cutaneous discoloration in the absence of enlargement of the supra-renal-capsules, either from strumous or malignant disease.

Surgeon-Major Gore remarked that, in malaria fevers, discoloration of a brownish-yellow character, was very common, and where boils occurred, the cicatrices became quite brown, and remained so for a long time.

Dr. Finny objected to the name "supra-renal melasma." Dr. Greenhow recorded in his book nearly twenty cases in which bronzing of the skin occurred without any pathological changes in the supra-renal bodies. From the proximity and sympathy between the supra-renal bodies and the semi-lunar ganglia, it was quite sufficient to consider the disease as due to sympathetic alterations, without binding themselves to include affection of the supra-renal bodies as part of the cause.

Dr. Duffey was glad he had brought the case forward, although it was as yet incomplete, as it opened up the whole subject of abnormal pigmentation, about which, he believed, very little was known. Dr. Nixon had correctly stated Jaccoud's theory as to the pathogeny of Addison's disease

namely, that it was due to an irritation which had its point of departure from the supra-renal glands, the centre of radiation being the semi-lunar ganglia and the pigmentary hyperæmia being the result of the abnormal development of function. His views were corroborated by the lowering of temperature which had occurred in several cases. Professor Moore's case, with the exception of the extreme blackness of the discoloration, was by no means unique. Jaccoud has collected seventeen cases of discoloration of the skin, without any lesions of the supra-renal capsule, and Dr. Greenhow a larger number, twenty-one, not including Professor Moore's cases, which, however, he believes to have been of an analogous nature.

The Society then adjourned.

SURGICAL SOCIETY OF IRELAND.

THE Sixth Meeting of the Session was held on Friday evening, February 16th, the President of the College, Dr. G. H. KIDD, in the Chair.

Dr. HENRY TWEEDY read a paper on

TETANUS,

which will be found on page 100.

Dr. ROBERT M'DONNELL (Vice-President of the College) then gave

THE PATHOLOGY OF THE CASES.

The members present know as well as I that some difference of opinion exists as to the pathological changes found in the spinal cord of patients who die of tetanus. This will not be wondered at by those who know the difficulty of making good microscopic sections of the nervous centres. Of the cases of tetanus just detailed by Dr. Tweedy, the cords of those which terminated fatally were examined by Dr. Bookey and myself. The sections here exhibited were made by the aid of Dr. Bookey's freezing microtome, from segments of the cord kept nearly two months in Müller's fluid. They have been stained by carmine, cleared with clove oil, and mounted in Damar solution. There are also some slides showing the cells and other structural elements of the cord stained with blue and with carmine, made previous to immersion in Müller's fluid and mounted in glycerine gum. I may describe in very few words the state of the cord as we found it in these instances: When quite fresh they both showed great vascularity; the grey or central part especially was of a bright pinkish red colour. The sections exhibited show that the vessels were much dilated—to two or three times their normal dimensions. Having shrank from the action of the Müller's fluid they seem to have spaces around them; these, however, are not areas of disintegration, but simply the perivascular spaces around vessels which had been much dilated. The cells of the anterior horn are large and well developed, more so than in most healthy cords. Frommann, Charcot, and others have observed these multipolar nerve-cells of the anterior horn sometimes attaining colossal dimensions in subacute myelitis. The specimens under the microscope show that if not colossal these cells in these instances were of more than ordinary size. We did not observe that the axis cylinders of the nerve fibres were tumefied. Around the central canal, and especially the posterior commissure, the most marked changes are to be seen. There is, in fact, a myelitis with proliferation of nuclear elements choking up the central canal and to some extent infiltrating the grey commissure. This is most marked in the section of the lumbar enlargement. The appearances altogether are in accord with the account given by Michaud; we have not found any distinct areas of disintegration, such as Lockhart Clarke and Dickinson describe. In our cases the changes are certainly such as would escape any but a careful microscopic examination. They are, however, definite enough, and all point to increased vascularity or slight subacute inflammation of the cord. The great size of the vessels, the well-developed condition of the multipolar cells of the anterior horn, the proliferation of the cells of the neuralgia, the condition of the central canal and grey commissure, are all the natural consequence of hyperæmia, which was obvious enough to the naked eye in the fresh sections. None of the changes observed seem to indicate the existence of organic changes so extensive as to preclude the possibility of recovery. Exhibited in the microscopes upon the table are four preparations from the fatal cases detailed by Dr. Tweedy:—

1. Flynn—Group of multipolar cells from the anterior horn of grey matter of the cord—stained blue.
2. Douglass—Large multipolar also from anterior horn—more highly magnified, showing nucleus and nucleolus.
3. Section of the cervical enlargement.
4. Section of the lumbar enlargement.

Dr. HENRY KENNEDY desired to bring under the notice of the Society the fact that a physician of this city, the late Dr. Reid, published a volume some sixty years ago, in which he held that inflammation of the cord and its membranes was the cause of tetanus. That writer's investigations had not been followed out at all as minutely as was done at present, or as Dr. M'Donnell had described this evening; but Dr. Reid's idea was, that inflammatory action was at the root of the disease. He (Dr. Kennedy) must say, however, that that idea seemed very questionable, or at least constituted but a part of the causation of tetanus, and, in confirmation of that, he would remind the meeting that in a well-known disease that prevailed much a few years ago—he meant spinal arachnitis—all the effects of inflammatory action, both acute and chronic, were present, and yet the symptoms, as was well known, were not those of tetanus or anything like it. That consideration alone would make him conclude that inflammation of any kind could have little, if anything, to say to the etiology of tetanus. On another point he would like to make an observation. He did not hear any allusion made in the detail of the cases given by Dr. Tweedy to what used to be known as the preventive treatment of tetanus. He supposed it had gone out of fashion, and yet it came down to them with a weight of evidence and experience which it was not easy to resist, and was, as some present might remember, introduced to the notice of the profession by the late Mr. Peile, than whom there was no more able surgeon. In conclusion, he desired to allude to a case of tetanus which was admitted into the Cork Hospital several years since. A man had cut the back of his head by falling on ice, and as early as the third day symptoms of the disease showed themselves and progressed with a fearful rapidity. In that case the late Surgeon Trant used ether, which, however, had no effect on the disease, but it mitigated the sufferings of the poor patient, and he asked for it again and again.

Mr. RAWDON MACNAMARA said that cases of this kind were beyond doubt of absorbing interest. They could be regarded from two points of view; first, as to their treatment; and, secondly, as to their pathological appearances after death. He believed the most important was the treatment, and Dr. Kennedy had alluded to the pills which had received the name of Peile's anti-tetanic pills. He (Mr. Macnamara) had had some experience of those pills. A short time ago he was sent for to see a case very similar to one of those that had been described by Dr. Tweedy, in which the whole of the sole of the foot had been torn away by machinery. A couple of days after the accident it was received into hospital, one of those formidable symptoms—that of yawning—came on, and he had the greatest dread as to the result that would ensue. Symptoms quite sufficient to alarm any practical surgeon had developed themselves, and he took precautions accordingly, and adopted the very plan that had been suggested by Dr. Kennedy, and with a result that probably might be described as being *post hoc propter hoc*, and ultimately the grave symptoms gradually disappeared, and the patient went on from a state of what he believed at the time to be imminent tetanus, to that of sloughing. The patient was now recovering. He believed that Mr. Peile thought that visceral derangement tended towards the production of tetanus. Dr. Tweedy, in his paper, stated that the disease went on for several days. It was one of those diseases which had a tendency to eliminate itself: if the patients lived eighteen or nineteen days in tetanus they rarely died. All the cases of tetanus that it had ever been his lot to witness died at an early period. In a case that recovered—alluded to in Dr. Tweedy's paper—it was a protracted case. It was not, however, one of those cases which he would call chronic tetanus, but it was a case in which the patient, by very proper treatment, was kept alive absolutely beyond the number of days before which it was likely he would die. Many years ago he was present at a discussion on tetanus, and he ventured to express an opinion which had been supported by every case that he had known of, and that was that the most successful treatment was the belladonna. As far as he knew the treatment by belladonna had turned out more successful than the other modes of treat-

ment. He was now alluding to the treatment of these cases, and not the pathology. Brown-Séquard, too, was satisfied that the belladonna treatment would be attended with the best results. As far as he (Mr. Macnamara) had gone, in the inception of a threatened attack of tetanus, he believed that the anti-tetanic pills of the late Mr. Peile were the best plan of treatment that could be adopted.

Dr. MAPOTHER thought it would be interesting if Dr. Tweedy would append to his reports of the cases the physiological effects that were produced by the Calabar bean. It was important to know whether this medicine, administered in the quantities that had been stated, had any physiological action; and if so, whether or not in the direction of diminishing the pathological conditions which were known to exist in tetanus.

Mr. TYRRELL could not understand what effect Dr. Peile's pills could have on tetanus. Yawning was generally considered by old women as a good sign. As to the amount of information thrown upon the pathology of the disease and its treatment, and that those who lived for a certain number of days the chance was that they were getting better, he thought it was pretty well known that in acute cases the patient generally died about the fifth day, and if he lived longer, he might recover—at least he had a chance. The paper of Dr. Tweedy, and Dr. M'Donnell's supplement to it, resolved itself into two heads, one of which was—the principal point for consideration—namely, the pathological appearances presented in the cord in these cases. That was a subject of investigation that should be worked out, for, as far as they knew, no single mode of treatment had been efficacious, or rather every variety of treatment had been efficacious. Belladonna had its advocates, and a few years ago this city was all alive to the treatment by nicotine. Dr. Haughton made some experiments, and then it was found that nicotine was a panacea for the disease. He (Mr. Tyrrell) was an enthusiast in those days, and, fortunately, two cases under his treatment recovered under the local application of tobacco to the wounds. Two other cases, however, died. Afterwards some cases recovered by the use of chloroform, and one very remarkable case recovered by that treatment. Then, after an interval, two other cases occurred in the Mater Misericordiæ Hospital, under the care of Dr. Hayes, at a time when the Calabar bean was in vogue, and that treatment signally failed. Another case occurred in which they gave nothing but nourishment, and it recovered; so that patients recovered from the disease under all varieties of treatment. As far as the therapeutics of the disease went, he did not think they were far in advance of what those who had gone before them knew; but regarding what Dr. M'Donnell had spoken of, where they were likely to arrive at something tangible, it was of great importance that these recent observations should be recorded, so that they might see whether the next cases that occurred would show corresponding changes in the cord. If such cases showed that the changes occurring in the cord were always the same, then they might possibly be in a position to derive some advantage, and possibly arrive at some means of treating this most formidable disease. It was a disease that had eluded the researches of the greatest therapeutists, and seemed at present to be amenable to all varieties of treatment, and perhaps amenable to none.

Mr. TUFNELL said, it sometimes happened that more cases than were ordinarily met with of a special disease came under one individual surgeon's observation, and so it happened that in the City of Dublin Hospital he had had an unusual number of cases of tetanus. In the twenty-seven years that he had been connected with that hospital he had placed those cases under treatment by chloroform, hydrate of chloral, nicotine, belladonna, calomel, and opium. He had discarded belladonna and nicotine. The two remedies he now relied upon were chloroform and hydrate of chloral, with support of the powers of life from the commencement. He had also used Peile's pills in cases where he anticipated an attack of tetanus. He had used chloroform to an immense extent in one case, which he brought before the Society some years ago. He had the patient kept eight days and seven nights under the influence of chloroform. It was used with the late Dr. Hardy's douche. The case was one where a hook entered between the ring-finger and the little finger, and transfixed the hand. It was a case of acute tetanus, and came on the fifth or sixth day, the patient being brought into hospital in a state of tetanus. He was allowed to come from under the influence of the vapour every third hour; the gag was taken out of his mouth, and about a dessert-spoonful of essence of meat introduced, and then the patient was douched off again. That patient recovered. The concentrated essence of beef was made thus: a pound of beef, half a chicken, and a pound of veal were all chopped up together, and put into a jam-pot without any water and boiled for four hours. A dessertspoonful of that, with a little salt, was put into the patient's mouth about every third hour, giving also injection by the rectum, provided so doing did not bring on the spasm. If it did, then they must trust entirely to the mouth.

Dr. KELLY said, with regard to the epidemic tendency of tetanus, some years ago some cases having fallen under his observation, he brought the subject-matter of them before the Society. At that time they happened to have a rather severe epidemic of scarlatina, and at the same time the weather—as, unfortunately, frequently occurs in this climate—was very variable. These things, together with the occurrence of two cases in Jervis Street Hospital, and some in other hospitals—in all some six or eight cases, at the same time—drew my attention to the epidemic tendency of tetanus. With regard to the bearing of these cases on the present, he might remind the Society that the last few months have been peculiar in the variability of the temperature. Together with that, they had had an invasion of acute scarlatina, and also they had been threatened by another epidemic in the form of small-pox. Since Christmas four cases of tetanus in horses had fallen under his observation; of those cases three recovered and one was fatal. He anticipated that some report would follow as to the occurrence of such cases in the human subject. However, he was disappointed until about three weeks ago, when a case occurred unfortunately in his practice—a case of Syme's amputation of the foot was followed by chronic tetanus. He might mention that it occurred about the twenty-first day, and there was well-marked chronic tetanus and rigidity of the muscles of the neck, and particularly of the muscles of the abdomen. However, the patient, without having any special treatment resorted to, completely recovered from the symptoms of tetanus. The patient, he might mention, did not present that symptom of yawning which he thought was very frequent in these cases. Being asked over and over again for an explanation of that occurrence, he might say that, as far he could judge, it appeared to be a means of resting the jaws after spasmodic contraction which had occurred for several days, and it naturally extended the muscles. In that way he thought they could account for the presence of yawning, which was a symptom he had seen almost invariably in these cases. With regard to the utility of purgation, he might mention that in a case that came under his notice last month, diarrhœa occurred from time to time irregularly, so that that could be taken as corroboration of one view or other as regarded the benefit of the treatment by Peile's pills. He had not heard of any other case of tetanus occurring in a Dublin hospital within the past few months; but it was an interesting fact to have occurring four cases among horses and one at least in the human subject. He might mention that in all the cases of the horses hydrate of chloral was used very extensively.

Dr. B. F. M'DOWELL said, he had at present a case of tetanus in Mercer's Hospital which seemed to bear out the view of the disease being epidemic—if they could look on it as such. That case was under treatment by belladonna, and the patient, who was in his seventeenth day, was progressing favourably.

Dr. F. T. PORTER said with regard to the question of epidemic tetanus they ought not to lose sight of the fact that in many cases, especially in nervous females, hysteria so strongly simulates tetanus that it often creates a great difficulty to come to a right conclusion with regard to the nature of the disease. As to the treatment, he might mention that he had witnessed Dr. Haughton's treatment by nicotin in two or three cases, but it did not succeed, though the patients obtained a good deal of relief for the time. It was given in the form of injections; the tobacco was not applied locally to the legs, as in Professor Tyrrell's cases. He (Dr. Porter) would like to know Dr. Tweedy's opinion as to the benefit obtained from the use of the spinal ice bag in cases of tetanus, and whether he had had the same success as with the nitrit of amyl. He (Dr. Porter) did not think the character of a tetanic spasm was sufficiently marked in many cases, and he thought that there ought to be a note taken in each case of the detailed character of each spasm, and the muscles affected. He thought that would be a key to the exact portion of the spinal cord affected, because he did not believe that in all cases of tetanus the spinal cord is necessarily very extensively affected.

Mr. STOKES said that regarding the remarkable symptom

of yawning, he thought it a very usual one in tetanus. He had observed it in a great number of cases, and he must refer to what was said in reference to the same point by his friend Dr. Kelly in the observations he made as to the explanation of yawning. In that he could not agree with Dr. Kelly, for he had observed that the remarkable symptom of yawning took place considerably anterior to the period of the spasm. It was one of the earliest symptoms they noticed which made them dread very much the subsequent occurrence of spasms. His experience was that when the symptoms of tetanus were well marked, then yawning was not so frequently observed. What they should do in reference to prognosis in looking at the spasms was—they should bear in mind what the late Professor Smith used to say, and put great stress on, in his lectures in reference to the prognosis of the ultimate result of a case; he used to say that it was much more important to observe the length of time that existed between the spasms, than the length of time the case lasted; that if they observed the length of time shortening between each spasm the prognosis would be unfavourable. That, he (Mr. Stokes) thought, was very important to bear in mind in studying the clinical history of these cases. In reference to treatment, the plan he had found to answer best was the treatment by belladonna and mercury, and it was interesting to observe that the only case in the valuable series that had been brought under the Society's notice by Dr. Tweedy—the only case in which a recovery took place was the one in which that line of treatment was adopted. The great practical result of Dr. McDonnell's interesting microscopic investigations appeared to him (Mr. Stokes) to be that there was an inflammatory element observed in the pathology of these cases. If that was borne out by future similar investigations, he thought it would be of great interest and importance, and would enable them to arrive at more definite conclusions as to what should be the proper treatment to adopt in this disease.

The VICE-PRESIDENT (Dr. Robert M'Donnell) concurred in the truth of Mr. Macnamara's remarks that the later the symptoms come out, the better chance there was of the patient's recovery. With regard to the pathology of the disease, he (the Vice-President) thought their great object in investigating a subject of this kind very closely was, that it was only by a very careful and very accurate pathological investigation that they could ever get a basis for a rational treatment, as distinguished from an empirical treatment. He did not say empirical in an offensive sense, having regard to the great discoveries made in this way; but he thought that in the present day they might attempt more to follow the example of the highly skilled physician or surgeon who tries to hunt down disease. The one method of treatment was based on an intelligent effort to get on the true scent, while the other, even if very often successful, was at best a conjecture. By a careful study of the pathological changes, they got on the right track in regard to investigating the rational mode of treatment as distinct from the empirical. He thought the microscopic specimens of sections of the cord had a high value. He did not mean to say that the method of freezing was new to histologists, but it was new to some of those present. He did not claim any originality for those specimens, he merely said they were upon the whole in harmony with observations made by other observers in the same direction. They knew that Rokitansky, though not admitting very considerable changes in the cord, admitted that there were proliferating tissues in the central part, and even Billroth, the skilled specialist, who examined cords for him, found similar changes to those he (Dr. M'Donnell) had brought forward. Lockhart Clarke and Dickinson went even further, and showed even greater changes in the cords than he had found. Mr. Stokes had alluded to the treatment by mercurials and belladonna, and he (Dr. M'Donnell) thought they appeared to be the most rational line of treatment to be followed. He did not know that they could find any remedy which would be always successful in so terrible a disease; all that they could aim at was a method of treatment which would be on the whole indicated by the condition of things to which the pathology led them. He had heard the treatment by nicotine spoken of as Professor Haughton's treatment; but many of the members present knew that before Professor Haughton came to the profession, the treatment by tobacco was in fact a favourite hobby of Mr. O'Beirne's, of the Richmond Hospital, who had pushed it to the extremest limits. With regard to treating the symptoms, Mr. Tufnell had spoken of the advantage of the use of chloral and chloroform; and no person who was anxious to leave no stone unturned in saving his patient's life, should neglect the treatment of the symptoms, but that must be looked upon as something different from a treatment aimed at the root of the disease. They knew that the timely administration of chloroform might save a patient, by subduing a spasm, and enabling nourishment to be administered at the right time. In a case at Jervis Street Hospital, he (Dr. M'Donnell) had adopted transfusion with the view of prolonging life, where it was impossible to administer nutriment either by the mouth or rectum.

Dr. TWEEDY, in reply, said in answer to Mr. Porter's question, that ice was used in two of the cases, but as so many remedies were tried in each, that it would be very difficult to say from which of them, or whether from any of them, the patient recovered. It seemed to him (Dr. Tweedy) that the only way to put the rational curative treatment of tetanus on a firm basis would be to have the pathology of it set at rest at once and for ever, and then the empirical treatment might come to a conclusion. Of course they should endeavour to keep up the patient's strength as much as possible, but it is often very difficult to do that, from the fact that they were unable to take any food, in consequence of the lock-jaw, and if it was given by enemata it would be rejected. With regard to what Dr. Kelly had said about yawning, in addition to the fact that yawning came on as a premonitory sign, and not following a spasm, would it not seem also to be the case that yawning was in itself a contraction of the muscles, and not a a relaxation of them, as Dr. Kelly seemed to imply—not merely to rest the jaws, but it was premonitory in that sense as well—it was a contraction of the muscles showing the greater contraction which afterwards did come on. With regard to what Mr. Stokes had said about Mr. Smith's lectures, he (Dr. Tweedy) remembered Professor Smith's observations on the subject, and he said that great importance was to be attached to the length of time that existed between each spasm—far more than to the prolongation of the disease, but he also stated, to the best of his (Dr. Tweedy's) recollection, that no case could be considered perfectly free from danger until after the thirtieth day, no matter how long the patient might be free from spasm.

The Society then adjourned.

Medico-Parliamentary.

THE REGISTRAR-GENERAL'S STATISTICS ON VACCINATION.

A QUESTION having been put on Thursday in the House of Commons relative to the absence of information in the Registrar-General's returns, Mr. Sclater-Booth stated that the reason why 13,424 cases of small-pox were not recognised in the 35th annual report of the Registrar-General as not vaccinated or vaccinated arose from the fact that the legislature did not give him any means for insisting on the information being provided in the medical certificates.

THE SANITARY STATE OF THE WAR OFFICE.

ON Thursday the Chancellor of the Exchequer, in reply to Mr. Coope, whether, after the adverse report of the committee appointed to investigate into the sanitary state of the War Office, the Government were taking any, and, if so, what steps for the erection of a new office suitable to the wants of the department, said that what was being done was in compliance with the recommendations contained in the report of the committee, and the works would be immediately commenced. The Government was seriously considering what steps should be taken with regard to the erection of new offices for the department.

THE LIMEHOUSE SMALL-POX HOSPITALS.

ON Friday Mr. Sclater-Booth, in reply to Mr. Ritchie, said he was informed that the Fulham Small-pox Hospital was now open for the reception of patients, and that at Deptford would be ready in a few days, when no further patients would be sent to the Limehouse Small-pox Hospital.

LOANS FOR SANITARY PURPOSES.

ON Friday Mr. Sclater-Booth, in reply to Mr. Whitbread, stated that the last published returns of loans to

urban sanitary authorities showed that the sanction of the Local Government Board had been given to loans amounting to £1,835,797 to urban sanitary authorities. Since that time, although the accounts were not completed for the year 1876, sanction had been given to the urban authorities for the borrowing of £2,506,459, showing an increase of £670,662. In the case of the rural sanitary authorities the amount, by the last returns, was £137,808, and during the year 1876, £200,692, showing an increase of £62,284.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 14, 1877.

SALICYLIC ACID IN ACUTE RHEUMATISM.

IN the *Boston Medical and Surgical Journal* for Feb. will be found an analysis of 109 cases of acute rheumatism, treated with salicylic acid and salicine, chiefly the acid; while in the last two issues of THE MEDICAL PRESS there is a brief account of twelve cases of rheumatism treated with the same remedy. The opinion of the profession, respecting the therapeutic efficacy of salicylic acid in acute rheumatism, has already been very favourable, and it will be worth while to see how far this favourable opinion is confirmed by the results of treatment in the large number of cases under consideration.

All the American cases except three were treated with the acid at the Boston City Hospital, in the service of Drs. Borland, Blake, Curtis, Edes, Draper, Doe, Syman, and Stedman. According to the analysis recorded by Dr. C. W. Brown, the average time to relief—*i.e.*, to the hour when the symptoms were distinctly ameliorated—was 1·46 days, the extremes being three hours and four days. The average time to complete cessation of pain was 2·85 days, the extremes being twelve hours to fifteen days. The average amount of acid taken to produce relief was 154 grains, the quantity varying from 30 to 210 grains. The amount required to produce complete relief from pain, and mobility of the joints, was 531·22 grains to each patient. Deducting the three largest amounts taken—880, 940, and 2,250 grains—the average to each patient was 400·84 grains. The average time during which the acid was taken by each patient was 6·22 days, the absolute time varying from one day to thirty-one days. Excluding cases 1, 19, 26, 36, and 103, the average number of days each patient was in hospital was eighteen, varying from three to fifty-nine days. The acid produced no relief in three cases, but in two of these cases very little acid was given. Two cases died; one from pericarditis, and one from cerebral complications. Eighteen cases had one relapse, three had two, and one had five while in the hospital. Nausea and vomiting were noted in twenty cases, or in 18·8 per cent. Moreover, the universal result of the acid, when given in full doses, was to cause a fall of temperature. The effect on the pulse and respiration was less marked, as they usually fell less rapidly.

With regard to heart complication, it is stated that in thirty-eight of sixty-three cases observed, which were treated with salicylic acid, the heart was normal throughout. In twenty-four the heart was affected on entrance, and in three after entrance; assuming, says Dr. Wood, that the heart was normal in a very large proportion of the cases in which its condition was not recorded. But upon the basis of the sixty-three cases, the heart became affected after entrance in only 4·76 per cent.; while under the alkaline treatment, in the series of cases reported by Dr. J. G. Blake, 13 per cent. developed heart affection after entrance.

The patients were usually placed upon treatment by the house physician soon after entrance, the common dose being ten grains every hour while awake for twelve to thirty-six hours, when the symptoms were wholly or partially relieved. Afterwards the acid was either omitted altogether, or reduced to ten grains every two or three hours for a time, to be again reduced, and finally omitted in from ten days upward. Usually no opiates were given, and no attention was paid to the condition of the bowels.

Such are the chief facts mentioned by Dr. Brown, in his analytical statement, and they certainly put the salicylic acid treatment in a favourable light. But accompanying his excellent paper is a tabulated account of each patient, specifying the kind of attack, length of illness previous to admission, number of days in hospital, &c., and in carefully running our eye over these tables, we come upon certain facts which, judging from the result of treatment in these 106 cases, make us hesitate before joining in the acclamations with which this remedy has been received by the profession.

For instance, the length of time a large majority of the patients were in hospital would appear to belie the supposed efficacy of the drug, and to be at variance with the speedy relief which at first follows its administration. In no fewer than half the cases the patients were in the hospital from three to six weeks, the majority of those being from four to five weeks. And if we take into consideration that all the patients had been ill previously to their admission into the hospital, for a period varying from seven to fourteen days, or longer, the whole duration of the disease in the above cases is little short of that recorded

under other systems of treatment. It would seem, indeed, that the salicylic acid gives speedy relief to the more acute symptoms, abating the pain and lowering the temperature, but otherwise it does not appear, as far as these cases show, to materially shorten the attack, or hasten convalescence. It is, moreover, very difficult, as the effects of medicines are at present tested, to know, as respects the favourable terminations, how much is due to nature, and how much to the drug. The duration of acute rheumatism is very various. "In some cases," says Aitkin, writing long before this treatment came into fashion, "both the fever and local pains are gone in three or four days, but in the majority of instances they continue till about the tenth to the fourteenth days, when the fever disappears, the pain begins to subside, and towards the close of the third or fourth week the patient is recovered, and generally without injury to the joints affected." Dr. Fuller's observations led him to believe that the average duration of an uncomplicated attack may be reduced by judicious treatment from a month or five weeks to ten days or a fortnight, and his opinion is quite consistent with the experience of other eminent authorities we might mention. Even the rapid relief attending the administration of salicylic acid has its counterpart in that frequently obtained under the alkaline treatment. Under this treatment, patients often lose their pains, and proceed rapidly to convalescence. In twenty-three out of thirty-nine cases treated by Dr. Fuller, "the pulse was tranquillised within forty-eight hours from the commencement of treatment, and within twenty-eight hours the pain was lulled and the local inflammation subdued."

Considering, however, the liability of patients suffering from acute rheumatism to so serious a complication as that of heart disease, most credit should be given to the remedy which wards off that complication, rather than to the remedy which merely shortens the duration of the attack. The safety of the heart should be, in our opinion, the first consideration in the treatment of acute rheumatism, and the attainment of this object should be made the great test of the efficacy of one plan of treatment over another. The treatment which has hitherto been most efficient in warding off the cardiac complications is that by alkalies in large doses. We are not aware that this success was so great as that recorded in sixty-three of these cases, in only 4·76 per cent. of which the heart is said to have been affected after admission; and if future experience confirms this important prophylactic property of salicylic acid, we shall then confess we have found a more valuable remedy for acute rheumatism than any hitherto discovered.

We have not yet referred to the series of cases of acute rheumatism treated by salicylic acid, recently reported in our columns by Mr. S. Scriven. These cases were admitted into St. Mary's Hospital under the care of Dr. Handfield Jones and Dr. Cheadle, and in most respects the result of the treatment adopted coincided with those recorded by the American physicians. The average time the patients were under treatment was a little over three weeks, the shortest period being fourteen and the longest fifty-two days. The temperature was soon reduced, and the pain diminished by the acid. The heart also was but little affected, and in only two cases was there a temporary murmur to be heard. Moreover, in these cases, as well as in the American cases, nausea and sickness were often caused by the acid, and in some instances to such an extent that the acid had to be withheld altogether.

The deductions drawn from those twelve cases by Drs. Handfield Jones and Cheadle and Mr. Scriven correspond with the opinion which we have just given as to the merits of this new remedy. "Salicylic acid," they say, "though not a specific, is a most valuable remedy in rheumatic fever." It also, in their opinion, "probably lessens the tendency to pericarditis and endocarditis." With regard to the mode of administering the acid, the above physicians give it in water combined with an equal quantity of carbonate of soda and a little tinct. aurantii. In the Boston Hospital the acid was first taken in wafers, but soon afterwards it was given in pills made with honey or molasses, and containing 3½ grains each. In both these series of cases the acid was in the majority of instances only used for a few days, and in the opinion of Dr. Handfield Jones it is best to leave off the remedy as soon as defervescence takes place, and if needful to give it again on a return of the pains or high temperature.

APPROPRIATION OF FINES IN MEDICAL PROSECUTIONS.

We have already spoken in deprecation of the policy which animates the Medical Council in its avoidance of responsibility for the prosecution of quacks, and we have said that, in our opinion, no duty more closely attaches to that body than the function of enforcing orthodoxy in medical matters, and that the throwing of such function upon a voluntary organisation like the Medical Defence Association is very clear proof that the great people of the Council are incapable of either coping with any duty which requires firmness, or of sympathising with the rank and file of the profession and with the public who do not come within their immediate ken.

The Council of the Irish Pharmaceutical Society, acting under the influence of Sir Dominic Corrigan, have repeated the same mistake, and have taken, thereby, their first step towards unpopularity with the constituency which they represent, and their refusal to insist upon compliance with their own law is all the less defensible, inasmuch as the English Pharmaceutical Society has shown them an example and has displayed commendable activity in the prosecution of persons acting in contravention of the law. It seems that it has done so under considerable difficulties, for we find in the editorial columns of its official organ the following statement:—

"In performing the duty imposed upon the Pharmaceutical Society by Parliament, of carrying out in the interests of the public the provisions of the Pharmacy Act, it has become necessary on various occasions to institute legal proceedings against offenders. Almost invariably when these cases have been carried to a hearing a penalty has been imposed, and this has exercised a certain amount of deterrent influence. So far, such a result has been satisfactory, but it has nearly always involved a cost to the Society far exceeding both the penalty imposed upon the offender and the costs allowed, so that the expense of such proceedings for the protection of the public have in fact been to a great extent borne by that portion of the trade which constitutes the Pharmaceutical Society. It might therefore have reasonably been assumed that the penalties recovered under the Act would be

left in the hands of the Society as partial reimbursement of its expenses in carrying out a public duty.

"Such an assumption, however, would have been unwarranted, as was evidenced by two penalties recovered in Glasgow being claimed by the Queen's Remembrancer in Scotland last October. It became necessary therefore to make a formal application to the Commissioners of Her Majesty's Treasury, who, according to the 14th section of the Act of 1852 and the 15th section of the Act of 1868 are the authorities to decide to whom the penalties shall be paid, that they would direct that the penalties should be retained by the Society. Somewhat unexpectedly this application met with a prompt refusal, accompanied by an order to pay over to Her Majesty's Receiver of Fines all penalties recovered under the Acts since they were passed. This communication was considered by the Council at its meeting in November last, when a deputation was appointed to wait upon the Commissioners of Her Majesty's Treasury with a view to obtain a more favourable decision.

"After an interval of nearly three months, an appointment was made for an interview, and the deputation laid before the Secretary to the Treasury the reasons why the Council thought the Society should be allowed to retain the penalties. It is satisfactory to find that upon reconsideration these reasons were deemed sufficient by the Treasury, and that in a letter which was read at the meeting of the Council on Wednesday last, the Commissioners of the Treasury cancel the previous order to pay into the Exchequer the fines in question."

The concession of these fines by the Treasury is a valuable precedent, and by such concession the only excuse which the Medical Council could plead for its inactivity is taken from it. Doubtless the Treasury would be as ready to forego the fines in medical as in pharmaceutical cases, and the sums thus recovered would doubtless be sufficient to cover the expenses.

THE BLOT ON THE ARMY ESTIMATES.

One year has passed since the Secretary of State for War introduced, with somewhat overbearing confidence, a scheme which, in conjunction with the unification system, was to convert the medical service into a departmental Utopia. For, while by the ten years' service proposed the very best medical material was to be drawn into the department, it was by the unification scheme to be preserved from all deteriorating contact with military officers, from the attractions of the mess-room and the wiles of the billiard-room, and being thus isolated in, our Army Medical Monastery was to grow in professional grace from day to day. Could anything have been more perfect? And yet here and there an unbeliever arose who, though admitting that monasteries were excellent institutions for those that liked them, hinted that they were not quite in harmony with the tastes of humanity in general, still less of youthful humanity; but such scepticism was met by Mr. Hardy with words of withering contempt.

A year has passed and Mr. Hardy, having to give an account of his measure of success, approaches the topic with a remark replete in bad taste and bad temper: "The subject I wish next to touch on is one which has been very troublesome ever since I have been in the office I now hold, and which I fear will continue *as long as medical men exist.*" In these pettish words the Secretary of State so far forgets his duty as a public man as to insult a whole profession because a scheme which was an obvious mistake from the beginning has failed within a year.

Angry alike with the younger medical men who declined to take up even fifty per cent. of the offered vacancies, and with the elder ones who honestly spoke their opinions from the professorial chairs, Mr. Hardy thinks to recover his retreat by implying that there is an insatiability in the medical nature which it is useless for him or any one else to attempt to gratify.

It becomes somewhat amusing, for when later on this sentence is altered, "we must see first whether the medical men will enter in sufficient numbers." With what glasses Mr. Hardy has observed the results of the last two examinations we know not, but if an unmistakable decrease from 33 to 23 candidates for fifty vacancies is not sufficient proof we know not what he requires, and cannot help thinking that the question is merely shelved to give time for his elevation by the acceptance of a peerage to that atmosphere in which "*medical men do not exist.*"

Notes on Current Topics.

Medical Society of London's Anniversary Dinner.

The Medical Society of London held its 104th Anniversary Dinner at St. James's Hall, on Thursday evening last, the President (Mr. Wm. Adams) in the chair. Many of the Fellows, both from the provinces and London, were present on this occasion, and the dinner was a great success. Among the guests who had been especially invited we noticed the President of the Royal College of Physicians, the President of the Royal Medico-Chirurgical Society, the President of the Clinical and Hunterian Societies, Dr. Belgrave Ninnis (Fleet-Surgeon, and connected with the Arctic Expedition), &c., &c. Various toasts were proposed during the evening, and were duly responded to by the representatives of the different societies and corporations.

Dr. Braidwood, of Birkenhead, was presented with the Fothergillian Medal for his excellent treatise on Pyæmia, which was not only marked for its general excellence, but contained numerous original drawings, microscopic and otherwise, of morbid specimens. Mr. Richard Davy, the retiring Hon. Secretary, received the silver medal for his services to the Society in his official capacity.

The musical arrangements were under the direction of Dr. L. S. Forbes Winslow, and were fully appreciated. Among the *artistes* who kindly lent their assistance were Herr Carl Armbruster (a wonderful performer on the piano), Herr Guthoven (who brilliantly executed two pieces on the violin), Dr. Charles Semple, and Mr. Arthur Twiss. Dr. Winslow concluded with a topical song, in which reference was made to the visit of the delegates from the Society to America, Hygeia, Cleopatra's Needle, the Vivisection Act, Vaccination, Female Doctors, the Habitual Drunkards Act, and English Physicians in France.

The company separated at eleven o'clock, having spent a most enjoyable evening. The dinner and general arrangements were admirably conducted, and appeared to give universal satisfaction.

Sham Degrees.

It is a satisfaction to us to learn (which we do from a circular issued by that gentleman "for private use only") that the "Dr." Sturman, who vends sham diplomas at Blackheath, is not even nominally a member of our profession. He is a schoolmaster, and a member of the Preceptor's College, and his doctorate consists of the LL.D. of some institution of which he does not seem proud, for he does not name it amongst the multifarious titles appended to his name.

This circular "for private use only," is enclosed within his school prospectus, and it is worth perusal as an evidence of how little gratification either the vendor himself, or any of his customers derive from the consciousness of having been honoured with a degree *in absentia* by the distinguished universities which "Dr." Sturman represents. Only one medical man—a L.R.C.P. Edin., F.P.S. Glas., and L.S.A. London—testifies to Dr. Sturman's qualities, and even he says nothing for the degrees in question. Another testimonialist assures the public that Dr. Sturman "can forward the aspirations of qualified gentlemen who desire to obtain learned degrees," and others sing the same tune, but not one of them ventures even to attach their own titles to their names. By all means let Dr. Sturman continue to provide dissenting curates and schoolmasters with all the university titles they long for. The gratification of their vanity does no one the least harm, and the sham titles are, doubtless, seen through at once by everyone whose opinion is worth anything. It is a different matter with medical practitioners to whom a sham degree affords an opportunity for quackery, and we therefore commend Dr. Sturman's customers to the tender mercies of the Medical Defence Association. As for the distinguished Doctor of Laws himself, we suggest to him that his field of educational labour is more directly connected with the birching of little boys, than with the capping of university graduates, and we imagine he will find the less aspiring employment the more remunerative.

Unqualified Assistants.

A good deal has been written upon this subject lately, both in our columns and in those of our contemporaries, and as attention has been drawn to various phases of illegal practice by correspondents, of the extent and nature of which we and, probably, the majority of the profession, were before unaware, we would fain hope that a considerable amount of good will result from the discussion. An extraordinary instance of illegal personation came under our notice within the last few days, and were the gentleman now living, we should have felt it our duty to give names; this, however, is not necessary, as he has recently passed away from our midst, and with him we are willing to bury his sins. The publication of the case, however, may not be unnecessary, as illustrative of the practice which we desire unreservedly to condemn, as subversive of the best interests of the profession, and a fraud upon the public confidence. The gentleman concerned was for many years a consulting surgeon in London, enjoying a large practice. Not unfrequently he found himself suffering from certain internal complications, which precluded the opportunity of seeing patients; when this was the case, instead of calling in a professional *confrère*, he invariably sent for his chemist, who not only prescribed for him, but even saw his patients, as though he were the real Mr. ——. Later on he was absent for some weeks through illness, his friend, the chemist, all along doing duty for him, and handing over his fees. After this long abstention, albeit a part of the time he was being nursed, free of expense, at the chemist's country house; he hit upon the wise and grateful policy of cutting his "friend-in-need," lest he should know too much for his peace of mind, and sent his patients to another shop for their medicines. It will, doubtless, be asked why an eminent consulting surgeon should have resorted to such practices. The reply is simple enough, although discreditable in the extreme. He had a lucrative *clientele*, and had not sufficient confidence in his own abilities that he could retain it if a professional brother were introduced, nor sufficient confidence in a member of his own profession that he would not employ the opportunity thus afforded him of drawing patients into his own consulting room. The chemist he knew dare not do this, and so he connived at a base fraud, and pocketed his conscience with the fees. Although for reasons before stated, we abstain from giving names, our readers may be perfectly sure of the accuracy of our information, which, had it reached us before, instead of after, Christmas, we should have felt bound to disclose.

More Verdicts by Guesswork.

The Irish coroners' system seems to be passing insensibly into an organisation for the concealment of crime, and since the police have taken the initiative upon themselves in the investigation of causes of death, the holding of inquests in some localities is becoming more and more farcical. The week before last the coroner for Westmeath held an inquest on the body of a soldier, who died that morning under the following circumstances:—

At six o'clock in the morning he was apparently in good health; at eight o'clock was very poorly, and went to the hospital.

The hospital sergeant deposed that the deceased came to the hospital about nine o'clock; he was very sick; he appeared weak from having his stomach upset; there was a strong smell of spirits from what deceased had retched; gave deceased a soothing draught to settle his stomach, and told him the doctor would be back in half-an-hour; deceased then went to his barrack-room of his own accord. In about a quarter of an hour he was dead.

The surgeon, with this evidence before him, undertook to state that the man died of heart disease, without a *post-mortem* examination or the least shadow of reason, as far as the reported evidence goes, to sustain such a conclusion, and, of course, the jury found a verdict as they were directed.

We may be of a suspicious temperament, but we feel that a death after three hours' illness and vomiting is much more like poisoning than heart disease, and we know of no form of heart disease which would answer to the symptoms deposed to. We don't pretend to be able to form a reliable opinion upon such data, but we can at least give as good a guess as the doctor and coroner, who took an external view of the dead man. If the case had been one of poisoning would it not be obvious that a false

verdict would operate as a protection to the perpetrator of a crime? And would it not be better that no inquest were held at all than a sham investigation of this sort.

The Livingstone Sham University.

This fraudulent concern, supposed to be located at Haddonfield, New Jersey, is shown up in a local paper recently. There is no such institution there, and never was; yet somebody sells diplomas and degrees from it, both in Canada and England. It is believed that the great American diploma vendor, of Philadelphia, is at the bottom of it.

The Treatment of Acne with Sand.

Dr. Ellinger (*Weiner Med. Wochenschrift*, No. 45), strongly recommends frictions of the skin with fine sand in the treatment of comedo and acne of the face in young persons. The sand should be regular in grain, not dusty, and not containing lumps; particles half as large or as large as a poppy seed should alone be used. Before the friction the skin must be thoroughly washed with soap and water. It is then to be kept damp for half-an-hour, and finally the affected parts are to be rubbed for a short time with the sand, which is to be used slightly wet. Afterwards any adhering sand must be sponged or brushed away. The same method is applicable to certain cases of psoriasis, eczema, lichen, acne rosacea, and freckles. If the eruption be situated on the trunk or limbs, each friction must be preceded by the prolonged use of a moist compress to the part, so as to soften the skin.

A Case of Hermaphrodism.

Dr. Ceccherelli, in the medical review of Florence *Lo Sperimentale*, gives a description of a case of hermaphrodism, which he has examined recently, and which resembles those reported by Virchow, Rokitansky, and Seulz.

The Florentine monster is fourteen years of age; her (his) mammæ are well developed and hang down; the right eye is larger than the left; the penis, with its hypospadean meatus, can receive a sound, which, about two centimetres from the meatus, meets with another aperture, through which the urine and spermatic fluid escape. She (he) is provided with one single testicle, which is well developed.

Until within the last few years this individual had been considered a female, and named Catalina, the glans penis having been taken for the clitoris. Introducing the finger between the two labia, below the glans, an eminence is found which possesses all the characteristics of the uterine neck. The female organs of generation are complete; she has menstruated regularly since her twelfth year, and has performed the copulative functions of the female, without any obstacles or difficulties. The prostate cannot be reached, on account of the presence of the uterus.

The seminal vesicles undoubtedly exist; the sperm, examined by Virchow, presenting spermatozoids, so that Catalina may, in her turn, be the active agent of coitus.

An Improved Barometer.

At a meeting of the Physical Society, Professor Guthrie exhibited an arrangement by which the sensitiveness of the mercurial barometer is enormously increased. The two vertical limbs of an ordinary syphon barometer are united by means of a long horizontal tube of uniform bore, having a diameter considerably less than that of the main tubes. The instrument is filled in the same manner as the ordinary syphon barometer, except that a bubble of air or liquid is left in the narrow tube. The length through which the bubble moves will be in inverse proportion to the cross areas of the horizontal and vertical tubes, so that each inch of rise and fall may be shown through any number of inches by diminishing the cross area of the horizontal tube. A moment's consideration will show that, for a given increase of pressure, the absolute amount of mercury which passes from the shorter to the longer tube depends upon their cross area, and as this is greater in comparison to that of the tube uniting them, the range of motion of the bubble will be considerable in comparison with that of the summit of the mercurial column. In the instrument exhibited, the horizontal tube was bent into a spiral, in order that the vertical tubes might be in close proximity. The diameters of the tubes were six and two millimetres respectively. A complete account of this instrument will be found in the *Philosophical Magazine* for the present month.

Medical Examinations for the Public Services.

A contemporary understands that "a Bill will be presented to the House of Commons during the present Session, at the suggestion of Sir Dominic Corrigan, which will aim at the institution of examinations for the medical offices of the Civil Service (Poor-law and Public Health), comparable to the existing entrance-examinations for the Army and Navy." We have heard nothing of the coming measure, and assume that, if introduced at all, it can only be as a test of parliamentary feeling and not with any hope of its passing. So far as the foregoing announcement enables us to judge of the nature of the measure, it would seem to promise the enunciation of a good principle, and to aim at a most desirable object. As far as Ireland is concerned, nothing can be much worse than the present method of selection of Poor-law medical officers. That it shall remain so is inevitable, so long as the choice lies with Poor-law guardians, and we have little hope that Parliament will listen for a moment to any proposal to wrest the elective function from them.

A Second Alexis St. Martin.

In one of the early volumes of the Transactions of the Royal Irish Academy, there is an account given by George Burrows, M.D., M.R.I.A., of the case of a man who resided for some years in Dublin, who had a fistulous opening in his stomach, to whose case attention is called by the *Dublin Builder*. The man was previously an inferior officer in the East India Company's navy, and during a voyage he received a wound from a blunt-pointed wooden instrument between the cartilage of the eighth rib on the right side, and the navel, penetrating the

stomach. An opening remained, through which when the tent was withdrawn a whitish fluid flowed out. The man ever afterwards kept the orifice plugged up, never withdrawing the plug but to gratify curiosity, or place a new one. The opening was about a third of an inch in diameter. This rather strange patient was, when Dr. Burrows saw him, 65 years of age, and he had lived for twenty-seven years previously in the state described. He is described of extremely dissipated and drunken habits, and when sober employed his time in teaching French in Dublin. Although he had lost all his teeth with the scurvy he eat with good appetite and digestion. He had no pain, and no food disagreed with him. Having suffered a good deal of poverty through intemperance, he became reduced in circumstances, gradually declined and died. In examining his body after his death, the wound was found to have penetrated his stomach in the centre of the greater curvature, and from the adhesion of the liver, colon and integuments, a large structure was formed, which gave the appearance of a double bag, with the opening in the middle. The duodenum was enlarged beyond the size of the colon, and seemed to have performed some of the functions of a second stomach. The colon was firmly attached to the stomach by a ligamentous substance. All the other viscera were sound and natural.

George Burrows, M.D., the chronicler of this case, was the son of a respectable citizen of the medical profession. He was the author of several papers in the early Transactions of the Royal Irish Academy. His life was cut short by putrid fever in 1793, caught in dissecting a subject in the House of Industry in Dublin, to which he was physician.

Undeserved Censure on a Parochial Medical Officer.

We would like to see those stern moralists and sticklers for duty—the judges who so greedily seize the smallest fringe of evidence in order to censure medical men, and go beyond their province to read them nice sounding lectures on inhumanity—made to occupy for a short time the position of a parochial medical officer, visiting and dispensing medicines to thousands of poor at all times and seasons, for the magnificent emolument of £50 per annum. This might modify their views somewhat, and teach them, even while sitting upon their velvet cushions, made softer with a cheque for £5,000 as a slight annual acknowledgement of their *arduous duties*, that even beggarly-paid medical officers are gentlemen, quite as humane as their wordy and overpaid brethren of another profession, and equally conversant with their duties. An instance of this overbearing conduct on the part of Lord Chief Justice Coleridge was brought under our notice during the past few days by Dr. Rogers in his official capacity as Chairman of Council of the Poor-law Medical Officers' Association. The gentleman aspersed was Mr. Henry H. Taylor, F.R.C.S., Medical Officer of the Bishopwearmouth district of the Sunderland Union, and the case was briefly this. Mr. Taylor heard by rumour that the stepmother of a child named George Moss was keeping him almost without food and clothing. He went to the house—not in his official capacity as parochial medical officer, as he was never summoned by the parents or relieving officer, the case not being one of poverty but cruelty—he called out of kindness to the poor boy from rumours which reached him, remonstrated with the mother, and received in return considerable abuse from that irate individual. He called twice subsequently, told the woman what she ought to do, as it was food and clothing, not physic, the child required, and cautioned her what the consequences of her conduct might be. Finding matters did not improve, he, still unofficially, went to draw the relieving officer's attention to the case, as he had no faith in the step-mother's promises. On his way he met a police constable, who informed him that the police surgeon had seen the case, and, naturally, thinking the object was now gained, he did not call upon the relieving officer. The child, however, died of starvation, and the parents were sentenced to imprisonment. But Lord Chief Justice Coleridge had a medical man before him as a witness, and in accordance with time-honoured custom, told Mr. Taylor, who had acted so humanely in the matter, that, although he was not legally responsible, he was morally responsible for the child's death; he would disallow his costs, and write to the central authority on the inhumanity of his conduct. The misfortune was that Mr. Taylor, being somewhat deaf, did not hear these remarks, only catching the last words about disallowing costs, and did not like to ask his lordship to speak up; he therefore appeared to accept the censure without protest or explanation, when, in fact, he did not hear it. The case ought not to be allowed to end thus. Here is a medical officer, always known to have honourably discharged his duty, suddenly finding his fair fame blighted because a judge chooses to condemn him for not calling in the relieving officer, when he really did what every one under similar circumstances would do when he found the matter was in the hands of the police. Mr. Taylor has our entire sympathy, and we feel sure will gain that of the entire profession when the circumstances of the case are known. Dr. Rogers also has our best thanks for thus giving us an opportunity of vindicating the outraged honour of a professional brother.

Administration of Noxious Drugs.

At Bodmin assizes Lord Chief Justice Cockburn, after consultation with Justice Hawkins, delivered an important judgment on this subject. A man was charged with administering cantharides with a criminal intent. The judges ruled that there must not only be an administration of a noxious drug with a guilty intent, but the drug must have been administered in such quantities as to be noxious, whereas the dose here given was too small to be seriously deleterious. Distinction was drawn between a drug like cantharides, which is only noxious when given in excess, and strychnine, a well-established poison. Acquittal was therefore directed.

With regard to this judgment, we cannot help thinking that it will rather encourage than deter the perpetration of a crime which is but of too common occurrence, and that it will suggest to future criminals the means of evading the penalties of the law without flinching from carrying out the object they have in view. Is not this judgment, moreover, at variance with that generally passed upon another class of criminals? Is a criminal

who has nearly murdered another man acquitted on the score that, although his intent was to commit murder, the means he took were not sufficient to effect his purpose? And who is to decide when a drug is noxious and when it is not? Who does not know that a dose of cantharides or of savin that would in one case be attended with serious consequences, might in another case do very little harm. At all events, we cannot say that the judgment is a satisfactory one, and hope that it will not be taken as a precedent in future trials of a similar nature.

English Doctors in France.

THE Paris correspondent of the *Standard* has recently given some interesting particulars respecting the progress and prospects of M. Marvaise's Bill, which, having been adopted by the Committee of Initiative, will shortly be brought forward in the Chamber of Deputies. Although, as we noticed on a previous occasion, the French Government had determined to oppose the Bill, the interest, says the writer, of French doctors both inside and outside the Versailles Assembly is very considerable, and it is still expected that a great effort will be made to pass the Bill through the House.

In the *Journal des Débats*, which decidedly opposes the Bill, there is a letter from Dr. Daremberg, of Mentone, in which that physician—while acknowledging the impolicy and injustice of compelling foreign doctors to undergo the five probationary examinations required by the French laws, insists upon the advisability, and even the necessity, of requiring them to pass the fifth and last examination. As this would only consist of about an hour's oral and clinical examination, we do not, for reasons which we have already given, think that the proposition is at all unreasonable. Indeed, such a rule is, in the opinion of Dr. Daremberg, justifiable and necessary from every point of view; for under the existing *régime* the science of medicine is permitted to be practised in the sanitary resorts of France by unauthorised quacks, who possess some fantastic sort of diploma or other which would give them no right to practise in their own country. Such toleration is disastrous to the medical reputation of French sanitary resorts, and affects the honour of the medical profession. These dexterous individuals insinuate themselves into the good graces of hotel managers, boarding-house keepers, agents for furnished lodgings, and others who are more or less in a position to recommend them, at the winter stations in France. Moreover, in France, whether rightly or wrongly, the medical career is closed by almost impenetrable barriers; it would, says Dr. Daremberg, be absolutely ridiculous to throw wide open to foreigners a door which is closed to Frenchmen.

Nevertheless, the *Journal des Débats* is confident that the Bill, as it at present stands, would be equivalent to the absolute exclusion of foreign practitioners from practice in France. The whole question, says that paper, concerns only the English and German doctors; and the Bill, if passed, would be the ruin of the most prosperous thermal resorts in that country—such as Nice, Mentone, Cannes, Hyères, Pau, Biarritz, as well as a large portion of Normandy and Brittany, which are peopled by foreigners, principally English.

"Now," says M. Lemoinne, "we know what an Englishman is in good health; what must an Englishman be when ill? The English cling to their nationality even in sickness and in their medicines; they must have English doctors and English medicines; they insist upon dying as they have lived—*à l'Anglaise*. The real question at issue is as to whether men who have received authority to practise medicine from the first scientific bodies of Great Britain (such as the Royal College of Physicians, the College of Surgeons, the Universities of Oxford, Edinburgh, or Dublin) shall be obliged, in order to practise in France, to undergo further examinations as students. All we can say is that such a measure is one of absolute exclusion, and would ruin the sanitary resorts of France, to the advantage of those of Italy and Spain; it would be a miserable counterfeit of the revocation of the Edict of Nantes."

We must congratulate ourselves in having, in M. Lemoinne, such a good champion of English medical interests; but although we would object strongly to a Bill which would have for its object the total exclusion of English practitioners from France, it would surely not be unreasonable for the French medical authorities to require of English practitioners desirous of practising in that country the same credentials as those required of Frenchmen who wish to practise in England.

We hope, therefore, that some compromise may be made between those who would not have the slightest restriction placed upon foreign practitioners, and those who would adopt such measures as would amount to nothing less than their absolute exclusion from France, and especially from those health resorts where their presence is so much needed, and where their exclusion would be the means of driving English invalids to other and more favoured places.

Opium or Uræmic Poisoning? A Medico-legal Question.

IN the *Philadelphia Medical Times* for January there is a full report of a case which is very interesting in a medico-legal point of view, and which at the same time shows the danger attending the use of opium in Bright's disease.

A stout and apparently robust healthy man, about 45 years of age, after indulging in some drinking went about 1 a.m. to the home of a Mrs. Bella McClain, a woman of disreputable character. The next time he was seen, about 4 a.m, when he came to the bar apparently stupid but able to walk. He then found he had lost his watch, and soon afterwards, while trying to put on his shoes, he fell down in an unconscious state. When medical assistance arrived he was labouring under all the symptoms of opium-poisoning, and for a long time he could not be aroused by any means whatever. The history of the woman, who had drugged other men, both in Boston and Philadelphia, made it probable that she had administered a comparatively small dose of morphia for the purpose of drugging, and then robbing him. Small doses of atropia were exhibited hypodermically with some success, but he ultimately died without being restored to consciousness, and death was preceded by slight pitting under the malleolus, slight albuminous urine, and dilated pupils. On the trial of Mrs. McClain for murder, it was shown by the coroner's physician that his brain was congested and his kidneys granular, and that there existed chronic in-

terstitial nephritis in an advanced degree. No morphia was found in the stomach, but undoubted traces of it were found in the urine which had been drawn off while he was alive. The result of the trial was, that Mrs. McClain was convicted of murder in the second degree, and was sentenced to six years' imprisonment.

Dr. W. W. Keen's remarks on the case are likewise worthy of notice. The possibly dangerous effect of even small doses of morphia in chronic Bright's disease is not so widely and thoroughly known as it should be by the profession. Intolerance of the drug, says Dickinson (on Albuminuria) is one of the peculiarities of this disease, and the comatose state often comes on before its time in consequence of the administration of opium. Roberts also gives an instructive case in which the administration of a few drops of laudanum was followed by coma and death, and two others in the uræmic coma were mistaken for narcotic poisoning.

With respect to the diagnosis in these cases, it is often difficult to decide how far the symptoms are due to the opium, and how far to the induced uræmia. In the above case the narcotic symptoms were so decidedly in excess as entirely to mask those due to uræmia. The good effects of the atropia were very marked, and tend to confirm the belief that is entertained respecting the therapeutic antagonism of the two drugs. In this case, observes Dr. Keen, the atropia was a peculiarly fortunate choice, for its marked diuretic properties it was the best possible remedy to arouse the functions of the kidneys, and thus at once to eliminate the opium and mitigate the danger of uræmia.

It appears that, relying upon Taylor's disbelief in this mode of treatment, an attempt was made at the trial to show that the atropia was in part responsible for the patient's death, an objection which was met by the fact that only three doses of 1-30th of a grain of the alkaloid were given at long intervals, at 8 and 10 a.m. and 2 p.m.

Roots of a Vegetable Plant Swallowed by a Hysterical Female.

Dr. Heitzman, at a recent meeting of the New York Pathological Society, exhibited the roots of a vegetable plant which had been partly digested. The specimen had been sent to the doctor for microscopical examination by a physician. The patient had complained to him that she was in the habit of passing through her anus this kind of substance. After receiving Dr. Heitzman's report as to its nature, the doctor had apprised her of the fact, but she denied *in toto* ever having swallowed the kind of plant mentioned. However, she has passed none of that substance since.

Dr. Heitzman regarded the case as one of hysteria, and in this connection referred to one reported at the last meeting of the Society, in which the woman had swallowed fragments of a sand (neries) worm.

Salicin used in 1840.

At the present time, when the use of salicin and salicylic acid has become so fashionable, it is interesting to know that its employment in medicine is not a novelty, and that thirty-seven years ago, Dr. Feurio (Mantua) tried it in one hundred and eight cases of intermittent fever, and with the exception of two where he was obliged to repeat the dose (24 grains), it prevented the approaching paroxysm (Omodei Annali Universali.) He found its action was quickest when given in powder, the raw salicin being more powerful than the purified, and he never saw any ill results from its use.

Typhoid Fever and Drinking Water.

In the January number of the *New York Medical Journal* there is a short communication from Dr. Julius A. Root, in which the bad effects of impure water are strikingly illustrated.

It had been long noticed that typhoid fever was confined to a particular part of the city of Rochester, N.Y. In this district was a well, situated directly in front of a grocery and lager-beer saloon, and most of the persons who were ill used the water from this well, which (owing to the nature of the traffic and its proximity to the drinking saloon) received the surface washing, not only from the road, but from small cesspools of urine, manure, and filth which had accumulated around it. At first the well was closed, but as an analysis of the water made by Prof. Lattimore, of Rochester University, showed that there was apparently nothing which could be injurious to the health, and as, moreover, the people became clamorous to be allowed to drink the water, the Board of Health determined to make a house to house inspection. During this inspection, which included a large district, it was found that there were 40 families, or 219 persons, who used the water from the well, and that in these families there had been, during the past season, twenty-three cases of typhoid fever. There were also 47 families, or 271 persons, who used water from other sources, and in these families there had been only two cases of typhoid fever. After closing the well there were no more cases of typhoid in that neighbourhood than in any other part of the city.

"Comparing," says Dr. Root, "the diseases of a zymotic character in the forty families who used water from the condemned well and diseases of the same nature in the forty-seven families who had water from wells better protected, we can draw but one conclusion."

The case also shows that a chemical and microscopical examination of water is not always sufficient to warrant the opinion that it may not be of itself the direct cause of disease. As the same writer observes, we have here a further proof that wherever typhoid fever makes its appearance there is a violation of some sanitary law.

The magistrates last week fined two holders of sham Philadelphian degrees at Hull, £20 each for illegal practices.

H.R.H. the Prince of Wales will formally open the new wards of Charing Cross Hospital on Wednesday, the 21st inst.

The Hospitals' Football Challenge Cup was last week won by Guy's Hospital, its team having beaten all comers.

At the Lincoln Assizes last week, a labourer was sentenced to fifteen years' hard labour for administering strychnine to a widow in order to procure a miscarriage.

NAPLES and Buda-Pesth are in a terribly unhealthy state at the present time; the rates of mortality having risen to 44 and 46 per 1,000 of the population in these cities.

THE annual death-rate of the population, last week, in the four principal cities of the United Kingdom, was 20 per 1,000 in Edinburgh; 23 in London; 29 in Glasgow; and 32 in Dublin.

SALFORD and Bristol showed the highest rates of mortality last week of any of the towns in the United Kingdom. There were 34 deaths per 1,000 of the population in each, according to the Registrar-General's official returns.

THE deaths from small-pox were 103 last week, against 118 in the previous week. Of these 6 occurred in London, being 20 less than the last return; 12 in Liverpool; 5 in Manchester and Salford; and 1 each in Leeds and Newcastle-on-Tyne.

HIS Grace the Duke of Marlborough, Lord-Lieutenant of Ireland, and His Royal Highness the Duke of Connaught, have signified to Mr. Ormsby their acceptance of the office of patron of the National Orthopædic Hospital of Ireland.

THE Lumleian Lectures of the Royal College of Physicians of London will be delivered on March 16, 21, and 23, by Dr. George Johnson, "On the Muscular Arterioles, their Structure and Function in Health and in certain Morbid States."

ON Saturday last four students of Glasgow University were each fined £10, or six days' imprisonment, for disorderly conduct. On Friday night several hundreds of them visited the newspaper offices in Glasgow, hooting and applauding according to the politics of these papers. They paid the fine, expressing regret at their conduct.

EARL PERCY intends, on the second reading of the Vaccination Law (Penalties) Bill, fixed for March 14th, to move, "That before considering any proposal for the readjustment of the penalties imposed by law on its neglect, it is desirable that an inquiry should be instituted with regard to the practice of vaccination in this country, for the purpose of ascertaining whether it cannot be conducted in such a manner as to remove all reasonable objections to it."

WE are glad to find from the last quarterly report of the medical officer of health for Hastings, that that popular invalid resort is in so healthy a state that little fear need be entertained of its having survived the rude shock which certain sanitarians brought about last year, in consequence of the unsatisfactory nature of the water supply. We are pleased also to notice that sanitary improvements are continually going on, in the filling up of cesspools, wherever discovered, improving defective drainage, &c.

A DISTRESSING accident happened recently in America, by which a local practitioner lost his life. He was illustrating the use of the syringe for the hypodermic injection of morphine, so that a young lady could administer it, when necessary, to her mother. He had the syringe filled with water, and made a slight puncture with it in his own arm. The syringe had something in it which poisoned him, and notwithstanding everything was done which could be he died.

The occurrence suggests the inquiry whether young ladies ought to be instructed in the free use of the hypodermic syringe, and whether a trial on the doctor is a proper method of instruction.

THE chair of anatomy and physiology in the University of Otago, New Zealand, having become vacant, applications from candidates for the appointment are invited. The salary will be £600 per annum, besides the class fees, which are £3 3s. for each student per term of six months, commencing in May of each year. An adequate allowance will be made for passage money and outfit. The age of candidates should not exceed thirty, and they must be possessed of qualifications such that home universities would approve of them as competent medical teachers. They must be university men, and have a medical degree. A degree in arts besides will be deemed a recommendation. It is distinctly to be understood that private practice will not be permitted.

THE ARCTIC COMMITTEE.

THE Committee appointed by the Admiralty to inquire into the cause of the outbreak of scurvy amongst the men of the late Arctic Expedition, have agreed to their report. Sir George Nares, it appears, is alone to blame in the matter; for, although it is expressly ordered in the official memorandum of the Director General of the Medical Department of the Navy that sledging parties should be provided with a proper quantity of lime juice, and Dr. Colan called his particular attention to this, he objected, because it *would increase the weight* to be carried, and thought rum might be substituted. When it was first announced that four men had fallen victims to scurvy, and also that a large number of men had suffered from the disease, and almost compelled the Expedition to return home. it was thought to be incredible, and we own to having shared in that incredulity. Since, however, it has become known that some of the officers of the Expedition entertained very erroneous and wilful notions on the value of lime-juice in the prevention of scurvy, it was thought necessary that an investigation should take place, and it cannot be disguised that Sir George Nares has incurred a very grave responsibility in this instance. He not only thought proper to disregard the orders of his superior officer, but put aside the accumulated experience of the medical profession, and innocently asks the public to accept as an excuse for wrong-doing, "that during the preceding month he had voluntarily served out two ounces of lime-juice to his men, instead of the regulation allowance of one ounce, thinking by *so doing his men, by the time of starting, would be saturated with lime-juice.*" It is scarcely possible to believe a man can be in his right senses to jump to such a conclusion! What follows is even more irrational. Being asked why he had disregarded Sir Alexander Armstrong's recommendation, he replied, "he did not attend to it because of the loss of time necessarily involved in thawing the water to mix with the lime-juice, and of the difficulty of extracting the frozen lime-juice from the bottle in which it would be obliged to be carried." Furthermore, "he considered all good food antiscorbutic." It is almost incredible to conceive that a clever man should have uttered such childish nonsense.

Commodore Markham, it appears, in spite of what has occurred, still entertains his own inflated notion of the value of lime-juice. He stated before the committee that if he were once more starting with a sledging party, "*he would not encumber* himself with lime-juice, as he *does not consider it a preventative of scurvy.*" It is devoutly to be wished that he may never again find himself in charge of an Arctic sledging party, otherwise, on his return home, he might be called upon to account for his obstinacy before a legally constituted tribunal, and not a committee. But for the timely supply of lime-juice, which his men discovered left behind by the *Polaris*, and which was in good condition, in all probability many of Commander Markham's men would have shared the fate of those who were not fortunate enough to meet with this much needed agent. It is incontrovertible, as Professor De Chaumont said, that if the whole of the sledge rations had been from first to last fully consumed and assimilated by the men, which was not the case, they would have been insufficient to repair the waste of tissue consequent on their great exertions. When to this important fact is added another of greater weight, the *total loss of vegetables and lime-juice*, we have not far to look for the cause of the outbreak of scurvy. A morning contemporary truly says, "It is a matter of deep regret that Sir George Nares and Captain Stephenson should have needed such terrible experience to satisfy themselves of a truth demonstrated and acted upon in the navies of every civilised state for upwards of a century."

Obituary.

DR. ARTHUR GOFF THOMPSON, OF BALLINA.

It is with extreme regret that we have to record the death of this most estimable member of our profession, which sad event occurred on Tuesday, the 6th inst., at his residence, Ballina. Dr. Thompson came of a good family, and up to fourteen years of age was generally accepted as the heir to the large property of his uncle, and was brought up in all the surroundings attached to such a position. About that time, however, his uncle married, and having a family, these roseate expectations vanished into thin air, and nothing was left the subject of this notice but to select a profession, and to enter on the battle of life on his own account. Having in due time selected the medical profession, he pursued his studies in the school of the College of Surgeons, and in the wards of the Meath Hospital, and in the year 1843 became a licentiate of the Royal College of Surgeons, and in 1847 a licentiate of the Apothecaries' Hall. Some time after that he entered on general practice in Dalkey, where he was commencing to gain reputation when the militia was called out, and through the influence of Sir Philip Crampton—who entertained a warm regard for him—he was appointed surgeon to the Leitrim Rifles, with which regiment he did service until its disembodiment, when he was elected medical attendant to the Ballina Dispensary, when he took up his permanent abode in Ballina. Here he soon won for himself the esteem and confidence of all with whom he came into contact. Those who once became his patients were sure to become stedfast friends, for they experienced the skill of an accomplished physician and the liberal kindness of a most warm-hearted, generous man. In the treatment of infantile disease he was especially successful, seeming to have an intuitive perception of the little ones' ailments, and so he continued his arduous labours, alike respected and beloved by rich and poor, nor could it be otherwise. Simple-minded as a child, warm-hearted and generous to a fault, the soul of truth and of honour, he was the very kind of man to command not only the regard but the love of all who knew him. Some two years ago, in going his professional rounds, he sustained a severe injury of the knee-joint, at injury so severe as to compel him to resign his connection with the dispensary, although he still was enabled to discharge the duties of surgeon-major of the North Mayo Rifles, into which corps he had some years before exchanged with Surgeon-major Franklin; but from that date his health began to decline, and last summer unmistakable signs of cardiac and hepatic mischief developed themselves, from the symptoms of which, however, under appropriate treatment, he obtained some temporary relief. Early in this year, however, the symptoms returned in an aggravated form, and despite the skill and unremitting care of his old friend, Dr. Atkinson, of Ballina, and of his colleague in the North Mayo Rifles—Dr. Nolan—with whom in his treatment were associated Dr. Henderson and Mr. Rawdom Macnamara, of Dublin, he rested from his labours, and now sleeps the sleep of the true, the just, the honest—in a word, of the Christian.

DR. RICHARD N. TOWNSEND, OF QUEENSTOWN.

It is with the deepest regret that we have to record the death of Dr. Richard Newman Townsend, which melancholy event took place at his residence in Queenstown on the 3rd instant, and resulted from an attack of typhus fever contracted in the discharge of his duty.

Dr. Townsend graduated in Arts at Pembroke College Oxford, in the year 1859. Whilst an undergraduate, he was distinguished both for his literary attainments, and for his skill as an oarsman; and during this period was once a member of the University eight at Putney, a post so coveted by all the frequenters of the Isis.

In 1861 he took the degree of Licentiate of the Royal College of Surgeons, Ireland, and shortly afterwards he was admitted to a similar degree in the King and Queen's College of Physicians, Ireland, and last year he was admitted a Fellow to that Body. He was for some years previous to his death, surgeon to the Royal Cork City Artillery. Upon completing his studies in medicine, he was appointed medical officer of the Kilshannig dispensary district near Mallow; after some years he was elected to a like post in the Carrignavar dispensary district, and since the year 1874, he held a similar position in Queenstown. The announcement of his death was looked on by numbers of the humbler classes, to whom he had especially endeared himself by the kindness of manner and the skill he brought to bear in treating their diseases as almost a family bereavement; and many a tear was dropped in silent testimony of his worth when the sad news was carried home, that the kind hand that had so often raised the latch in the fever-stricken home was now, by that same malady, for ever laid powerless. Dr. Townsend has added one more name to the roll of Irish dispensary doctors who have died in harness, manfully doing their duty. Fearlessly and noiselessly in the fever-stricken hovel, or in the atmosphere of small-pox, they appear to almost court the grim horror of an untimely death.

Dr. Townsend has been taken from a career of usefulness at the early age of 41, leaving to a widow and almost infant family an irreparably great loss, and to his relatives the consolation that in his private life he was irreproachable.

On the announcement of his death, every shop put up a sign of mourning, and all the vessels in the harbour had their flags half-mast high. His funeral which took place on the 4th inst., was attended by upwards of two thousand people of all classes, from Queenstown and the surrounding district, where Dr. Townsend has left a hundred grateful recollections of his humanity to the poor and suffering upon whom it was his wont to bestow his charity as well as his skill. The hearse was preceded by a guard of honour of the Cork City Artillery. After it came the chief mourners and the masonic brethren. Upon arriving at the graveyard, the coffin was taken from the hearse and borne to its last resting place by persons moving in the same rank of life as the deceased, and who also subsequently lowered it into the grave. The Rev. Maurice Collis, D.D., read the funeral service, and

delivered a touching address on the many virtues of the deceased, and on his untimely and much lamented death. In the Roman Catholic churches the officiating clergymen spoke in the highest terms of the deceased, adding that it would be very hard to replace him and to find another that would give the same satisfaction to the poor of every denomination.

The Queenstown Town Commissioners on passing a vote of condolence to Mrs. Townsend, stated that "no one knew what he did in charity," and that they "considered him as great a hero as any that ever fell on the field of battle."

Medical News.

Medical Society of London.—At the general meeting of this Society, held on March 5th, the following gentlemen were elected to the several offices named:—President: Dr. George Buchanan. Vice-Presidents: Dr. Thorowgood, Mr. F. W. Braine, Dr. Leonard Sedgwick, Mr. Richard Davy. Treasurer: Mr. T. H. Hill. Librarian: Dr. Theodore Williams. Secretaries in Ordinary: Dr. Clement Godson, Mr. J. Astley Bloxam. Secretary for Foreign Correspondence: Dr. T. S. Dowse. Council: Drs. John Brunton, T. Lauder Brunton, Farquharson, Sir Joseph Fayrer, Fothergill, Constantine Holman, H. Lawson, Robert Semple, and Wiltshire; Messrs. William Adams, W. Allingham, H. Royes Bell, Thomas Bond, W. B. Dalby, John Gay, J. D. Heaton, C. F. Maunder, W. D. Napier, Erasmus Wilson, and J. C. Wordsworth.

Poor-law Medical Officer's Association.—At a meeting of the Council, held at 3 Bolt Court, London, E.C., on Tuesday, 6th March, it was resolved that this Council (having taken into consideration the statement of Mr. Ashburner, medical officer of the Horsham workhouse, in reference to the conduct of Dr. Kelly, medical officer of health for West Sussex combined district), begs to express its condemnation of the course pursued by that gentleman, and trusts that the Local Government Board will issue such general instructions as will preclude the possibility of such action being followed by any medical officer of health towards any Poor-law medical officer in future. That a copy of this resolution be forwarded to the medical journals and to the Local Government Board.

The Cattle Plague.—Replying to an inquiry on Monday the 12th inst., Lord Sandon said that unfortunately a case of true cattle plague was discovered in Lincolnshire on Friday last. The animal was at once slaughtered, as well as twenty-four other beasts on the farm, so as to prevent the possibility of spreading infection. The chief inspector of the Privy Council was on the spot, investigating the cause of the outbreak.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Errata.—In the letter which appeared in our last on "Unqualified Assistants," page 194, line 39, *persuaded* should read *pervaded*, and two lines further, *horror* should read *honour*.

Harveian Society of London.—On Thursday evening Dr. Hughlings Jackson will read a paper "On Affections of the Ear with Nervous Symptoms."

Medical Microscopical Society.—This Society will hold its monthly meeting on Friday at 8 p.m. in its new rooms at the Century Club, 8 Pall Mall Place, S.W.

Royal Institution.—On Tuesday next, at 3 p.m., Dr. Garrod, F.R.S., will lecture "On the Human Form; its Structute in relation to its Contour."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Mortuary Statistics of the Mutual Life Insurance Company of New York from 1843-1874.

Tables of Materia Medica. By T. Lauder Brunton, M.D. London Smith, Elder, and Co.

The Disease of Sleeplessness. By a Country Clergyman. London E. W. Allen.

Operative Surgery. By Christopher Heath, F.R.C.S. Part IV.

Medicinal Plants. By Bentley and Trimen. Part XVIII.

Atlas of Skin Diseases. By Tilbury Fox, M.D. Part XVIII.

New Observations on Hay-Fever. By C. H. Blackley, M.D. London Baillière, Tindall, and Cox.

Du Darwinisme ou L'Homme-Singe. Par le Dr. Constantine James Paris.

Traitement de la Variole. Par le Dr. E. Clément, Lyon, Henri George.

St. Bartholomew's Hospital Reports. Vol. XII.

Practical Remarks on Throat and Ear Disease. By Lennox Browne F.R.C.S. London: Baillière, Tindall, and Cox.

Oxythérapie et Azothérapie. Par le Dr. Tamin-Despalles. Paris and London: Baillière.

Intemperance Extracts from Pike's History of Crime.

El Aufiteatro Anatomico Espanol. Hardwicke's Science Gossip Monthly Microscopical Journal. Nature. Practitioner. Veterinary Journal. Obstetrical Journal. L'Année Medicale. Le Progrès Medical Weiner Medizinische Zeitung, &c., &c.

VACANCIES.

East London Hospital for Children.—Assistant Physician. Honorary Attendance required two afternoons each week. Applications to be made to the Secretary on or before the 22nd inst. (See Advt.)

Brecknock County Infirmary.—Resident House Surgeon. Salary £100 per annum. Applications to the Secretary.

Somerset County Asylum, Wells.—Assistant Medical Officer. Salary commencing at £100 per annum. Testimonials, &c., to the Medical Superintendent.

Liverpool Royal Southern Hospital.—Senior House Surgeon. Salary £105, with board. Applications to the Chairman of the Medical Board.

Wolverhampton General Hospital.—Surgeons' Assistant. Board and lodging, but no salary. Further particulars of Mr. Vincent Jackson 46 Darlington Street

Annamoe Dispensary, Rathdrum Union.—Medical Officer. Applications to Hon. Sec.

Louisburgh Dispensary, No. 1, Westport Union.—Medical Officer Salary, £100 per annum. Applications to Hon. Sec.

Crediton Union.—Medical Officer for the Cheriton District. Salary £45, with the usual midwifery fees. Address the Clerk, Union Offices Crediton.

APPOINTMENTS.

Broadbent, Dr. W. H., Hon. Consulting Physician to the Hospital for Women and Children, Vincent Square, Westminster.

Brocklesby, R., L.R.C.P.Ed. & L.M., M.R.C.S.E., Medical Officer for the Grimsby No. 2 district of the Caistor Union.

Capon, H. J., M.R.C.S.E., House Surgeon to the Dorset County Hospital, Dorchester.

Daly, Dr. J., Medical Officer, Public Vaccinator, &c., for the Clonmany Dispensary District of the Inishowen Union, co. Donegal.

De Denne, T. V., M.R.C.S., L.R.C.P., Assistant Medical Officer to the Northampton General Lunatic Asylum.

Henley, E. W., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Whitehaven and West Cumberland Infirmary and Fever Hospital.

Leitch, J., M.B., C.M., Medical Officer for the Abbey Holme District of the Wigton Union, Cumberland.

Mackay, G., M.B., L.R.C.S.Ed., House Surgeon to the Dumfries and Galloway Royal Infirmary.

Pearce, Mr. H., Assistant to the House Surgeon of the General Infirmary, Northampton.

Ryder, Richard, M.D., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Minchinhampton Charitable Dispensary, and to several Benefit Societies, vice Henry Pavey, M.R.C.S.E., resigned.

Stamp, W. D., L.R.C.P.Ed., M.R.C.S.E., Assistant Medical Officer to the Infirmary and Workhouse, St. Luke, Chelsea.

Welch, J. B., M.B., M.R.C.S.E., L.S.A.L., Medical Officer and Public Vaccinator for the Handsworth District of the West Bromwich Union.

Worthington, T. B., B.A., M.B., C.M., Senior Assistant Medical Officer for the Sussex Lunatic Asylum, Hayward's Heath.

Deaths.

Brownlie.—On Feb. 23, at Coventry, William Henderson Brownlie L.R.C.P.Ed., aged 28.

Burn.—On March 3, at Pelham Place, South Kensington, Dr. Alexander Burn, late of the Bombay Medical Service, aged 70.

Campbell.—On Feb. 26, at Crawford Villa, Maybole, John Campbell M.R.C.S.E., aged 46.

Davis.—On Feb. 25, at Torquay, William Farquhar Davis, F.R.C.S.E. Surgeon Major, Madras Army, aged 44.

Noble.—On Feb. 25, at Brixworth, Charles Noble, M.R.C.S.E., aged 70.

Ramsay.—On Dec. 9, at Colombo, Ceylon, Ebenezer J. Ramsay M.R.C.S., aged 27.

Stone.—On March 2, at Oldfield Terrace, Acton Vale, Thomas Stone F.R.C.S.E., aged 70.

Sweetnam.—On March 6, at Stoke, Devonport, Mary Eleanor Martha wife of Staff-Surgeon Sweetnam, of H.M.S. *Impregnable*.

Taylor.—On Feb. 25, at Shanklin, Isle of Wight, John Taylor, Surgeon, aged 30.

Webb.—On Feb. 27, at Basingstoke, Charles Webb, M.R.C.S.E. aged 62.

West.—On March 5, at Camberwell, Maurice Thomas West, M.R.C.S.E. Surgeon R.N. (Retired List), aged 58.

Young.—On Feb. 24, at Windsor, Henry Cherrie Young, L.R.C.S.I. aged 23.

IRISH POOR-LAW INTELLIGENCE.

THE PROPOSED VACCINATION AMENDMENT BILL.

Observations upon proposed Changes in the Vaccination Laws of Ireland, drawn up for the Information of the Right Hon. Sir M. E. H. Beach, Bart., *Chief Secretary for Ireland, by* Albert O. Speedy, *Member of the Council of the Irish Medical Association.*

(continued.)

Clause VII. deals with penalties (taken from the English Act), *i.e.*, for preventing vaccinator taking lymph; for non-transmission of the certificate to the registrar. A defendant may depute a person to represent him in any proceeding where a parent fails to produce such child when summoned under this Act; where the parent or guardian neglects to have said child vaccinated within three months the penalty is not to exceed twenty shillings. Since the Bill was printed it occurred to the Council to add—"nor less than five shillings, inclusive of costs." There can be no doubt that, owing to the *ridiculously small* fines imposed by magistrates in some rural districts, the Act is, in such places, a bye-word; and actually the fine has been fixed at as low a figure as One Penny in some instances.

I perceive by the last annual report of the Local Government Board for Ireland, that pointed allusion to this matter is made in the following words:—"The complete vaccination of the population should be secured by sustained and continuous attention on the part of the registrars of births, medical officers of dispensary districts, and by boards of guardians, who are responsible for directing proceeding to enforce the provisions of the Vaccination Acts, and lastly and mainly, by a firm administration of the law by the magistracy, who are apt to show excessive leniency in dealing with these particular cases."

Clause VIII. imposes a penalty on the vaccinator and parents neglecting to transmit certificate, and persons signing false certificates. The Council consider its adoption would be useful.

Clause IX. is adopted from the English Act, its object being to prevent the parent of a child escaping a penalty for neglecting to have same vaccinated upon the technical ground that the registrar of births cannot prove that he gave a notice at the time of registration of birth. Owing to this defect in the law, several magistrates have allowed proceedings to fall through.

Clause X. provides remuneration to the medical officers of dispensary districts when called on to give evidence against defaulters. Under Section 13 of 26th and 27th Vic., c. 52, the justices have power to allow payment to the dispensary medical officer for such services; but, owing to some misconception, it frequently has occurred that such fees were not allowed. Under this 13th Section guardians may direct proceedings to be instituted against defaulters. There appears still to be indecision in rural official minds as to who the prosecutor in these proceedings is, and attempts have been made, from time to time, to place the medical officer in this disagreeable position. Two cases may be quoted of recent date bearing on this subject. In one of them the medical officer, in order to show that he was not the official prosecutor, declined to attend at petty sessions, on the requisition of the relieving officer, unless a summons were issued for him (the medical officer) as a *witness*, so that his proper place in the proceedings might be defined. The guardians complained to the Local Government Board, who called upon the medical officer either to resign or come forward voluntarily as a witness in such cases; and he was obliged to defray the costs of the prosecution. In the other case the medical officer declined to attend the court on the requisition of the board of guardians, the issue of which case was that the Local Government Board instructed the guardians to have a summons served on the officer, to secure his attendance in future.

The Council of the Association considered the matter of sufficient importance to place a case before Mr. Gerald Fitzgibbon, Q.C., for his opinion as to the legality of the power assumed by the Local Government Board in ordering dispensary medical officers to attend at court and give evidence in prosecutions under the Vaccination Acts, upon the direction of the guardians, and without receiving a summons from the Court; and also as to whether they could claim remuneration for such services.

Mr. Fitzgibbon's opinion is to the effect that the dispensary medical officers, acting as public vaccinators, are not bound to take part in prosecutions; that the fact of the medical officer's certificate being legal evidence, tends to show that his personal attendance at prosecutions was not contemplated by the Legislature; that his absence need not necessarily be fatal to a prosecution, whilst his attendance at court may be seriously injurious to, if not inconsistent with, the due performance of his professional duties; that the Local Government Board cannot prescribe a duty not imposed by statute; that a medical officer cannot be compelled to attend at prosecutions, unless by a summons from the court, the same as any other person; and that his refusal to attend, without summons, would not afford legal ground for depriving him of his office. He is also of opinion that it is the duty of the authorities directing the prosecution to provide sufficient evidence without trespassing on the time of the medical officers, or to fairly remunerate them; but that, however clear their rights may be they are not capable of being enforced; that the fee for vaccination does not include payment for attendance as a witness; that every medical officer who attends any prosecution ought to apply for a certificate for his expenses, which the justices ought to grant, though they cannot be forced to do so; and lastly, that if the medical officers refused to attend at prosecutions, the guardians might obtain summonses, and compel them by *subpœnâ* to attend, so that they would gain nothing by resistance, which would only aggravate the substantial grievance; their only course being to endeavour to obtain from the Local Government Board a regulation which will either preclude the necessity for their attendance, or fairly remunerate them for such services; or to seek redress from Parliament.

The Council would suggest that, in all such cases, a summons should be issued to the medical officer as for other witnesses, upon which document he can recover his fees. Once the medical officer's place in these prosecutions is clearly established, no magistrate can refuse a certificate, as the evidence of the medical officer is necessary to the proper hearing and deciding of the cases.

Clause XI. defines definition of the term public vaccinator.

Clause XII. is virtually a similar one to that in force in England, which regulates the transmission, by the registrar of births and deaths for any place, to the dispensary medical officer (where the office of Registrar is not held by the latter), of a list of births and deaths of infants under twelve months of age, born in the medical officer's district; by the adoption of which the dispensary medical officer would have a correct knowledge of all cases requiring vaccination; and, as there are over 70 persons who fill the office of registrar of births in Ireland, who are non-medical men, this clause would be of advantage.

Clause XIII. deals with the repeal of Acts in Schedule.

A. O. Spledy.

28, North Frederick Street, Dublin.
8 h February, 1877.

THE PUBLIC HEALTH "IRELAND" BILL.

The following Observations on the Public Health "Ireland" Bill, 1876, have been agreed to at a Meeting, held 12th of February, 1877, composed of a Committee of Representatives of the King and Queen's College of Physicians, Ireland; the Royal College of Surgeons, Ireland; the Irish Medical Association, and the Dublin Sanitary Association.

The objects of this Bill are to consolidate into one Act the various provisions with respect to sanitary matters and burial grounds of the several Acts, not less than twenty in number, now in force in Ireland, and to amend the same, where such amendments are required.

Sanitary Districts and Authorities—their Formation, Union, Separation, and Alteration.—The Bill adopting the provisions of the Act of 1874 proposes to divide Ireland into two classes of sanitary districts—urban and rural. The urban authorities to consist of corporations, and the town or township, commissioners of all the boroughs, towns and townships in the land, with a population of more than 6,000, as well as a few townships having commissioners under local Acts; in all forty-two in number.

We adhere to the opinion expressed in our Observations on the Public Health (Ireland) Act, 1874,—that urban sanitary districts should consist only of towns, the population of which, according to the last Parliamentary census, exceeds 20,000, as experience has proved that in places with smaller populations than this the means for efficiently carrying out the provisions of the Sanitary Acts do not exist.

We are of opinion that for the efficient carrying out of sanitary measures it is extremely desirable that there should be as much unity and simplicity of organisation as psssible, and, therefore, that in respect to proposals for alteration or union of sanitary districts, or the separation of portions of districts, the Local Government Board should have the power of taking the initiative in issuing provisional orders, after due inquiry, without waiting to be set in motion by the sanitary authorities, or at least that there should be some provision made for giving the inhabitants of any district, or a due proportion of the inhabitants, the same power of initiative as is conferred on the sanitary authorities.

We believe, that for the efficient carrying out of the provisions of this Act, it is necessary that the whole of Ireland should be divided into distaicts, for the purposes of sanitary inspection; that every such district should be subject to the supervision of an inspecting medical officer of health, such inspecting medical officers of health to be registered physicians and surgeons appointed by the Local Government Board.

With reference to the scale of remuneration to medical officers of health, for the services performed by them under this Act, we are of opinion that this is a question of administration rather than of legislation, except in case of attendance on board ship, in which case, the remuneration should, we think, be fixed at not less than one guinea for each visit.

We think that the titles conferred on various sanitary officers under the Act should be sufficiently descriptive of their duties as to be generally intelligible. Much confusion has arisen from the titles adopted in the Act of 1874.

We therefore recommend that the title medical officer of health should be substituted for that of "sanitary officer;" that the executive sanitary officer should be called "clerk to the sanitary authority;" and that the sub-sanitary officer should be styled "inspector of nuisance."

Infectious Diseases.—We are of opinion that provision should be made by every sanitary authority for the carriage of articles for the purpose of disinfection; for the retention in hospital of any person suffering from any dangerous infectious disorder, until in case of recovery, discharged therefrom, and in case of death, until removed direct to a mortuary, or cemetery; for the punishment (1st) of persons conveying, without due precaution, the bodies of persons who have died of any dangerous or infectious disorder; and (2nd) of persons who, in hiring a house or lodging, conceal the fact of contagious or infectious disease existing, or having existed in their families within a certain period.

Market and Slaughter-houses.—We recommend the insertion of a new clause, prohibiting the keeping of cattle in any urban sanitary district, without special licence, and providing for the making of by-laws for the management of such places for the keeping of such animals.

Hospital Accommodation.—The Bill does not make any provision for hospital accommodation. We therefore recommend the insertion of a clause similar to section xxxvii., 29 and 30 Vic., cap. 90.

Mortuaries, &c.—We recommend the insertion of a clause providing for a weekly return by the Registrar of every burial ground, of the names, causes of death, &c., of persons interred, to the Registrar of Births and Deaths of the district in which such person died.

THE PROPOSED VACCINATION AMENDMENT BILL FOR IRELAND.

The Council of the Royal College of Surgeons has addressed the following letter to the Chief Secretary:—

To the Right Honourable Sir Michael Hicks-Beach, M.P., *Chief Secretary for Ireland.*

Sir,—The attention of the Council of the Royal College of Surgeons in Ireland has been directed to two proposed Bills, one for the consolidation and amendment of the vaccination laws of Ireland, and the other simply for the amendment of same, these Bills having been prepared under the direction of the Council of the Irish Medical Association, in the hope of their approval by Her Majesty's Government, and of one or other of them being passed into law during the present Session of Parliament. The Council of this College, being aware that the law of vaccination in Ireland is in an unsatisfactory condition in many respects, and that perfect efficiency and universality of vaccination is, therefore, difficult of attainment in this country, regards the object at which these Bills aim, as most important to the health of the public, and would therefore, urge upon Her Majesty's Government the expediency of amendment of the existing system. The proposed Bills before the Council are based upon the extended experience of public vaccinators, and are, therefore, entitled to every consideration, and, upon perusal of them, the Council desires to express generally its approval of the amendments suggested, many of which, being an adaptation of the law now in force in England, have all the influence of long trial and satisfactory experience.

I am, therefore, directed by the Council of the Royal College of Surgeons, to recommend these Bills to your consideration, subject to such amendment as may seem to Her Majesty's Government desirable, and to express a hope that, if approved, you will accord to them your support in Parliament.

I am, Sir, yours &c.,
James Stannus Hughes,
Secretary of Council.

MONAGHAN SPRING ASSIZES.

(Before Mr. JUSTICE BARRY.)

THE ABUSE OF RED TICKETS.

Woods v. *Crumley.*

THE plaintiff in this case is the dispensary medical officer of Monaghan, and the defendant is a publican and a *quondam* member of Monaghan dispensary committee. The case, which has been now four times before the court at quarter sessions and assizes, was brought for the purpose of suppressing a wholesale and reckless issue of red tickets. It will be remembered when the action wasfirst instituted it was heard at quarter sessions in Monaghan, and a decree was given by the chairman for the sum claimed by Dr. Woods. But the defendant, who was fighting "on velvet," was not permitted to pay the amount, and an appeal was lodged. The appeal came for hearing before Mr. Justice Fitzgerald at last assizes, and that eminent judge characterised the offence complained of as a fraud, and dismissed the case in order that it might be brought into court as an action for fraud, and said if it were again heard by him he would give the utmost latitude to those who might be concerned for the plaintiff. In pursuance of this suggestion the case was again brought before the chairman, and a special counsel was brought from Dublin to defend it. On a point raised by him under the 11th and 12th Vic., viz.—"That no action or suit shall be commenced against any commissioner, or any other person, for anything done in pursuance of or under this Act until twenty-one days' notice has been given thereof in writing to the party or person against whom such action is intended to be brought." Upon this point the Chairman dismissed the case, and the present hearing was upon appeal from that dismissal.

Dr. Andrews, Q.C., and Dr. Porter, Q.C., instructed by Mr. Joseph Wright, appeared for the plaintiff, and Mr. Monro, instructed by Mr. Ross, appeared for the defendant.

Dr. Andrews stated the case, as it afterwards appeared in evidence.

Dr. Woods was examined, and said that he was the medical dispensary officer for Monaghan, and during the years 1874-5 the defendant had been a poor-law guardian and a member of the dispensary committee, and in his latter capacity had authority to issue red tickets—that is, tickets compelling the medical officer to visit patients at their own homes.

Judge Parry—Does each ticket represent a visit? No, my lord, each ticket represents a case; sometimes I have paid as many as eighty visits on a single red ticket. I remember in November, 1875, getting a red ticket to visit a Mrs. M'Geough, who lives about a mile from Monaghan. That was on the 4th. She was about to be confined. I saw her on the 4th, and had to operate to deliver her of her child. The case was a most difficult one. Both she and her child were saved. I saw her twice on the 5th, twice on the 6th, twice on the 7th, twice on the 8th, and twice on the 9th. Her husband is a national teacher, and she also is a teacher. I had remonstrated with Mr. Crumley about his indiscriminate issue of red tickets. However, he did not cease it; they were also issued by his wife, and he swore here that she was empowered to issue them. He is a publican. In one year he had issued over 1,100 tickets, and all the other members of the committee had only issued 1,600.

Judge Barry—Do you mean 1,100 in one year? Yes, my lord.

What was the sum you sued for? Three guineas. Is that all? Well, that is all I would have charged her as a private patient, though it would not have paid me. The defendant came on the morning of the 10th, at three o'clock, and demanded that I should go to see his wife, as she was suffering from retention. I said it was impossible, as I had relieved her the night before at eight o'clock, and I would be there in the morning. I told him, however, that his wife was suffering from hysteria, and I would send her a soothing draught to compose her, which he should give her as soon as he went home. He refused to carry the draught, and said he would report me to the Local Government Board, and call in another doctor. I told him he was ungrateful and impertinent, and that he might report me as soon as he liked, and call in whoever he pleased, and I ordered him out of my house. He went away. In the morning I was there at eight, and found that Dr. Ross had been called in. I was very indignant and turned away from the house.

Cross-examined.—I would have been annoyed no matter what doctor had been called in; but no medical man ever had treated me in the same way before. A private patient would have been perfectly well satisfied with my explanation, and have acted on my advice. My opinion as to the woman's state was borne out by what Dr. Ross afterwards told me.

Mr. Munro.—Did you visit Dr. Ross next morning? I did.

And you gave him the length and breadth of your tongue? I did, indeed.

Mr. Forster Dunwoody, hon. sec. to the dispensary committee, gave evidence of the number of tickets issued by Mr. Crumley during his year of office, which was 1,110. There were four red tickets cancelled on the 10th, all of which were Crumley's, on the ground that the parties were not entitled to them.

Mr. Munro referred the court to the various Acts, 11 and 12 Vic., &c., and amendments of Acts as set forth by Mr. Banks's compendium, and contended that this action was not brought or notice of it served within three months after the commission of the acts complained of.

Dr. Andrews contended that the acts construed by Mr. Munro did not apply in this case. It was controlled by another and a very different Act, the Medical Charities Act of 1851.

Judge Barry said he saw this case had been dismissed by the Chairman.

Dr. Porter said it had, but he dismissed it on the point raised by Mr. Munro, that the action was not brought, or notice thereof given within three months after the acts complained of were committed, and not on the point of fraud, for he held with Judge Fitzgerald that it was a fraud. On the merits of the case he had to say that Dr. Woods was paid £120 a year, and was obliged to keep two horses constantly for doing the work of this dispensary district, which extends over a radius of four miles, and includes 9,000 inhabitants. Fraud was the word which had been introduced into the process, but they did not rely on that altogether.

Judge Barry.—I believe if the word had been negligently, the action might be substantiated.

Dr. Porter.—But treating the case as if the word were not there, it was proved and not denied that Mr. Crumley had issued more tickets than all the other members of committee put together, and that these tickets had been given in several instances to persons who were not entitled to them, or contemplated by the act. The judge who had heard the case, before his lordship, had characterised it as a fraud, and he dismissed the civil process appeal in order that it might be brought in that way. When the tickets were brought before the dispensary committee, they cancelled them, because M'Geough was not a "poor person" within the meaning of the act. Then as to making M'Geough the defendant, no action would lie against him, because it was Crumley who had put Dr. Woods in motion.

Judge Barry said he thought according to Crumley's evidence, he had made as much inquiry as he (his lordship) would have made under the circumstances; and if a person represented to him that all the salary he had in the world was only £30, he would have given the ticket.

Dr. Woods was asked if he had inquired as to M'Geough's salary. He said he had, and the school manager, the Rev. Mr. McKenna told him that with results it was about £70.

—Dr. Porter argued that Monaghan was a small place, where most of the people knew each other; and if Mr. Crumley was so ignorant of Mr. M'Geough as he had represented himself he could easily have referred him to some other member of the Committee. But he had not done that. In fact, he admitted at the last trial, that he gave these tickets "to everybody."

Judge Barry said he entirely agreed with an observation that had fallen from Dr. Porter, that extremely under-paid medical officers in the country dispensaries should obtain protection from courts of justice, if the powers vested in those men who constituted dispensary committees were abused. He was not sure if Mr. Crumley did not exercise the authority vested in him with very considerable carelessness. But in this particular case, the word "fraudulently" had been introduced into the process. That had been done at the suggestion of one of the most eminent judges on the bench, and his suggestion had been acted on. Still, the respondent had not been sued as might have been—for negligence, carelessness, and recklessness in the issue of these tickets. If Mr. Dunwoody, that intelligent gentleman, who acted as secretary to the committee, had proved that case after case had been brought before the committee, and that time after time Crumley's tickets had been cancelled, he (Judge Barry) would consider that very strong evidence to lead him to the conclusion that he ought to give a decree. And he wished now to lay it down clearly, that wherever he found a dispensary committee-man, or any other person in power, issuing tickets in the wholesale manner complained of, for the purpose of harassing a hard-worked, ill-paid medical man—whenever he found that, he would give a very heavy and substantial decree. But he did not think that in this particular case Crumley had been satisfactorily proved to have done so, and therefore he would dismiss the appeal. He wished to add that he agreed with Mr. Monro, that while a judge was called on to protect a medical man against an abuse of power, he should be very slow to visit a Poor-law guardian with expenses for work imposed in the legitimate exercise of his functions.

[In the above case Dr. Woods has fought a case against odds in the interests of the profession. He was determined to follow up the case till he should either succeed or be beaten; and although technically he has lost the case, after trials fought single-handed, he has, we feel assured, taught a salutary lesson to guardians and committee-men within his district, which will deter them in future from an undue and oppressive exercise of their powers, which, notwithstanding the merciful view taken of the case by the judge, was pretty clear from the reports of the various trials of the case which have reached us.]

ATHY UNION.

PROPOSED APPOINTMENT OF A COMPOUNDER OF MEDICINES FOR THE WORKHOUSE.

The Clerk read the following from Dr. O'Neill's report book:—

"I beg to inform the guardians that I find it quite impossible to do the work of physician, surgeon, and apothecary to the workhouse and fever hospital at present, owing to the nature of the diseases prevalent amongst the patients, and the very large number of the latter, unless I spend nearly half my time amongst them. Under the circumstances I take the liberty of suggesting the propriety of appointing a compounder for these institutions, and I feel confident so far from increasing the expenses, such an appointment would tend greatly to their reduction."

Mr. Lyons—How will it tend to a reduction?

Clerk—At present there is an increase of about thirty-five patients.

Mr. O'Beirne—But that may come down next week.

Dr. O'Neill—It is quite impossible for me to devote time to the compounding of medicines that should be spent with my patients. No one man could go through the house in less than two hours.

Mr. Fennin—Is it not a fact that the doctor gets his medicines compounded from Dublin?

Dr. O'Neill—So I do; but I find the medicine bills are so high at present that I am quite prepared to give a guarantee that if the compounder be appointed, it will lessen the expenditure under that head. My idea is to have the medicines brought down in their crude state, and compounded in the house; by so doing, I am quite sanguine of reducing, instead of increasing the rates. If I do not succeed in doing so, I will defray the expense of the compounder's salary out of my own pocket.

Mr. Lyons—What salary would you think we would have to pay the compounder?

Dr. O'Neill—About £30 a year.

Mr. O'Beirne—If you are so sanguine, doctor, of effecting a saving, why not appoint and pay the compounder yourself?

Dr. O'Neill—Certainly not. If I effect a saving, it is the guardians will benefit by it, and not me; therefore they should pay for what has brought about that saving.

Mr. O'Beirne—It appears to me a most inconsistent thing to appoint a compounder, when we already pay for these medicines being compounded in Dublin.

Dr. O'Neill—I may also tell you that if I had more time to devote to the consideration of the dietary, I am quite certain of being able to effect a considerable saving saving of the rates.

Mr. O'Beirne—It is stated that there is a considerable increase in the number of patients and the cost of medicine.

Clerk—There is. The cost of medicine is increasing by about £25 a year. The number of patients in the fever and infirmary hospital for the week ending February, 1875, was 73; in 1876, it was 82; and in 1877 it had risen to 109.

Dr. O'Neill—I will guarantee that under the system I propose the cost of medicines does not exceed £60 a-year.

Mr. D. Whelan—It speaks very highly for the manner the hospital is conducted, to see so many patients coming in.

Mr. W. Lee—My opinion of that is that the dispensary doctors are too prone to send every case in here that is likely to give them the slightest trouble.

Mr. O'Beirne—That is exactly my opinion too.

Mr. Lyons handed in the following notice of motion:—"I hereby give notice that on this day fortnight a qualified compounder of medicines be appointed to the workhouse for at least one year."

TO GENERAL MEDICAL PRACTITIONERS, APOTHECARIES, AND PHARMACEUTICAL CHEMISTS.

NAAS MEDICAL HALL TO BE SOLD.

This Establishment, which has been successfully conducted by the present Proprietor for the last Forty-Six Years, is now offered for Sale.

It is in full working order, well supplied with the best Drugs, Patent Medicines and Perfumery, with an extensive and influential connection, extending for Ten Miles round the Town of Naas.

The House is situate in the most commanding part of the Town—contains 12 Apartments, with Coach-House and Stabling for 3 Horses. A Lease of 21 years can be given, rent—£40 a year.

The Purchaser can have a detached walled-in Garden, well stocked with Fruit Trees, for £5 a year.

As this is a *bona fide* Concern, with an Incoming of nearly £1000 a year, no person need apply who is not able to pay £400 down and give good security for the payment of £500 more, within three years.

As the Proprietor intends residing within a Mile of Naas, he will be enabled to render material support the Establishment.

Naas is the Assize Town of County Kildare; a Military Brigade Depôt, Central Poor Law Union, and within One Hour of Dublin by Rail.

Applications to be addressed to the Proprietor,

ROBERT S. HAYES.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 21, 1877.

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Pathological Anatomy of the Brain

LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Chapter XVI.

Gentlemen,—Certain recent researches by M. Meynert have furnished us with important data. One of his auditors has published them in the form of a book (M. Huguemin, Zurich); they consist of dissections, and examination of sections.

The brain is placed on its base, and the lateral ventricles are opened in such a manner as to expose the upper surface of the central ganglia, still attached to the different parts of the isthmus. After which, by a careful dissection, we successively remove—(1) The upper layer of the peduncle. (2) The corpora quadrigemina. (3) The whole thalamus.

Having done this, we find the crusta, or lower layer of the peduncle, and higher, in the region of the internal capsule, the fasciculi of fibres which are on their way to the nucleus lenticularis, are in a deeper plane, and are exterior to the last named fasciculus.

By carefully observing the more internal and posterior part of the fan formed by the nerve fibres, laid open by the preparation, we distinguish a fasciculus rather detached, which, without penetrating the substance of the grey nuclei, bends back at the point where it touches the under surface of the lenticular nucleus.

Here there is then, a direct fasciculus, the fibres comprising it entering the corona radiata without being arrested in the grey substance of the central masses; it is a separate fasciculus.

What is the destination of these nerve fibres? In man it is almost impossible to say, but in certain monkeys, M. Meynert states one can easily follow their course in the substance of the white matter of the occipital lobe, immediately outside the posterior course of the lateral ventricle. They end at last in the grey cortex of that lobe.

Is there any anatomical reason for thinking that the fasciculus with which we are concerned is really composed of centripetal fibres, having the function of transporting sensitive impressions to the surface of the back of the brain. M. Meynert thinks that it is so, on the ground that by the comparison of their sections, these fibres could be followed as far as the protuberance, the whole length of the crus or peduncle, running in the inferior layer, on the outer side—arrived at the protuberance, they took their position in the hinder part of the pyramidal fasciculus, and kept nearly the same place in the anterior pyramid as far as the level of the decussation. Having reached this point (contrary to the course taken by the more internal fasciculi of the pyramid, which run in the lateral columns of the cord), they passed, after decussating, into relation with the posterior columns.

I could not confirm the correctness of the course attributed by M. Meynert to these fibres. Interesting as these data are, they are insufficient for the solution of the problem, without the support of facts obtained by pathological enquiry and experiment; and we must once more repeat, that physiological and pathologial knowledge cannot be deduced from consideration of anatomical facts alone.

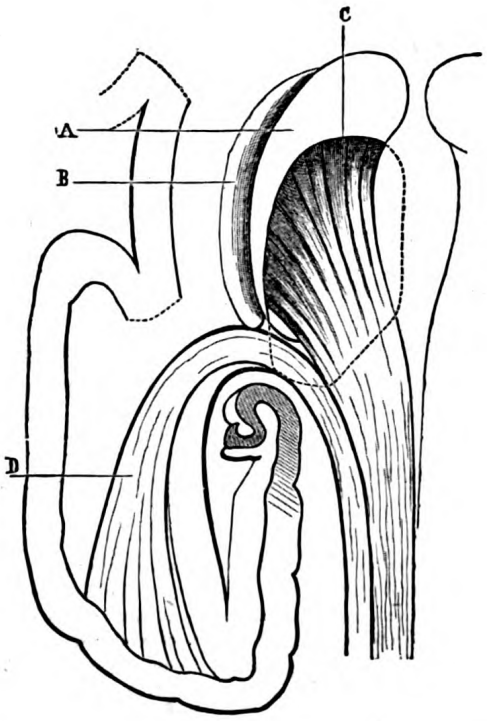
C.—The time has come for the introduction of clinical and anatomical evidence—which is now abundant. It is enough to mention the observations of Ludwig, Turck, of his compatriot Rosenthal, those which I have collected at the Salpétriere, those which M. Veyssiére and M. Rendu have added.

From combining and comparing these observations, it is very clear that lesions affecting the posterior lenticulo-optic region of the internal capsule produce, as their necessary consequence, the form of hemi-anæsthesia called cerebral, in which the senses over which the cerebral nerves proper (optic and olfactory) preside, can faithfully represent the characters of hemi-anæsthesia of the hysterical; but on the other hand, in all cases where the lesions involve that

part alone of the capsule contained between the lenticular nucleus and the head of the caudate, anæsthesia is wanting.

These data, furnished by pathology and clinical observation, by themselves have the greatest importance, but when backed up by anatomical data they are, so to speak, invaluable

FIG. 16.



A, Corpus striatum; B, Lenticular nucleus; C, Peduncular fibres passing to the corpus striatum; D, Fasciculus of peduncular fibres passing to the cortical substance of the occipital lobe.

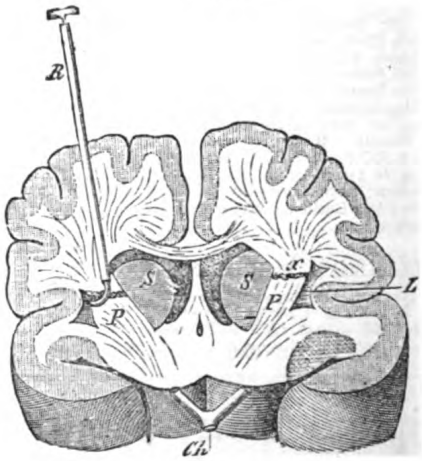
Experimentation has also yielded its share of evidence on the same side. It has been corrected and assisted by what was known pathologically. We might have been led to believe that the centre of sensory impressions was neither in the brain proper, nor in the thalami, but deeper in the protuberance (pons?), or perhaps in the crura cerebri. Against that view pathology protested by showing that a lesion situated higher than this point, in certain regions of the brain itself, constantly causes total anæsthesia. New experimental researches, made in France in the laboratory of M. Vulpian, by Durst and Veyssiére, have given results confirming our pathological knowledge.

An ingenious instrument, consisting of a trocar, from which a spring can be made to escape, is introduced through the cranial walls, into the central masses, to a depth and in a direction previously calculated. It is possible in this way, with a little practice, to injure only the two parts of the internal capsule.

If in trials thus made the lesion affects the *posterior* part of the capsule, hemi-anæsthesia of the opposite side of the body follows most certainly, in most cases it is attended by a certain amount of motor paralysis. *Motor* affection, on the other hand, appears alone without anæsthesia whenever the lesion has avoided the posterior third of the capsule, and affects any point whatever in the *anterior* two-thirds.

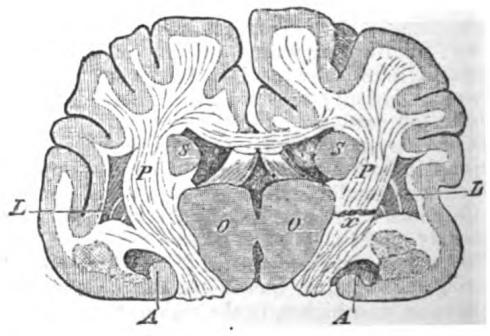
That is the general result of these experiments; and everything concurs, as you perceive, to show that certain centripetal nervous fasciculi exist in the posterior part of he internal capsule, whose function it is to convey centrally sensitive impressions from the opposite side of the body. Starting from the crusta of the crus cerebri, these fasciculi, coming from the capsule, tend to pass together (without entering into any communication with the grey nuclei of the central masses), directly into the formation of the corona radiata. Near their origin, that is to say, in the lower part of the capsule, these fasciculi being, in a way, drawn close together in a narrow passage, could be much injured at a single blow, by even a very small lesion, and the result would be a well marked anæsthesia. We know that higher up, at the level of the foot of the corona radiata, a lesion of the same extent, ought, on account of the divergence of the fibres, to produce much less striking effects. And that is really the case.

FIG. 17.



Transverse section of a dog's brain 1·5th inch in front of the optic commissure. SS, the two caudate nuclei of the corpora striate; L, Lenticular nucleus; PP, Penduncular expansion (internal capsule); Ch, Optic commissure; x, Section of the internal capsule (anterior or lenticulo-striate region), producing hemiplegia on the opposite side of the body without anæsthesia; R, Veyssières spring stilette for dividing the internal capsule.

FIG. 18.



Transverse section of a dog's brain at the level of the mamillary tubercles; OO, Optic thalami; SS, Caudate nuclei; PP, Internal capsule, posterior or lenticulo-optic region; AA, Cornua of Ammon; x, Section of the posterior or lenticulo-optic part of the capsule determining hemi-anæsthesia; LL, Lenticular nuc'ei.

There are many undoubted examples of hemi-anæsthesia, occurring with by no means deep lesions of the foot of the corona radiata.

We should now be able to decide whether extensive lesions of the occipital lobes, and particuliarly of their grey cortex, would bring about crossed hemi-anæsthesia. But the observations on this point are not sufficiently explicit, and the question must remain in suspense. But we must bear in mind, meanwhile, that the fasciculi comprising the hinder part of the internal capsule, and their direct emana-

tions, must not be regarded as a centre of sensitive and sensory impressions.

They can only be looked upon as a passage way, a cross way where the centripetal fibres, with which we are concerned are all to be found before radiating towards the surface of the brain.

SOME OBSERVATIONS ON EXTRA-UTERINE FŒTATION. (a)

By Richard Dancer Purefoy, M.B. Dub. Univ.,
Obstetric Physician to the Adelaide Hospital, Assistant Physician to the Rotundo Hospital.

In March, 1873, the patient, a strong, healthy, married woman, who had previously enjoyed good health and regular menstruation, believed herself to be pregnant, as menstruation ceased and abdominal enlargement ensued, which, however, was most marked on the left side. Early in May, and again in June, two severe attacks of pain were experienced, passing down the back of the thigh, in the track of the sciatic nerve. Early in August a third attack of pain took place, and lasted for three weeks, very intense in character, attended with much bearing down, constant yellow discharge per vaginam, frequent micturition, and constipation. During the two months preceding this, marked enlargement of the tumour had taken place, but, at the same time, the patient had lost flesh, and suffered much from thirst and swelling of the feet.

Shortly after this third attack, just described, and about five months from the date of the last menstruation, a vaginal examination was made. The abdomen was swollen, and the left hypogastric region occupied by a hard, movable tumour, which reached an inch above the umbilicus, and seemed to be connected with the uterus, though it lay quite to the left of the sound, when in the uterine cavity. At this time the vaginal discharge has ceased, and the patient complained only of severe pain in the side, until the following November, when an attack simulating diarrhœa came on, and at the same time fœtal bones, of which I have obtained one, began to escape per vaginam—and this continued for more than a year. At the present date, that is, nearly four years from the occurrence just described, the patient enjoys excellent health, and the only local evidence of what she has undergone is a small cicatrix in the vagina, at the left side of the cervix, and some lateral deflection of the uterus to the same side. Since observations on the lower animals and on man have demonstrated the presence of spermatozoa on the ovaries and in the whole pelvic portion of the abdominal cavity, we must admit the possibility of extra-uterine fœtation, and considering the numerous circumstances which, singly, or combined, may interfere with the normal passage of the ovum into the uterus, we may rather be surprised that cases of it are so rare.

Examples of tubal pregnancy occur when the ovum is arrested in the Fallopian tube, from some of the diseased conditions just mentioned, and sometimes from the presence of a polypus at the uterine extremity of the tube, as in Beck's case, or as in the very rare case mentioned by Hässfinther; an ovum which has normally entered the uterine cavity may pass thence into a Fallopian tube, and there develop.

Mr. Holmes, in the 43rd vol. of "Medico-Chirurgical Transactions," gives an account of a dissection of a recent case of tubal prenancy, in which he found a third membrane surrounding the ovum, distinct from the chorion and amnion, separable into two layers, and not forming part of the wall of the tube. The distension of the tube, due to the growth of the ovum, generally obliterates both its extremities, particularly that corresponding to the uterus, and its muscular fibres are so forced apart that the fœtal sac consists only of peritonæum and tubal mucous membrane.

The most frequent termination of tubal pregnancy is in rupture of the sac before the fifth month; generally at its thinnest part, but sometimes at the placental insertion, and death, either from profuse internal hæmorrhage at the time, or from the consequent peritonitis. However, after its escape into the abdominal cavity the ovum may be encapsuled, and if at an early period of development it may, to a great extent, be re-absorbed; or, if the embryo be older, it may undergo the changes which will be mentioned when speaking of abdominal pregnancy. Undoubtedly the most favourable termination of tubal pregnancy is when the embryo perishes early, and recovery ensues without any rupture. Various measures have been taken to secure this end. Dr. Bachetti subjected the tumour in a case under his care to the action of the continuous current, with a favourable result, and Greenhalgh, of London, and Martin, of Berlin, were equally successful by merely puncturing the tumour through the roof of the vagina. With regard to diagnosis, Schroeler has well said that it is generally easy in the first months to make sure of an extra-uterine tumour, while the diagnosis of a pregnancy is frequently involved in difficulty; at a later period pregnancy can easily be diagnosed, but to show that the fœtus is outside the uterus may be very difficult. In the first place it is to be observed that all the usual sympathetic disturbances of pregnancy exist—the breasts enlarge, the areolæ darken, and morning sickness is present. Menstruation is arrested, but there are often irregular hæmorrhages especially before rupture takes place. Barnes attributes these to partial detachment of the chorion villi, produced by the ovum growing out of proportion to the tube in which it is contained, and that they are thus exactly similar in their mode of occurrence to the hæmorrhages which occur in cases of placenta prævia in the early months. If, under these circumstances, a careful bi-manual examination reveals the presence of an elastic, sensitive tumour on one side of the uterus, and that the latter is moderately enlarged, the case is probably one of extra-uterine pregnancy; the use of the uterine sound in very skilful hands may demonstrate that the uterus is empty, and this will also help us. We may be quite certain if hard and movable parts can be felt in the extra-uterine tumour, and if the fluid obtained from it by puncture have the usual characters of liquor amnii. When by these various means of examination a satisfactory diagnosis can be arrived at, and the sac is accessible from the vagina, rectum, or abdominal walls, we are justified in puncturing it with a fine trocar, allowing the liquor amnii to drain off, and this can generally be done most readily through the vagina. The fœtus then dies, and, according to the time of its development, is either re-absorbed or converted into a lithopædion. Dr. Bachetti has successfully used the continuous current to obtain the same result. Recently Dr. Thomas, of New York, opened the cyst through the vagina by a platinum knife, heated by a galvano-caustic battery, and, through the opening thus obtained, removed the fœtus. In attempting the removal of the placenta violent hæmorrhage ensued, requiring the use of an astringent injection to stop it; the patient made a good recovery.

More frequently our aid is sought when rupture has taken place, and our efforts must then be directed to stop the hæmorrhage, a matter of no little difficulty. Ice applied to the abdomen, and, if possible, compression of the abdominal aorta, are the most efficacious means. If assistance be at hand immediately after the rupture, and if the ovum be of large size, perhaps the most successful treatment would be the Cæsarean section in order to stop the hæmorrhage, remove the fœtus, and, if possible, the whole sac which contains it. It is supposed by Bernütz, and his opinion is shared by Barnes, that rupture which does not prove fatal is probably not very rare in the first few days of extra-uterine gestation, and that it is not an uncommon cause of certain forms of pelvic hæmatocele.

In the "Obstetrical Transactions" for the year 1867, Braxton Hicks describes a case of interstitial pregnancy, which for some time enlarged equally towards the peri-

(a) Abstract of a paper read before the Dublin Obstetrical Society. The debate will be found at page 227.

toneal and uterine cavities, but finally burst into the latter, permitting the escape of the fœtus, and simulating an ordinary abortion; the sac then compressing, the placenta still retained in it, a large vein just beneath the peritoneum burst and produced fatal hæmorrhage. The difference between interstitial and simple tubal pregnancy can be shown in the dead body by the relation which the round ligament bears to the sac containing the fœtus. In the interstitial form the ligament passes external to the sac, and in simple tubal pregnancy between the sac and the uterus. A distinction between this and gestation in a perfect or rudimentary horn of the uterus offers great difficulties, since the relation of the round ligament to the sac of the fœtus is the same in both, and the thickness of the septum between the sac and uterus proper differs only in degree, though it is generally less in the interstitial form. Ovario-tubal pregnancy occurs when the ovary and tube both take part in the formation of the fœtal sac.

Dr. Hayden, of London, in the year 1862, brought before the Obstetrical Society the case of a young woman who died after a few hours' illness from rupture of the sac of a tubal gestation; the *post-mortem* examination, by Dr. Smith and Dr. Hicks, showed that some time before the patient had conceived extra-uterine, the fœtus being attached to the fimbriated extremity of the Fallopian tube in such a way as not to prevent conception, that the fœtus died about the second month of pregnancy, still enclosed in its ovular structures; that at a later period she again conceived extra-uterine, but the ovum now descended to the middle of the tube, where it became arrested, lived about three months, and then died; three months after which the sac burst and death ensued.

A case remarkably similar in many particulars to this was recorded some years ago by Mr. Tufnell. A patient in the fourth month of pregnancy was seized after a long walk with violent abdominal pain and prostration, followed by death in twenty-four hours. At the *post-mortem* examination the abdomen was found to contain a large quantity of fluid blood, in which a fœtus one inch in length was floating; a rent in the right tube disclosed a cyst from which the fœtus had escaped. In the uterus was found a healthy male fœtus proportionate to the date of conception.

The diagnosis of abdominal pregnancy is beset with difficulties. Along with the general signs of pregnancy, there is generally metrorrhagia; and this, together with repeated attacks of abdominal pain, due, probably, to intercurrent attacks of peritonitis, occurs more frequently, than in tubal gestation. The abdominal enlargement is generally greater transversely, and the fœtus can be felt more distinctly than in normal pregnancy. Per vaginam, the cervix may be felt displaced by the pressure of the cyst, or fixed by perimetric adhesions. Either of these, Dr. Playfair thinks, is of great diagnostic value. We should certainly have recourse to the use of the uterine sound before undertaking any operative interference. In his paper on this subject Dr. Lawson Tait says there are two points invariably to be noticed in extra-uterine gestation which had gone past the period—viz., a show during the false labour, and subsequent diminution in the size of the abdomen, due to the absorption of the liquor amnii. Before the death of the child extra-uterine fœtation may be mistaken for displacement of the normally pregnant uterus, during the early months, for pregnancy complicated with fibro-myoma or cystic disease of the uterus, and more rarely for pregnancy of one half of a double uterus. Indeed in this latter case, as Kussmaul has shown, a differential diagnosis may be quite impossible before death, and very difficult even after it. After the death of the child the diagnosis is more difficult, and the case might be confounded with pelvic hæmatocele and ovarian tumour, especially dermoid cysts, cancer, fibro-cystic disease of the uterus, hydatids of the uterus, and phantom pregnancy, with hernia.

Regarding the treatment of abdominal gestation, there is still some difference of opinion, though it is mostly admitted that no active measures should be adopted till the full term of development is reached, because there is not the same imminent risk of death from rupture as in the tubal form; and even if the destruction of the fœtus could be secured there would still be formidable dangers from subsequent attempts at elimination or internal hæmorrhage.

If menacing incidents occur when the gestation is so far advanced, that a living child may be expected, or if the case has gone on to term and the child be alive, we are strongly advised by the best authorities to perform the Cæsarean section, as we may thereby save the child, and the risk to the mother is scarcely greater than in waiting. An incision large enough to extract the fœtus may be made in the linea alba, and should there be no adhesions, the walls of the cyst should be stiched to the margins of the incisions to cut it off as much as possible from the peritoneal cavity. No attempt should be made to remove the placenta unless it be quite loose, as otherwise uncontrollable hæmorrhage, owing to the nature of its position, is likely to occur. The cyst should be carefully washed out with some antiseptic fluid. Schrœder advises us, when possible, to remove the whole sac, with the fœtus and placenta.

If the child has died towards the end of pregnancy the treatment is merely symptomatic. Any efforts of nature to eliminate the foreign body are to be assisted by incisions, and the removal of pieces of the fœtus from the abdominal walls, the vagina, or the rectum. The more extensive the adhesions of the sac to the abdominal walls, the more safely can incisions be made to remove its contents; and their formation may be favoured, as in Simon's method of treating hydatid cysts of the liver, by pushing in two trocars, and by dividing the bridge between them, thus causing a larger opening.

NOTES ON THE TREATMENT OF GONORRHŒA AND SOME OTHER DISCHARGES AS THEY OCCUR IN THE MALE, BUT PARTICULARLY AS MET WITH IN THE FEMALE.

By G. de Gorrequer Griffith, L.R.C.P., M.R.C.S., &c.,

Senior Physician to the Hospital for Women and Children; Physician to St. Saviour's Maternity; late Resident Surgeon to the Lock Hospital.

Owing to the kind courtesy of Mr. Lane, Mr. Buxton Shillitoe, Mr. Coulson, and the late Mr. Gascoyen, I had abundant opportunities of seeing an immense number of cases of these affections while I served as resident, or house surgeon, at the Lock Hospital under those gentlemen; and it was, while labouring in *statu pupillari* under these distinguished surgeons, that I amassed rich stores of knowledge, which have since proved of valuable service to very many patients. It was during those student days at the Lock that it first occurred to me to employ the very simple remedy I now invariably adopt in the case of gonorrhœa and any doubtful discharge in the female. I myself believe that the most efficacious means of stopping gonorrhœa and gonorrhœal discharge, and its evil concomitants, as they are found in the male or female, is the balsam of copaiba and opium, with a jalap purge as an adjuvant when required.

I have seen, and known to be employed, various injections into the vagina; and at one time I used to resort to them in almost every case; but experience has taught me their comparative inutility, nay, more, their sometimes positive harmfulness, either because of the medicinal agents themselves, or because of the manner in which they, in the form of injections, are administered. I am now speaking in reference to women.

How few patients amongst men also, know how to give themselves injections properly; and, consequently, from neglect of the simplest, I had almost said, the plainest

common-sense rules of treatment, not alone do not get better, but positively make themselves worse, teasing the tender, irritable, and inflamed urethra by the nozzle of the syringe, or fretting it by futilely essaying to injaculate the lotion which may have been prescribed. If we order injections, it would be well to see our patient use them a few times in order to satisfy ourselves of his ability.

Our first care should be to make him pass water, that by this act he may wash away any discharge lying in the urethra, as well as to empty the bladder and prevent the need to do so again for some hours, as long, indeed, as the urine can, with convenience and without any discomfort, be retained. In the second place, with the aid of a syringe, the urethra should be well washed out—several times—with hot water; this done, the injection may be thrown into the pipe. I am particular in enjoining that the urethra be well cleansed by the patient first passing water, and then using the syringe with warm water, because I believe that the specific inflammation may be carried back to the prostatic and seminal ducts, and, therefore, much farther back than it was originally, inoculation being effected by the retroversion of the gonorrhœal matter when the injection is used.

The penis, whenever we wish to inject, either the hot water or the medicaments, had best be straightened, that is, drawn upwards towards the abdomen; the nozzle of the syringe being oiled, or larded, should be gently introduced, and, when well in, the head of the penis must be firmly gripped around it by the thumb and forefinger of the left hand which thus also steadies the entire instrument, while the right is at liberty to force down the piston. Escape of the injection by regurgitation from the urethra is in this way prevented, and the nozzle of the syringe being embraced in the manner I have just described, the fluid we mean to use must be injaculated with such force as to ensure the laving of the entire of the inflamed surface; no fear need be entertained of injuring or entering the bladder, as it is quite out of reach, and hence out of danger.

The syringe should be large enough to contain sufficient to distend the urethra, lest the gonorrhœal discharge may lie undisturbed in any depression, plicæ or folds of the mucous membrane, and act as a focus for keeping up the specific inflammation; moreover, by this gentle distension, certainty is made, that all the membrane is bathed with the injection. The latter being in, the nozzle is gently withdrawn by the right hand, the left still holding the penis, so as to retain the injection in urethram, where it should be kept at least five minutes before it is allowed to flow away, syringeful after syringeful being thrown in as one quantity passes away, till the process has been repeated three or four times. The nozzle of the syringe should be long enough to enter the urethra to the extent of an inch, else, in many instances, when the patient is injecting, the very force he employs will tend to separate the penis and instrument; or he himself will involuntarily shrink back from the latter, just as the first few drops come into contact with the orifice of the canal; and consequently if the nozzle be not sufficiently long, the injection will be squirted outside over the hand and fingers, and not at all into the passage.

I invariably give instructions that the bladder be not evacuated for some hours after the last syringeful of lotion has been used, in order that the residue of the latter may lie undisturbed in its contact with the mucous lining; so that I have a medicinal and mechanical effect produced at the same time. Let the injection be repeated after every call of nature.

If a patient come for advice in the acute stage of the attack, it is advisable to allow the penis several times a day to hang in a vessel of hot water for ten or fifteen minutes at a time, the temperature of the water being kept up to the degree of heat which the patient will find the penis can tolerate.

Balsam must be administered internally. I prefer the capsules, giving at the same time the liquor kali or potassæ freely, and demulcents such as barley water, while I caution against stimulants and irritants in the words I learned from my great teachers:—"You must not drink a drop of beer, wine, spirits, shrub or spruce;" and you must not touch anything of the kind *for at least a full fortnight* from the day you see the last appearance of any discharge from the penis. I also recommend the treatment, general and local (if the latter has been already used) to be continued, during this interval.

Indeed, it is invariably right to press these two points on our patients, because by relaxing the injunctions, the whole affection may be reproduced.

This is the rule of practice in the treatment of males, from which I never deviate; but in the case of females, such an embargo is not necessary.

Opium and belladonna, or opium, belladonna, and aconite, in the form of suppositories are excellent counter-agents, not only in relieving pain and chordee when they occur, but also in checking the discharge. In my own mind, I have no doubt these drugs materially help to dry up the flow.

I recommend for use a glass syringe with the nozzle at right angles with the cylinder, attending to the precaution that the latter is large enough to hold sufficient to dilate the urethra in the manner I have described.

An elastic bottle, with glass or prepared vulcanite, or ivory nozzle, may be substituted for the syringe I have above named, and will allow of pretty good force in throwing up the injection; but it is open to the objection that the bottle part may, by the carelessness of the patient, or by unavoidable accident, suddenly expand, not only withdrawing the fluid which may have been injected into the urethra, but also catching in the aperture of the nozzle a piece of the mucous membrane lining the urethra, and wounding it, or producing some abrasion.

When the glass syringe is the one we have selected for use, we should see that the piston acts easily, running up and down readily; yet, having the buffer part fitting the tube well, lest, when the injection be attempted to be used, it should run back over the buffer into the cylinder, none, or scarcely any, entering the urethra.

Many times I used to have patients come to me and say—"O, Doctor, the injection doesn't do me a bit of good." Knowing that it ought, I have asked them to let me see how they used it, and found some had such defective syringes, that when the piston was shoved down, all, or nearly all, the lotion flowed back over the buffer into the cylinder, and some would be squirted out through the aperture in the cork, which is at the opposite end of the cylinder from the nozzle, and through which the rod of the piston travels; or else, that the tip or point of the instrument was hardly inserted into the urethra, and, therefore, no injection was really used, the major part being wasted, only a few drops being intromitted, and these few not passing any distance—scarcely beyond the very orifice.

In many of these cases I have myself used the medicament with the patient once a day, or three times a week, and with very marked improvement at each sitting, and a comparatively speedy cure.

As a topical remedy I prefer an alkaline injection, having balsam suspended in it, or sometimes even the pure balsam itself, and, in obstinate cases, I have found nothing better than the following plan:—

Make your patient empty the bladder, then rest for a few moments; again have the bladder relieved of its contents; next pass down as full-sized a catheter—silver or gum-elastic—as your patient's urethra will admit, having previously charged the instrument with balsam, and smeared its surface with the same. When the eyes of the catheter are in the bladder withdraw your thumb or the leather-covered plug from the opening at the handle end of the instrument. In this way the balsam flows into the bladder being released from the interior of the catheter which is then withdrawn. The patient again makes the attempt to pass water, the medicament will be expelled, and in its transit the urethra will be coated with it more or less com-

pletely. Indeed, I have often injected the balsam through the catheter into the bladder, and making the patient empty the latter as speedily as possible, have thus laved the entire urethra with the unctuous remedy.

This plan I have found to be specially advantageous, when balsam cannot be taken by the mouth, or when the discharge is chronic, or even very chronic, and also when some abrasion has taken place in the urethra, or when a bare, granular surface, or even ulceration exists.

Another point to which we should pay particular attention is the cleansing of the instruments thoroughly and immediately after use. Many times have I known a discharge to be reproduced apparently by the introduction of an instrument not perfectly cleaned; indeed, I have seen cases where, in a person free from it, gonorrhœa has been lighted up by the use of a catheter which had been previously employed during the cure of this affection for drawing off the water, and then, having been imperfectly cleansed, put by for some time. A patient may likewise inoculate himself, and produce a gonorrhœa, although previously having no symptom of it, nor, indeed, having exposed himself in any way to catch it in sensual congress, by the use of an instrument which he had before employed, and which he had laid aside without having carefully adopted the cleansing precautions I have pointed out.

The same care is to be used in the case of females, with whom we may use the speculum, the uterine dressing forceps, or any appliance which may be brought into contact with the discharge. I consider that it is well to put aside a set of instruments for such purposes, to reserve them only for this particular use, and immediately after using them to soak them in a disinfectant, and subsequently, to have them thoroughly cleansed.

Here, in parenthesis, I would say similar preventive measures should be invariably taken after examining cancer or syphilitic cases.

(To be continued.)

CASES IN PRACTICE.

(Reported by JOHN W. MARTIN, M.D., the Grange, Dronfield, near Sheffield.)

CASE XX.—*Extreme Anæmia—Hæmorrhage from Womb and Bowel—Irregular Cardiac Action—Amblyopia—Deafness, &c., &c.—Treatment—Recovery.*

JANUARY 6th, 1877.—I was asked to see Mrs. M., æt. 34, residing at the village of Dore. The symptoms of prostration and the tendency to prolonged syncope were so alarming, her husband, who came for me, feared that I should not find her alive. Upon arrival I found her lying in bed in a state of extreme prostration. Decubitus dorsal; complexion pale and bloodless, presenting a markedly waxy appearance. The expression of her face was one of great anxiety and weakness. She was quite conscious of her dangerous condition, and able to answer clearly all questions put to her.

The chief symptoms she complained of were, headache, and a violent "thumping" sensation in the head; singing in the ears; impairment of vision, and of the sense of hearing; violent palpitation and dyspnœa; a continuous, pale, watery hæmorrhagic drain from both bowels and vagina.

There was a very heavy earthy odour from the skin.

Her lips, gums, and tongue were almost white; the latter firm, well protruded, and lightly furred. She suffered from complete loss of appetite. Upon taking food in any quantity, felt nauseated, and at times vomited. Troubled greatly with flatulence, both in the stomach and bowels. Hepatic dulness, measured six inches in the vertical diameter; the lower edge of the liver protruded 1½ inches below the cartilages of the false ribs. I failed to detect any splenic enlargement. Bowels acted irregularly, sometimes constipated, at other times moved consecutively for two or three days. She was much troubled with piles. Area of cardiac dulness enlarged, measuring five inches in the vertical direction, from the lower border of the third rib in the left side, and 4½ inches in the horizontal diameter, measuring from the middle of the sternum, opposite the articulation of the fifth rib. Area of impulse diffused over the area of dulness, presenting the appearance of undulation at each stroke of the heart; the force of impulse was much weaker than what might be expected as the standard of health. Heart's action regularly irregular, every second beat resembling a double knock, every seventh *couple* of beats ended in a triple beat. The normal heart sounds almost lost, being masked by loud, low-pitched murmurs, heard over the mitral aortic tricuspid and pulmonary valves; murmurs of the same character were heard in the carotids.

Pulse 76, also regularly irregular; it was very weak and compressible. Violent pulsations noticeable in the veins of the neck, closely following the irregularity of the heart's action; so much so was this the case, that they might be described as cardiographic. She complained of a severe pain which seemed to pass from the ensiform cartilage back to the middle of the dorsal region of the spine.

Respiration was chiefly carried on by means of the voluntary muscles. There was strongly-marked dyspnœa. Number of respirations per minute reached the high rate of fifty; they were very short, shallow, and gasping in character. Percussion and auscultation presented nothing unusual; if anything, the percussion note was clearer than normal. Felt a strong inclination to sleep.

Her medical history and that of her family, as far as I could learn, may be briefly stated as follows:—She has been twelve years married, during which period she has had three children; the last was born Sept. 21st, 1876. After the birth of the first child she had an almost fatal attack of what she describes as milk fever; as far as I can learn, this attack must have been one of phlegmasia dolens, affecting the crural and femoral vein of the right leg and the superficial epigastric of the same side. The right leg remains larger than the left, and at the middle third of the calf is the seat of a large varicose ulcer, which has never shown any disposition to heal. The right superficial epigastric vein is swollen to the size of a man's little finger, of moderate thickness, and is quite hard to the touch. During her last pregnancy she was very low and weak.

There had been nothing unusual about her confinement; it was short in duration, and unattended by post-partum hæmorrhage. Notwithstanding her low, weak condition, she insisted (although warned against doing so) upon nursing her child, which was an unusually large, strong, healthy little fellow, and continued doing so up to the date of my seeing her. Even then it was with the greatest difficulty I induced her to desist. She suffered from an over-abundant secretion of milk; in her own words, "Everything I take seems to turn to milk." On first seeing her I found the breasts very large, and a free, continuous drain of milk oozing from the nipples. Previous to this last pregnancy she had been a rather large, corpulent woman; at the present time she is quite the opposite, being very thin and spare.

One of her sisters, middle-aged, who for over eighteen years had no child, was confined of a healthy boy twelve months ago. She also suffered from a severe attack of phlegmasia dolens, which has left her right leg much larger than her left. Previous to the birth of her last child she had been of a spare habit of body; since then she has become a large, corpulent woman, greatly troubled with severe bilious attacks of headache and vomiting, but otherwise healthy.

The father and mother both died at the age of sixty-four years. The former was a very hard drinker, and died from the effects of traumatic gangrene of the leg, for the relief of which he refused to allow amputation to be performed.

The latter was affected with chronic rheumatism, and died from the effects of organic disease of the heart.

The family generally was naturally a strong-constitutioned one. There were ten of them altogether, eight

now living. Two died, a brother and sister; the brother from the effects of intemperance, rheumatism, and heart disease, the sister from the effects of heart disease. From birth the latter was imperfectly developed—in fact, she was a dwarf. I note these facts, merely as such, drawing no inference from them.

It would be too tedious to record the daily progress of the case. A brief *résumé* of the treatment adopted will be all that is necessary.

It consisted in keeping the patient perfectly quiet in the horizontal position, with the head as low as possible; weaning the child; sinapisms (consisting of one tablespoonful of mustard to ten of flour) over the heart, where they were allowed to remain for a couple of hours; administration of support, in the shape of very strong beef-tea; eggs broken up with a little brandy, sugar, and warm milk; milk, jelly, champagne (which was not borne well, owing to the flatulence induced, even when not in a state of effervescence), and brandy. These were given in small and frequently-repeated doses, varying from a teaspoonful to a tablespoonful, at shorter or longer intervals, as the case at the time seemed to require. The brandy was given in dessert-spoonful doses every second hour, except when syncope was imminent, when it was administered more freely. Teaspoonful doses of pepsine wine were also ordered, with good effect. At the outset, for the purpose of checking the hæmorrhagic drain, I placed her upon

℞. Acid sulph., dil., ℥ijss.
Liq. ergotæ, ℥iij.
Tr. opii, ℥jss.
Syrupi, ℥j.
Aqua, ad ℥viij. ℳ.

Two tablespoonsful to be taken every fourth hour.

The purpose for which the foregoing mixture was ordered being accomplished, I changed it for

℞. Ferri amm. cit., ℥j.
Ammonia carb., ℈ij.
Tr. digitalis, ℥j.
Syrupi, ℥j.
Aqua, ad ℥viij. ℳ.

Two tablespoonsful to be taken every fourth hour.

After a time I omitted the carbonate of ammonia in the above mixture, substituting ℥ss. doses of the aromatic spirit of ammonia.

At the date of my last visit (Feb. 7th, 1877) the following was her condition:—She was able to be out of bed all day; walked about the house, and up and down the stairs, without any sense of fatigue or discomfort to her powers of breathing; lips and cheeks showed returning colour. Heart's action was strong and regular, having lost all traces of irregularity and intermission, Both sounds present; the *second* very distinct (in fact, greatly accentuated), the *first* still "buffed," and marked by a soft blowing murmur which was heard in its maximum intensity over the point of impulse, one-and-a-half inches to the right, and below the left nipple. The bruits at the base, and over the tricuspid valves, not so distinct as when formerly examined. Area of dulness much diminished. Pulse 76, strong, even, and firm. Vision quite restored. No longer complains of being deaf, but has a slight singing in her ears, especially in the right. Free from headache, and enjoys a good appetite for her meals. Menstruation re-established during the preceding two days, the flow being normal as to quantity and quality. She asserts that she now feels better and stronger than she has done for years.

The leading features of interest in the case are—the extreme anæmic condition present, the irregularity and weakness of the heart's action, the tendency to fatal attacks of syncope (one of these, left at the time, almost no hope of recovering her out of it), and the continuous hæmorrhagic drain that was flowing from the vagina and bowel. All things considered, there did not appear much reasonable hope of the patient's recovery; therefore it is the more satisfactory to be able to record the favourable termination of the case.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE fourth meeting of the Session was held on February 10th, Dr. DARBY, President, in the Chair.

Dr. PUREFOY read a paper on

EXTRA-UTERINE FŒTATION,

which will be found in abstract at page 223.

Dr. DENHAM reminded the Society that a year and a half ago he brought under their notice a very distressing case of extra-uterine fœtation. It was the woman's second child, and she was in excellent health and supposed herself to be four months pregnant. After a long walk she was about undressing when she felt suddenly weak and faint. A medical gentleman in the neighbourhood was sent for, and the faint passed away after the administration of some stimulants. At 5 o'clock the next morning, it however, returned, and he (Dr. Denham) was sent for, and on his arrival he found the patient extremely weak and exhausted. She was scarcely out of one faint when she was in another, and suffered for several hours in that way evidently from some internal hæmorrhage. There was no uterine hæmorrhage whatever, and there was nothing to lead them to suppose that her sufferings were occasioned by her pregnancy, although they knew from the history of the case that the lady was about four months pregnant. That turned out to be a case of extra-uterine fœtation in the Fallopian tubes. Unfortunately in a practical point of view those were cases in which their hands were tied up. They could do nothing. When he was Master of the Rotundo Hospital he had a very interesting case in which he removed all the bones of the head and several of the bones of the body per rectum. It was evident that a fœtus had died either in the body of the uterus, or that some adhesions had taken place between the extra-uterine fœtation and the rectum. The bones were very well formed, and he thought it was twelve or thirteen years between the time she considered she had conceived and the removal of the bones by the forceps. During all this time the poor woman was in wretched health and a constant discharge passed, sometimes from the vagina, and sometimes from the rectum. After the bones were removed her health recovered rapidly. He had another case in that hospital, in which a woman was delivered of a fine healthy child, but she had some tendency to hæmorrhage. The pupil in attendance on passing up his finger feared he had left a portion of the placenta behind, as he felt a hard body in the cervix uteri. On making an examination, he (Dr. Denham) discovered a hard bony substance imbedded in the walls of the cervix uteri. He then by means of a fine forceps drew out a foreign body, which proved to be a well-formed molar tooth with three prongs to it. His impression was that on some previous occasion the woman must have had some unnatural conception of which this tooth was the last remnant. That woman's recovery was perfect.

Dr. LOMBE ATTHILL (Master of the Rotundo Hospital) said the two points of interest in connection with the paper, were the question of diagnosis, and the question of whether they should interfere or not. The abdominal section was justiable under certain circumstances. When the fœtus arrived at the full time operative interference was justifiable, but when they proceeded in the earlier months he thought the operation *per vagina* was the proper one to attempt. The reason why he preferred the operation per vagina to the abdominal one was, that it was almost impossible in the latter to remove all that constituted the foreign body, for that was what the ovum was under such circumstances, placenta, membranes and so forth, what he might call the false uterus, because the ovum was completely enveloped in a cyst which for all intents and purposes they might look upon as a uterus. It was impossible to remove all that, and the result was that they had a portion left behind which was almost certain to decompose more or less. After alluding to the difficulty of diagnosis, Dr. Atthill concluded by saying that there was no doubt that many of these cases of extra-uterine fœtation had gone on for many years, and resulted after all in perfect recovery.

Dr. M'CLINTOCK had no experience of cases of extra-uterine fœtation, and thought he might rather congratulate himself

on that fact, but he should not boast. Dr. Purefoy had stated, he thought on the authority of Dr. Barnes, the probability that many of these cases of what had not been very accurately described as retro-uterine hematicine, better known as pelvic hematicine, owed their origin of extra-uterine fœtation from the rupture of the cyst causing extravasation of blood into the peritoneum. He (Dr. M'Clintock) had seen at least two cases of Pelvic hematicine, and the history of the cases was that the time of the occurrence, and the formation of the tumour and the hæmorrhage were clearly while in early pregnancy. Each patient had two or three children previously, and were living at the time with their husbands, and apparently had passed two or three periods without seeing their wonted menses, and had themselves come to the conclusion that without any doubt they had conceived, when suddenly they were attacked with pain, prostration, and sickness, and a tumour rapidly formed either behind or beside the uterus. He was satisfied that in certainly two of the few cases of pelvic hematicine that he had seen, the conviction was strong in his mind, that they were really in the first instance examples of some form of extra-uterine fœtation and that at an early period, probably a month or six weeks after their impregnation. The cyst burst and allowed an extravasation of blood into peritonæum, which blood was discharged in both cases by the rectum in large quantity, and the patients recovered. He thought that was a very interesting pathological point in connection with extra-uterine fœtation, as bearing upon the cause and development of another disease of a very important and interesting kind, pelvic hematicine.

Dr. PUREFOY said there were a few cases on record in which extra-uterine fœtation occurred, or rather was believed to have occurred, in connection with pelvic hematicine, and there was the possibility that in the earlier months it might be mistaken for pelvic hematicine.

Dr. DENHAM exhibited a large uterine polypus. The patient would not submit for sometime to a vaginal examination, and the case had for sometime to be treated as one of ordinary uterine hæmorrhage. When the patient at last yielded, a very large tumour was discovered firmly impacted in the vagina. There was very great difficulty, indeed, experienced in removing it. The wire was twice passed round the neck of the tumour, and it was eventually detached, Dr. More Madden's small forceps were passed round the the tumour, and with the vulsellum in the one hand and the forceps in the other, the tumour was got down into the perinæum. They were obliged to slit the perinæum, and they eventually got the tumour away with very great force. There was serious hæmorrhage after the operation, but the patient was now progressing favourably.

Dr. LOMBE ATTHILL said the case was interesting in this—that in the great majority of cases of intra-uterine polypi, which they extruded from the uterus, the hæmorrhage ceased to a great extent after the expulsion. In the case just related, that was not so. He had removed a polypus nearly as large as that now shown, and the symptoms in the case were that the patient used to suffer from intense leucorrhœa. There was no hæmorrhage, and menstruation was normal.

The CHAIRMAN announced that the result of the ballot was that Dr. Marion Sims had been unanimously elected a member of the Society.

In the course of a discussion on a paper by Dr. Finucane on

ERYSIPELATOUS METRITIS,

Dr. ATTHILL knew of the case of a woman who had been recently confined, and when he went to visit her he found one of her children lying in bed beside her suffering from scarlatina. Well, the child went through the disease, and another of the children got it, but the mother never got a symptom of it, and went on satisfactorily and made a perfect recovery. He had never known a case of scarlatina to be carried to a puerperal patient.

Dr. MORE MADDEN thought it would be a most hazardous doctrine to go forth that scarlatina was not a very dangerous disease to a parturient woman. If the doctrine became generally acted upon, medical men would be free to attend a woman in labour at the same time as they might be attending a case of scarlatina. Dr. Atthill, whose experience was wider than his (Dr. More Madden's), had never seen a case of scarlatina producing puerperal fever. He (Dr. More Madden) had seen such an instance, and he regretted he had seen it. He knew of a lady who could not be prevented from having a child recovering from scarlatina to sleep in a room with her, while lying after child-birth. Well, she got all the symptoms of typhoid-puerperal scarlatina, and she died, the disease being clearly communicated to her by the child sleeping in the room with her. He thought they must be very cautious before they allowed it to go forward that scarlatina was not likely to be communicated to a puerperal woman.

Dr. M'CLINTOCK said, it might be that a pregnant woman might not be very susceptible of scarlatina. That was one question. Another was the danger of scarlatina attacking a woman in child-birth, and it did not follow that because a parturient woman was exposed to the danger of scarlatina that she would take the disease; she might not do so, having had scarlatina previously. But he thought that scarlatina strongly predisposed to the production of puerperal fever, if it was not actually capable of producing it. With regard to the particular question of the danger arising from scarlatina when it attacked a parturient woman, he might make this statement—founded on long and painful experience—that when scarlatina was developed in a woman on the opening day of childbed, he looked upon it as a more dangerous disease than puerperal fever itself, and he would rather encounter puerperal fever than scarlatina. If scarlatina did not develope itself until after the third day there was a tolerable chance of the woman's recovery. When he said that, he wished also to make an observation *apropos* of this subject. He thought that at the present day the idea of the communicability and the transmissibility of contagious diseases by being carried by medical men and various vehicles, was enormously exaggerated. He thought it was ridiculous and absurd the extent to which this idea was now taken up by the public, and he believed that the medical men had just to thank themselves and their own profession for fostering and developing that idea. If a man was now known to have attended a case of puerperal fever he was in danger of being tabooed from practice. He (Dr. McClintock) saw a case of puerperal fever and the patient died. Two months after that the husband of another patient told him that he had been advised by some of his friends who had heard that he attended the fever case that there would be a certain amount of risk if he attended his (this gentleman's) wife. The gentleman's wife had not heard of the circumstance, and he (Dr. M'Clintock) told the gentleman that he had quite as much chance of conveying to his wife puerperal fever as the man in the moon. Whenever the question arose he (the speaker) made it a point to speak as strongly, or even more strongly, than he had this night, for if the idea went forth that it was possible that contagious diseases were as transmissible as is supposed, no person would be safe in going into a railway carriage or any public vehicle, and a public meeting, or place of worship, for they did not know who might be next them that had had scarlatina six weeks or two months before.

The PRESIDENT endorsed every word that Dr. M'Clintock had said.

Dr. DENHAM said, they had a great deal to learn on this subject. His opinion was that poisons were very often of much the same character—that was, that the same influence that would produce erysipelas or puerperal inflammation in one patient would produce scarlatina in another, and puerperal fever in a third. He had no doubt that poison was communicated before the labour took place at all. He differed from Dr. Atthill with respect to the nature of scarlatina. He (Dr. Denham) looked upon it as a most dangerous form of disease, and he must say that if scarlatina differed from other forms at all, he looked upon it as the only one that was communicable.

The Society shortly afterwards adjourned.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

A MEETING of this Society was held on Wednesday, March 7th, 1877, Dr. HENRY KENNEDY in the Chair.

Dr. DUFFEY read for Dr. Hayden, the President, some brief notes on

ANHIDROTICS,

a term by which, after Dr. Milner Fothergill, he designated medicinal agents capable of arresting or controlling excessive perspiration. Of these, the most efficacious in the sweating of phthisis was the pulv. ipecac. m. (Dover's powder) given in doses of 5 to 10 grs. in the course of the night, aided by cold drinks, ice, and sponging the surface with tepid vinegar

and water. The night-dress should be put on as warm as it can be borne. Next to Dover's powder in efficacy is phosphoric acid in 30 m. doses every fourth hour, and tinct. of belladonna in 15 to 30 m. doses. Profuse sweating is occasionally a very obstinate symptom in the convalescence of typhoid fever. For this, getting out of bed as early as the patient's strength will admit, is the best remedy.

Dr. FINNEY said, he had met cases in hospital practice of sweating in phthisis. He had for a long time, with few exceptions, used Dover's powder in conjunction with some other acids in one dose as recommended by Dr. Hudson, and he must say he had found it to answer in a great many cases exceeding well. He had employed not belladonna, but sulphate of atropia, and had given it in the form of a pill—half a grain of the sulphate of atropia and 40 grains of the sugar of milk carefully compounded and made into 40 pills; each pill, therefore, containing the 80th part of a grain of the sulphate of atropia. He found usually that one pill taken at bedtime checked and moderated the sweating. Two pills, one taken in the morning and the other at night nearly always stopped the perspiration. With reference to the treatment of local sweating, he might mention that Dr. Grimshaw had some time since brought under the notice of this Society an interesting case of local sweating of the feet due to wearing india-rubber goloshes made into slippers, and Dr. Grimshaw found that what answered best was the remedy that he (Dr. Finny) had been employing—sulphate of atropia in pill. He had employed sulphate of atropia in the cases of sweating in enteric fever, and he never found that it had any command over the sweating in enteric fever, while on the other hand, as he had stated, it had such a decided effect in phthisis in the softening stages.

Dr. M'SWINEY thought it would be found that they had all, from time to time, now tried one remedy and now another according to the fashion. He was in the habit of using in the early portion of his career diluted mineral acids in conjunction with a bitter effusion. Subsequently, the acetate of lead held a high repute, and was given in small doses as a pill, with apparently great advantage. Latterly, belladonna appeared to be almost universally relied upon, and in the little experience he had had of it it had had the effect, seemingly at least, of arresting the perspiration. The remedy which had been in his experience most comforting, had been the sponging of the body with diluted warm vinegar and water; and he had himself, in a case that he had watched with the deepest interest, seen the use of this application externally, apparently followed by considerable amelioration of the perspiration. The point of perspiration seemed to be confined to perspiration in phthisis at night. It was a question for consideration whether or not it was desirable to check the perspiration in phthisis. Practically, he thought they knew in the great majority of those cases, diarrhœa and perspiration alternated; he did not say it was so in every case, but it would appear that in a large number of cases of phthisis in the third stage that they had either diarrhœa or night perspiration, and if one should be disturbed by remedial means the other very generally took its place. On the whole, the tendency in his own idea was to say that it was not desirable to use any very energetic or decided or continuous means to totally arrest perspiration in phthisis in the third stage.

The CHAIRMAN said it appeared to him that the means of checking general perspiration turned on the general question of raising the state of the system for the time being. If it was a case in which cod-liver oil would agree, that from the moment it was given the perspirations were lessened, and it was astonishing the influence it had on the sweating. By a sort of starvation process he had been able to lessen the perspiration in phthisis. In the dress that the patient wore next the skin he thought cotton was superior to linen. Sponging was also a very valuable means of arresting the hæmorrhage. He agreed with Dr. M'Swiney as to the question of not checking the perspiration altogether, even if they were able to do it. He believed if it were done it was liable to bring on diarrhœa. The medicines he had used, independently of cod-liver oil, were occasionally Dover's powder and oxide of zinc combined with belladonna. Any medicine that acted powerfully on the nervous part of our frames had always seemed to him to arrest the perspiration. But there was one important point—these medicines lost their effect. He had not been able to give these remedies night after night to the end of a week in the dose he began with.

Dr. FINNEY, if he was not out of order, desired to observe with reference to what Dr. M'Swiney had stated as to the question of checking perspiration, that his (Dr. Finney's) experience in the cases in which he had used sulphate of atropia was, that he had not found diarrhœa to come on. He did not think that perspiration and diarrhœa were correlative. He had not found it necessary to continue the sulphate of atropia for any length of time, as in his own cases a few pills had been sufficient to check the perspiration for several weeks.

The Society shortly afterwards adjourned.

Medico-Parliamentary.

SURGEONS OF MILITIA.

In the House of Commons, on Thursday last, in answer to Colonel Mure, Mr. HARDY said the case of the surgeons of militia, who, as the hon. and gallant member stated, had been deprived of a portion of the income derived from their appointments by the clauses of the Royal Warrant of the 19th July, 1876, had received a good deal of consideration. He had been requested to receive a deputation, after Easter, from a medical body in the metropolis, who had taken up the subject, and he would give every possible attention to the statements they might make.

PUBLIC HEALTH (IRELAND) BILL.

Sir M. H. BEACH obtained leave to bring in a Bill to consolidate and amend the Acts relating to public health in Ireland. The bill was brought in and read a first time.

URBAN SANITARY BYE-LAWS.

In reply to Mr. Elliot, Mr. SCLATER-BOOTH stated that the code of urban sanitary bye-laws would be ready shortly after Easter.

PAUPER LUNATICS IN SCOTLAND.

On Friday, in reply to Mr. Bruen, the LORD ADVOCATE said that the total payment from Government grant towards the maintenance of pauper lunatics in Scotland was £59,483 in 1875. Of that amount £5,283 was contributed in aid of the wards of pauper lunatics in poorhouses. In 1876 the total grant for pauper lunatics was £62,637, of which £5,803 was contributed in aid of the lunatic wards. The Imperial contribution was half the cost of the maintenance of the lunatics, unless it exceeded 8s. a head per week, the utmost limit of the grant being 4s. In 1875 the average contribution per head from the Government grant was 3s. 6¾d.; and in 1876 it was 3s. 9d. In Scotland these licensed wards were under the direct control of the Board of Lunacy, and not of the authorities who had charge of the poor. They were inspected by the medical officers of the Lunacy Board, and no case was treated there without their certificate that it was a proper case for detention.

THE LUMLEIAN LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

On Friday, Dr. George Johnson, M.D., F.R.S., gave the first of his lectures "On the Muscular Arterioles; their Structure and Functions in Health and in certain Morbid States."

Dr. Johnson commenced his lecture by drawing attention to the structure of the minute arteries, or arterioles, as they were now called, and to the fact that the middle coat of the small arteries was much more largely supplied with muscular fibre than that of the large blood-vessels, whose middle coat chiefly consisted of elastic tissue. In most of the small arteries three layers of muscular fibre cells were to be distinguished. In still smaller vessels only one layer was present, while in the smallest arterioles these muscular fibre cells were more or less scattered and broken up, until at last they disappear altogether in the capillaries. The next important point which had been

settled by modern investigations was, that the muscular coat of the arterioles was well supplied with sympathetic or ganglionic nerves. Minute ganglia, or ganglionic nerves, had now been recognised in the smallest arterioles, and were now generally known as the *vaso-motor nerves*, and although these nerves chiefly belonged to the sympathetic system, they were also connected in various ways with the cerebro-spinal nerves. Indeed, recent researches have shown that one of the principal vaso-motor centres is placed in the medulla oblongata. Now with respect to the function of these vaso-motor nerves, and the muscular coat which they supply, the researches of Claude Bernard, Brown-Séquard, and others, have thrown much light. On dividing the sympathetic nerve in the neck, the blood-vessels and small arteries of that side of the neck dilate, and a freer current of blood is at once established. On the other hand, on the application of galvanism to the sympathetic trunk, the minute arterioles contract, and the blood-stream is diminished. The action, therefore, of the muscular coat of the arterioles was to contract in response to certain impressions made upon the vaso-motor nerves, and in thus contracting, to regulate the supply of blood to the parts supplied by the vessels.

The chief object, however, of these lectures is to direct attention to the part played by the arterioles in certain morbid conditions; and Dr. Johnson introduced this subject by giving a description of what he considered to be the true phenomena of asphyxia, or, more properly speaking, apnœa. The condition of the cavities of the heart, found after death from apnœa, had been long ago described by Harvey, but a knowledge of the more early phenomena of asphyxia was the result of more recent experiment. The lecturer said he had had the opportunity of witnessing one of Dr. Rutherford's experiments, in which the first stage of apnœa was well demonstrated. Dr. Rutherford, after giving a dog a dose of curare poison, and having exposed its heart to view, kept up artificial respiration, while at the same time the tube of a hœmadynamometer was inserted into the proximate end of the divided carotid artery. Immediately on ceasing the artificial respiration, the left cavities of the heart were seen to increase in size until they bulged out into two globular bodies three or four times the size of the right cavities. At the same time the blood pressure in the systemic vessels was shown to be increased by the rise of the mercury in the instrument. Very shortly afterwards this distension of the left cavities subsided, as also did the blood pressure in the carotid artery, while on the other hand, the right cavities became engorged, and assumed the appearance they generally present after death. Dr. Johnson then combated the explanation that had been given of these phenomena by Dr. Reid, Prof. Draper, and other observers. The increased blood pressure and distension of the left cavities in the first instance, and the engorgement of the right cavities before death, were not due to an arrest of the systemic or pulmonary circulation in consequence of a disturbance in the relations which subsisted between the blood and the tissues, or the blood circulating in the lungs and the external atmosphere, *i.e.*, not to any *vis a fronte* action on the blood, but to the contraction of the arterioles in virtue of which they acted as "stop-cocks" to the passage of impure blood. This contracted state of the arterioles is immediately followed by increased blood pressure in the systemic blood vessels, the engorged state of the left cavities of the heart just mentioned, and increased tension of the radial pulse. This state, however, only lasts for a few seconds, when the arterioles become relaxed, and give a more free passage to the flow of blood through them, while at the same time the right cavities of the heart become distended in consequence of a contracted state of, and impediment to the circulation of the blood through the arterioles of the pulmonary artery. Dr. Johnson concluded his lecture by giving a similar explanation of the phenomena witnessed during the administration of nitrous oxide gas. At first the face was slightly flushed, the respirations quickened, and the tension of the radial pulse decidedly increased. This corresponded with the first stage of apnœa above described, and during which the left cavities of the heart were distended with blood. But immediately afterwards the arterioles become relaxed, the blood pressure in the systemic arteries ceases, the pulse becomes quick and feeble, the right heart and venous system engorged, and the countenance livid or cadaverous.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 21, 1877.

VISCERAL SYPHILIS.—III.

IN our two previous articles on this subject we confined ourselves chiefly to an analysis of the more important facts to which the Pathological Society has recently attracted the attention of the profession. As we have already remarked there cannot be a second opinion as to the great importance of the discussion, which has just occupied three meetings of this Society, and of the investigation to which recent events may be said to have given a fresh impetus. The question as to what visceral lesions may be declared to be undoubtedly syphilitic, and the question as to the frequency or rarity of these lesions, when compared with the number of patients who contract syphilis, are certainly questions which deserve the serious attention of the profession, and on which modern pathology, with all the resources at our command, may well be expected to furnish us with exact information. As yet, however, the exhibition of morbid lesions, and the discussion to which they gave rise, are chiefly valuable, in so far as they suggest a more systematic investigation of the subject than it has hitherto received. We need scarcely remark that the recent discussions at the Pathological Society show how much we have yet to learn about visceral syphilis, and that this department of pathology is at present but in its infancy.

There was great discrepancy of opinion among those members who took a prominent part in the discussion. There appeared, indeed, some confusion, both of thought

and of facts, and to an extent that quite warranted the question of Dr. Wilson Fox as to whether they were not calling the same things by different names. The previous contraction of syphilis by some of the patients from whom the specimens were taken, was not very clearly demonstrated, nor were any facts brought forward to show that some of the lesions described were not to be found in persons who were free from syphilitic taint. Thus to begin with the *arteries;* it is not yet settled whether there is anything in the histological structure of the specimens exhibited that could be called specific and peculiar to syphilis. But this question is chiefly raised with respect to the lesions observed on the inner coat of the arteries. In the opinion of some they resembled atheroma, or were due to the organisation of a peripheral thrombus, or, as Dr. Greenfield contended, consisted of a peculiar growth from the endothelium, the interlaminar cells of the intima producing a vascular structure, corresponding to other syphilitic new growths. On the other hand, Dr. Gowers believed that Heubner, who had specially investigated the subject, did not recognise the specific character of the end-arterial changes. Heubner's description of syphilitic end-arteritis corresponded precisely with a disease of the arteries described by Wilks and Moxon, which the latter did not think was in any way connected with syphilis. Dr. Gowers thought that the observance of nodular thickening of the outer wall was of more significance than the endarterial changes, and we think that many will entertain the same opinion. For these are quite distinct from, and are seldom observed in connection with those atheromatous and other arterial changes that are seen in patients of advanced age, or who have never contracted syphilis. Dr. Greenfield, however, rested his opinion chiefly upon the gummatous characters of the endarterial changes, upon their vascularity, and their mode of origin. We are inclined to think that the question of the specific nature of these lesions must rest partly upon their analogy, in a histological point of view, to those other gummatous infiltrations which are generally admitted to be characteristic of visceral syphilis. Otherwise, we may be attributing to syphilis changes in the arteries which have been produced by very different causes, and which are common in patients who have never suffered from the slightest taint of that disease. We say "rest *partly*," because it is just probable that in some cases the chronic inflammatory changes in the arteries produced by the syphilitic virus, may not differ from those of a specific nature, the only difference being that the specific affection of the vessels occur at an age when inflammatory or degenerative changes of these parts, arising from other causes, are rarely observed.

The conclusion, therefore, we are at present warranted n drawing in respect to the arteries are— 1. That certain changes have been found in them affecting both the external and internal coats, occurring in patients who have contracted syphilis, and who have, moreover, died at a comparatively early age from disease which in most of the cases was the direct result of the arterial lesion. 2. That in many of the specimens examined the arterial lesion appeared to be of a gummatous nature, consisting of a small celled growth and a delicate fibrillar stroma, while in other instances the disease appeared to arise from a form of chronic interstitial arteritis that could not be regarded as of a specific nature. 3. That one great point for future consideration will be whether these changes which are now regarded as specific have been often observed in the bodies of patients who had undoubtedly never contracted this disease. Two or three such instances would throw much doubt upon the syphilitic nature of these lesions, while many such instances would upset the syphilitic theory altogether. 4. That it will also be desirable to collect a large number of cases where patients who have suffered from syphilis had prematurely died from cerebral or any other affection resulting from arterial disease, inasmuch as a large number of such instances would establish syphilis as an important factor in the causation of such disease, even were the new growth found to be identical in many cases with interstitial inflammation set up by other causes. 5. That, moreover, we should make the strictest inquiry into the medical history of a large number of patients suffering from aortic and other forms of aneurism, in order to see whether there is any foundation for the belief suggested by an observation of Dr. Mahomed, that aneurism occurs with much greater frequency in the subjects of syphilis than in non-syphilitics.

We should now pass on to the important questions raised in respect of syphilitic affection of the *lung*, but as their consideration would carry us far beyond the limits of this article, we must postpone our remarks for another week, when we hope to conclude the subject.

PRESCRIBING CHEMISTS IN ENGLAND.

THE commendable energy of the Medical Defence Association would seem from recent events to have driven the prescribing chemists to their wits' end for means to pursue their illegal trade as doctors, and these gentry are said to have decided upon the desperate remedy of an appeal to the Queen's Bench which—if taken—will, it is to be hoped, give the *coup de grace* to their unlawful proceedings, at least, until they can persuade Parliament to legalise their trade as prescribers.

The uniform success of the Medical Defence Association in its operations against the prescribing druggists had, some months since, led them to organise a trades' union for their own protection, and appeals from unfavourable decisions have been loudly threatened by the advocates of counter-practice. The contests in county courts culminated last week in the prosecution of a druggist named Shepperley at Nottingham. This gentleman was distinctly proved by his own evidence and that of patients to have examined the throat, questioned the applicants as to their ailments, advised them thereupon, prescribed medicines which they had not asked for, and the nature of which they did not know, and, finally, dispensed these medicines. He admitted that he had a screen in his shop behind which to interview and examine patients, and, in fact, out of his own mouth was admitted to have acted exactly as a medical man would have done under similar circumstances. As to whether he advised and prescribed he evinced an abnormal obtuseness of memory. Could not recollect! Might have done so! Was not sure! Thought it possible! &c., &c. The agent of the Medical Defence Association deposed as follows:—

Thomas Jolly Death said—I recollect going to Mr. Shepperley's shop. I said, "I want some medicine for relief of sore-throat, cold, and tightness of the chest." Mr. Shepperley then told me to face the light that he might look down my throat.

His Honour—Had you asked him to look at your throat?

Witness—No; he tapped me on the chest and said, "The tightness is there I suppose." I said, yes. He then said, "I think I can give you something, for there does not seem to be much amiss with you." He gave me some medicine to take internally, and I paid a shilling. I asked him how much, and his reply was, "One shilling, please. I think you'll find relief from that; if not, come again." That was all that passed. I did not take the medicine. I saw Mr. Shepperley again, but not in his shop. Mr. Shepperley said, "Being a nervous man I was at first alarmed, but I took counsel amongst my friends, and I have decided to go on prescribing." After attending a woman who had a bad leg, he said, "I have been prescribing, still prescribe, and mean to continue. If you go on we shall fight the question, and if you win we shall make an appeal."

His Honour—Then we may take it that he said he had prescribed, was prescribing, and should go on so doing.

Mr. Buszard (the Solicitor for the Chemists' Defence Association) contended that the defendant had done no more than was the practice before and since 1815, when the Apothecaries' Act passed, which was to prevent the chemists from visiting patients as doctors.

His Honour said, if defendant had done no more than a druggist usually does over the counter as a dispenser he could not find for plaintiffs. The real point at issue was that spoken to by Death, which was to some extent borne out by the evidence of Shepperley himself.

Mr. Buszard said then he must rely upon section 28, which gave chemists power to prepare, compound, dispense, and vend, and he contended Mr. Shepperley had done no more.

His Honour, however, reminded the learned counsel that the defendant had done considerably more than that.

Mr. Buszard continued that it was the practice before 1815 and since for chemists and druggists to prescribe for simple ailments, and the Act of that year was never intended to diminish that custom. The Act did not define what an apothecary was.

His Honour observed that the case went further than that, for, according to the evidence, a man went, complained of cold and tightness at the throat, and defendant prescribes for him as a medical man.

Mr. Buszard—It is a question as to the definition of the term dispensing.

His Honour said he should be quite contented if his definition of the term were overruled by the Supreme Court.

The prescribing druggist endeavoured to show that the existing system of counter-practice is no worse than that which was in vogue at the passing of the Apothecaries' Act, but the judge did not concur in the view that an illegality then (even if proved) would make a legality now, and gave a decree against the prescribing chemist. We earnestly hope that that gentleman will not be debarred from carrying his threat into effect and submitting the decision to a superior court. The case is fairly representative of counter-practice as it is carried on by hundreds of druggists in England, and the circumstances are as favourable to them as those of any case in which the Medical Defence Association is likely to interfere, and it is, therefore, a favourable chance for the chemists to test the feeling of the higher judges.

If the appeal be prosecuted we certainly look to the profession in England to do as much as the druggists are ready to do in finding money for the determination of the question. The Medical Defence Association is fighting the battle of the general practitioners, and fighting it with energy and skill. It may be forced to carry the campaign into an expensive arena, and it ought not to lose the engagement for want of ammunition or of the supplies which those it fights for are bound to bring to the scene of action. The medical profession does not desire to make profit out of a doubt as to the legality of counter-prescribing, but, on the contrary, feeling that the legality of medical practice ought to be decided and set at rest, is willing to abide by the opinion of the judges and the public on the matter. It will be for the benefit of all parties that the chemists shall establish their right to doctoring if they can, and, if not, that they shall be forced to confine themselves to such line of trade as their education entitles them to pursue.

Notes on Current Topics.

Death in the Pot.

THE stomach of the British public must be very discomforted, by hearing so much about the adulteration of food and drink, as revealed by public prosecutions almost daily in our police courts, and the perplexed *Paterfamilias* must turn in despair from one article of food to another, in the hope of finding something genuine. He likes white bread—'tis a compound of alum and potatoes; he loves a glass of fine pale sherry, and gets a mixture in which there is not a single drop of the juice of the grape; while his rich old port is a chemical formation, his whiskey-toddy an irritant acrid poison, and even a glass of good pure beer is unattainable.

Thus on all sides rings in his ears the cry, there is "death in the pot," "death in the bottle," and to still further perplex and worry him, sanitary science joins in the chorus, after his unavailing attempts to live on pure food, and avoid his concealed enemies, and depresses him by the cheering words, "there is death in the air you breathe;" poison germs come wafted to you on the fragrant breezes of your country house, foul emanations arise from the subsoil of your town residence, and scarlatina, typhoid fever, are carried home from your patent laundry company.

Insanity, it is said, is on the increase. Have we stumbled on its solution? Can we wonder at any ordinary individual, with perplexed brain and stomach upset from popular science reading, and attending popular lectures on diet and hygiene, becoming melancholy and depressed, until ultimately reason is dethroned? To a lover of green pickles—succulent and suggestive of cold beef and mutton—who has hitherto carefully avoided these tempting appetizers, there comes a faint *gleam* of *hope* that these viands are not poisonous or injurious.

But we must become serious. The most varied opinions have been put forth relative to the poisonous properties of the salts of copper, for the preservation of vegetables and fruits. Popular opinion has been decidedly against their use, not only in England, but in all civilised countries.

We learn from *Le Paris Médical*, that this subject has occupied the attention of the Academy of Science of Paris, and there has been considerable difference of opinion as to the injurious effects of the sulphate.

M. Pasteur is opposed to the artificial colouring of vegetables and fruits, as he believes that their use is hurtful, if continued for many days, owing to the absorption of copper into the system.

M. Vulpian, replying to Mr. Pasteur, denied that the poisonous effect of copper was proved, and asserted, that up to the present time, there had been no case of any accident caused by the absorption of this metal, or that it was possible to poison an animal with a moderate dose of this salt. Workers in copper were numerous in Paris and elsewhere, yet no accidents had been seen amongst them. It was still an open question, and far from being solved.

M. Bergeron, at the sitting of Feb. 19th, 1877, forwarded the following note to the Academy: "In a memoir crowned by the Institute, and which received the Chaussier prize, I have said that the salts of copper, in small doses, are not poisonous; but I do not feel justified in sanctioning the use of *vert-de-gris* for the coloration and falsification of aliments, and must oppose the dangerous conclusions drawn by M. Gallippe, though I may agree with him that the salts of copper, in the form of *vert-de-gris*, &c., are not poisonous, and that no one has ever been poisoned by them; facts perhaps established by experience and observation, by the unanimous opinion of those who, at home and abroad, have studied legal medicine, and have given their attention to the interests of justice and public health."

We believe that the whole matter lies in a nut-shell, and that the public should be guided in this matter by a little common sense. Sulphate of copper is not necessary for the preservation of vegetables or fruits, and is only used to render such articles of food more pleasing to the eye, and we are decidedly of opinion that as it is an *unnecessary falsification*, it should be discouraged and prohibited by law.

We know, from time immemorial, green conserves, green fruit, green pickles, have been indulged in with comparative impunity, but though as yet no inquest has been held on any victim from their consumption, and though our cemeteries are not ornamented with any tombstone with the significant epitaph "died from pickles," still we are aware that they have produced unpleasant symptoms, requiring prompt medical aid to counteract the irritant action of the metal.

To all intending purchasers and lovers of these peculiar condiments, we must give the sage advice of our contemporary *Punch* to the gentleman with matrimonial intentions, "Don't."

The Close of a Singular Case.

Recently died, in Jersey City, Corporal Latimer Whittle. He was shot through the liver and base of the lung in the Civil War. Though picked up for dead, he recovered, and his case is recorded as one of the rare instances of recovery from gunshot wound of the liver in the medical and surgical history of the Rebellion. He was dropped from the pension list in 1871 as perfectly well. Nine months ago, however, he was attacked with tuberculous symptoms in the wounded lung, and gradually failed.

Treatment of Bone Disease by Incisions.

M. Fort has a critique in *Le Paris Medical* on an article which appeared in *Le Progrés Medical* from the pen of Dr. Laffan, of Cashel. The article advocated the treatment of painful affections of bones by free incisions, where other treatment had failed. M. Fort after quoting the article goes on to say: "The communication of Dr. Laffan establishes a rule of practice for such cases" M. Fort then quotes a similar case which occurred in the practice of MM. Richet and Panas, and proceeds to comment sharply on the *Brussels Journal of Medicine* for claiming for Langenbeck priority in the employment of a similar treatment which he thus shows to have been pursued already both in France and Ireland. Incisions in inflammatory affections were recommended by Crampton but the proposal to extend them to purely painful disease of bones marks an advance on the lines of former teaching on the subject.

Literature in the United States.

A new library is in course of construction in the States which will be undoubtedly the finest which America possesses. It is the Lennox Library, so named from its founder, who has bequeathed 400,000 dollars to build it, and has endowed it with 300,000 dollars. The sum available for the purchase of books will be 212,000 dols. The building is to be 200 feet long and 125 feet wide, and constructed of white marble. It will contain 300,000 volumes, besides the private collection of Mr. Lennox, which contains 15,000 volumes, devoted mostly to the history of America and to Shakesperian literature. The Astor Library at New York, founded by the Astors—father and son—received from them an endowment of over three-quarters of a million of dollars.

Americans are often reproached for their utilitarianism, but it appears that such a reproach is unjust, to judge from the development of their public libraries. According to statistics of 1870, there existed in the States at that time 3,647 libraries, containing twelve and a quarter millions of volumes. At Baltimore the Peabody Library alone has cost at least a million and a half dollars. The Boston Public Library, is maintained by the municipality of that city, which costs the citizens 123,000 dollars annually. These figures represent the library organisation of the States seven years back, but a fresh report is in course of issue by the American Government, which will give us the facts up to the present day.

Consumption of Horseflesh in Paris.

In the year 1875 the horseflesh butchers of Paris have sold to the public 6,865 horses, asses, and mules; in 1876 the number reached 9,271, the weight being nearly three and a half millions of pounds. At Lyons the number of animals sold was 1,262 in 1875, and 1,088 in 1876. In Paris there are fifty-eight shops for its sale, and only seven in Lyons. The committee which is charged with the encouragement of this trade has recently forwarded

gold and silver medals to those dealers who have sold the largest quantity.

The latest Yankee Fashion in Quackery.

An American contemporary says that nothing of a therapeutical character has made such an excitement among the non-professional public for years as General Pleasanton's Blue-Glass Cure is creating just now. It is *the* topic in social circles, and a house with a southern window is not considered to be furnished until it has a foot square of blue glass suspended in it. The experiments are said to be most popular among those ladies whose adipose tissue is rather scant in comparison with their osseous development, and great things are in anticipation. Now is the chance for some of our pharmaceutical friends to make hay while blue sunshine is in fashion.

Dialysed Iron.

A preparation of iron has been recently introduced. It consists of the peroxide of iron in the colloid form held in solution in a small body of water: it is in fact a *soluble hydrate of iron*. It contains no trace of acid, the equivalent of acid being replaced by the equivalent of water by diffusion (dialysis). This preparation is the nearest approach to the form of iron contained in the blood and as it has no irritant properties it will doubtless prove to be most valuable of all the forms in which iron can be administered. We have already given the preparation an extensive trial. Although a strong solution it has scarcely any taste and is taken readily by children. It does not constipate nor disturb the digestion, whilst at the same time it produces all the good effects we are accustomed to recognise from iron in the other forms in which we have been accustomed to administer it.

The *solution* may be given in doses similar to the muriated tincture, that is, ten to fifteen drops or for children about five drops. It may be given before meals as it does not irritate the stomach.

It cannot be mixed with ordinary hard water which causes it to flake or gelatinise but it may be taken in distilled water or dropped on a piece of sugar. Not the least advantage of the dialysed iron is that it can be brought into contact with the teeth with impunity. It may be given with equal effect in the form of a *pill*, each pill being equal to ten drops of the solution, or as a *lozenge*, equal to two drops of the solution.

Phlegmasia in Typhus.

At the last meeting of the Biological Society of Paris, an instance of this extremely rare complication was brought under the notice of the Society by Dr. Dumontpallier, who had discovered in a woman suffering from typhus fever a double *phlegmasia alba dolens*, with very deep eschar of the sacrum.

The sacrum and the coccyx were altered to a great extent. There were recent sanguineous coagulations in the iliac primitive veins, extern and crural. In the veins which, near to the diseased parts of bones, penetrate into the hypogastrium, were found clots of blood much more ancient, and which were the cause of the other coagulations, and consequently of phlegmasia.

This observation of Dr. Dumontpallier is interesting, both in a clinical point of view—on account of the rarity of phlegmasia in typhus fever—and in regard to pathological physiology. Here, as well as in some cases of puerperal phlegmasia, inflammatory lesions were evidently the chief cause of veiny coagulation. This fact had not previously been noticed.

Opium Poisoning and its Antidote.

Some interesting cases of opium poisoning have recently been chronicled in our exchanges and deserve notice in our columns. The *Philadelphia Med. and Surg. Reporter* records the case of a lady who, through ignorance of the poisonous nature of the drug, gradually swallowed an ounce of opium whilst seeking to obtain relief from toothache. The ordinary remedies—such as mustard emetics, strong black coffee, friction, &c., &c., failing—the following was prescribed: ℞ Ext. belladonna, grs. xv.; aq. menth. pip., fl. ʒiv.; syr. aurant. cort., fl. ℥ ʒiv. Sig. Teaspoonful. After the first dose improvement was noticeable. The medicine was repeated first at the end of fifteen minutes, then twenty minutes, and again at the end of half an hour, after which an interval of two and a half hours was suffered to elapse before the last dose was given. Improvement was steady throughout, and the patient was quite recovered next day.

The counterpart of the above is to be found in the *Australian Medical Journal*, the notes of which are published by Dr. Williams, resident physician at the Melbourne Hospital. The case was that of a man, aged 70, who took a quantity of liniment in mistake for black draught. Shortly after he staggered and complained of giddiness. Two hours after taking the poison he was admitted into the hospital (7.15 a.m.), when the symptoms were increasing in severity and he could not stand without assistance. Dr. Williams introduced the tube of the stomach-pump, and washed out the stomach thoroughly. Finding the symptoms increasing in gravity, he then injected a grain of acetate of morphia hypodermically. This was at 8 a.m., nearly three hours after taking the liniment. At 9 a.m. the patient was quiet. The pupils were not so much dilated; pulse 120—full, bounding, but quite regular. At 12.15 p.m.: Slept at intervals, more sensible, answered questions intelligibly. Pupils less dilated, and contracting on exposure to light. The patient then rapidly progressed, and was discharged quite well two days after admission.

Dr. Williams was unable to ascertain the exact amount of belladonna taken; the symptoms, however, were those of imminent danger of death from the effects of that poison.

The above cases are decidedly interesting from a practical and clinical point of view. Experimental physiologists question the antagonism between belladonna and opium as antidotes one to the other. Such cases as these, however, together with the general experience of medical practitioners, and especially the experience of medical men practising in China, India, &c., where opium poisoning is a thing of frequent occurrence, tend to establish as a fact the mutual antagonistic properties of these two drugs.

Salicin in Typhus Fever.

THIS fashionable remedy appears to be undergoing the most crucial tests at the hands of the profession in all parts of the world. We have given considerable space in recording its supposed merits and demerits from the opinions of able authorities in this and other countries. We now add the views of some of our most distinguished Parisian *confrères* to those in our issue of the 7th inst.

Professor Robin has completed his recent experiments with this agent in typhus fever. He shows, with figures in hand, that this remedy diminishes almost constantly the quantity of excreted urine ; that in consequence of its being used, the quantity of *indican* increases. Its elimination may be very slow, and last seven and eight days. M. Robin points out a difficulty presented by its employment, viz., that it sometimes produces ulcerations in the throat and even consecutively in the œdemantous laryngitis. M. Robin recommends. in cases of typhus fever, to administer it only in a very diluted state, lest diuresis may be too much impeded.

M. Leven is of opinion that this substance should not be recommended in typhus fever even in small doses ; and when administered, in heavy doses, serious disorders in the digestive organs, may ensue.

M. Lépine, like M. Robin, has witnessed the slow elimination of salicylic acid. It often produces noise in the ears, but in a manner less constant and less intense than sulphate of quinine. Most efficacious in some acute rheumatic affections, it is of no utility in typhus fever. M. Rabuteau has declared that he cannot admit the conclusions of M. Robin, regarding the colouring matters of urine.

It will be thus seen that the views of our French *confrères* like those on this side the channel are very diverse, especially when taken in connection with the article which appeared in our issue of the 7th inst., the result suggesting a much more extended employment before any definite conclusion can be arrived at.

Cruelty to Animals.

WHENEVER any particular class of men have, for some reason or other, aroused popular prejudices, some little incident will often happen to give colour to complaints which really have little or no foundation. For this reason, we are sorry to see that at the Leeds Police Court on Friday a member of our profession, and a member of the medical staff of the Leeds Infirmary, was prosecuted by the Royal Society for Prevention of Cruelty to Animals for cruelty to a cat by striking it with a poker. It appears that on Sunday afternoon, the 4th inst., the defendant and three other gentlemen were in a room of the Leeds Infirmary when a servant entered for the purpose of putting coal on the fire, who, on approaching the coal-box, was told by the defendant to leave the room, as he did not require the fire made up. She, however, went close to the coal-box, from which at the same instant a cat sprang out with a cloth round its head, whereupon the defendant seized a poker, and struck the cat with it. The servant protested against such cruelty, when the defendant laughed at her. At eight o'clock the same evening another servant of the Infirmary was awakened from her sleep by the cries of the mutilated cat, which she wrapped in a shawl until the return of the lady-superintendent, when the animal was put out of its misery. It was then found that its skull had been fractured by the blow. Mr. Bruce considered the act a very cruel one, especially on the part of an educated man, and fined the defendant £5 and costs. The committee at the Infirmary have discharged the defendant without testimonials.

From the judgment passed by Mr. Bruce, and from the fact that Mr. Jenkinson has been discharged from the Infirmary, we are afraid that his conduct has been as cruel and as rash as above represented. It behoves every medical man—now more than at any other time—to show that he belongs to a profession in which humanity is as conspicuous as it is in any other walk of life. Doubtless, when Mr. Jenkinson struck the cat with a poker it was on the impulse of the moment, and without any intention of killing or severely wounding the animal. At all events, he has had to pay rather dearly for his rash act, especially if (as we think) his cruelty was not so wilful as it is represented in the papers.

But if Mr. Jenkinson's conduct was not wilfully cruel, it is at least to be deeply regretted. It shows not only a great want of self-respect, but very little consideration for the character of the profession to which he belongs, and it was exposing his professional brethren to reflections which they do not deserve. He should have recollected that, besides the watchful emissaries of the society above-mentioned, there is now abroad a number of anti-vivisectionists who are ever ready to pounce down upon such an incident as this, and to invest it with all the importance that their bigotry can suggest. He should have recollected that much of our modern humanitarianism is of such a distorted nature that its blessings are very unequally distributed, and that the poor woman who, after a long course of ill-treatment, has had her life nearly kicked out of her by her brutal husband will not nowadays meet with so much pity as the dog which suffers a little pain at the hands of the physiologist, or the cat which falls a victim to the violence of intemperate youth. The most zealous opponents of vivisection, or the most indefatigable members of the Society for Prevention of Cruelty to Animals, may not be otherwise remarkable for their humanity. They may not be good husbands, or good fathers, or good sons, but their enthusiasm in behalf of their dumb *protegées* is undeniable. They might even stand by—as some have done—and see a man drowning, or a woman half-murdered, without rendering any assistance ; but let them hear of some young enthusiast vivisecting a frog without a licence, or let them hear of such an incident as that which has recently been paraded in all the newspapers, and then their indignation will be unbounded. Mr. Jenkinson should have borne all this in mind, and then discretion, if not the common feelings of humanity, would have saved him from a little notoriety which is by no means to be envied.

It is to be hoped, moreover, that it will be long before any member of our profession will so far forget himself as not only to lose his own character for humanity, but to discredit the profession in the eyes of a very humane, but indiscriminating, public.

English Counter-Prescribers and their Fruits.

An inquest was held at Lambeth, last week, on the body of the child of an artisan, who is alleged to have died from the administration of some drug obtained from a Mrs. Coomber, a registered chemist. The child's mother deposed that the deceased was very ill, and apparently suffering from measles. Witness went to Mrs. Coomber, received two bottles, one containing castor oil and the other a medicine of a purple colour. Mrs. Coomber gave instructions that the deceased should have a tablespoonful of the castor oil, and after the lapse of an hour a tablespoonful of the medicine. Witness did as she was told; but, although the castor oil sent the child to sleep, the mixture had such an effect upon her that the witness could hardly hold her. About eight o'clock the next morning the child died. The child's father said he went to Mrs. Coomber and told her of the death. She at once said, "run back, then, and fetch the stuff," and he did so, and handed her the bottle. She put it to her mouth and said, "Lord bless my soul: it is a bad job; I can t do anything for you." She walked up and down the shop and got out of sight, and he suddenly heard the tinkling of glass. She then came forward and handed witness the bottle, saying, "It is no fault of yours or mine. *If I could have seen the baby my partner would have given a certificate.*" Witness ran home, and upon looking at the bottle saw that the purple liquid had been poured away, and a light-coloured liquid substituted.

The Coroner adjourned the inquest for a fortnight, for an analysis of the contents of the child's stomach.

Hygieopolis.

The proposition to lay out a town on the plan of Dr. Richardson's "City of Health," has reached a further stage—viz., the issue of a prospectus; and it now remains to be seen how far the project finds favour in the eyes of the general public, who, of course, are looked to for the "sinews of war." The directors are Dr. Ansell Ball, of Spalding, Mr. Saville Clarke, Dr. Baxter Langley, and Mr. Sherson, of London. The nominal capital is £250,000 in £10 shares. The site—which lies close to Worthing, in Sussex, and has a sea-frontage of about a mile—covers an area of 309 acres; and a maximum of garden space and boulevards will be laid out. There will be five classes of houses. The first, or best, class, which will be available at an annual rental of from £60 to £100, will contain twelve rooms; and the different classes will be determined according to their accommodation, the rent being charged accordingly.

Physiological Experiments on a Gastrotomic Patient.

M. Richet has instituted a series of physiological researches on a patient on whom M. Verneuil performed gastrotomy, and some of the results were communicated to the Biological Society of Paris, at their sitting, March 3rd, 1877, under the presidency of Prof. Claude Bernard. He has drawn the following conclusions:—

1. Hunger is not the consequence of a *vacuum* in the stomach.

2. Acidity of the gastric juice is due to the presence of chloro-hydric and lactic acids, is weaker fasting than during digestion, and does not vary with the quantity of fluid. It is increased by the use of certain stimulants, as wine and alcohol, whilst others diminish it.

Westminster Hospital.

After a vast amount of deliberation on the subject, it is at length decided to carry out extensive structural and sanitary improvements in this hospital. Many have thought, with a recent correspondent of the *Times*, that it would be better to remove the hospital altogether from its present site to some district wanting in hospital accommodation, and inhabited by a larger population. This proposal appeared to have many recommendations in its favour, especially as the present institution is within a short distance of three others of the same kind. It appears, however, from a letter in the same paper, from Dr. Rutherford Alcock, that the whole subject of an alternative site and a new hospital had been maturely considered by the authorities at Westminster Hospital. The considerations which have mainly determined the decision they have come to were—first, that the present building represented the original building founded in 1719, and that the three other institutions were all of recent establishment; and in the second place, that, while there is still ample field for the ministrations of the hospital, its removal would involve not only a much larger outlay than that at present contemplated, but also a loss of annual subscribers and support of every kind.

The first of these considerations, however, is not a very commendable one, as it appeals merely to the respect we all have for old institutions, and not to public necessity and the wants of the neighbourhood. There can be no doubt that—if it be true that the surrounding district, poor and squalid at present, is gradually being replaced by large offices and houses—the time will come when this hospital will have to die a natural death from sheer lack of nutrition, the supply of hospital funds and hospital patients being alike cut off.

The "Sweating System."

We are glad to see that something is to be done towards mitigating the evils which, in a sanitary point of view, result from this system, *i.e.*, work taken from tailoring establishments to be done at the homes of the working tailors. On Friday, a deputation from the Amalgamated Society of Tailors of the United Kingdom had an interview with the Home Secretary on the subject. Several speakers testified to the mischief resulting from the presence of contagious diseases in these over-crowded and unhealthy homes, mischief to which this and other medical journals have long directed public attention, Mr. M. H. Wright, of Glasgow, said that from personal observation, he knew many cases where garments, while being made for the public, acted as bed-clothes to fever-stricken patients, and of instances where contagion had thus been spread. Mr. H. Harry, of Manchester, said a committee had been appointed to ascertain the condition of things in Manchester. They visited over 1,000 homes, where work was done, and their condition was terrible. The average size of the rooms was nine feet by twelve feet,

and sometimes they found four or five persons making garments in the midst of domestic arrangements. They found 1,300 people thus engaged, so that in cases of disease the danger would be widespread. Other members of the deputation corroborated tho above statement, and begged earnestly of Mr. Cross to do something to meet the evil. The Home Secretary said he could not then state what would be the provisions of the Bill he proposed to lay before Parliament, and he was afraid he should not be able to accomplish it before Easter. He was glad to have heard their statements. Was he to understand they wished the practice stopped of persons working at particular shops making up clothes in houses where there were contagious diseases? Mr. Macdonald said "Yes," and added that it was not a trades question at all. The Home Secretary further asked how they would deal with the case of a working tailor in a house which was full of disease, with his wife and child down with small-pox; would they prevent that man going to work in the ordinary workshop? A member said he would be requested to retire till he had a clean bill of health. No doubt there are difficulties in the way of bringing these tailors' homes well under the control of our present sanitary acts, but they are not insurmountable, and in the meantime, without making any further comments on the subject, we shall wait to see what steps Mr. Cross proposes to take to meet them.

The Oral Instruction of Deaf Mutes.

H.R.H. THE PRINCE OF WALES presided on Tuesday week at a dinner in aid of the institution established in Fitzroy Square for the Oral Teaching of the Deaf Mute. In a well-arranged and interesting speech the Prince traced the earliest efforts made to teach the deaf and dumb to speak. This commenced in the sixteenth century, when a Spanish Benedictine monk attempted to teach some deaf and dumb children to utter sounds. But it is to Dr. Amman, a native of Schaffhausen, on the Rhine, who practised medicine in the seventeenth century, that the merit belongs of having successfully placed the lip method of instruction upon a scientific and practical basis. Since then Drs. Holden and Wallace, of the Oxford University, zealously engaged in the work, and it has been most successful throughout Germany, Austria, and Holland, whilst England and France have somewhat obstinately and unwisely adhered to the sign method.

It has been said that dumb children were in the Dark Ages subjected to experimental operations for the cure of the supposed defect of speech. A more rational method soon succeeded, and the profession were among the first to recognise the fact that dumbness, as a rule, arises from no imperfection of the organs of speech, and that deafness alone debars the child from a perception of sound, and renders it incapable of imitating the articulate speech of its parents. The system of oral teaching, as introduced and practised by Mr. W. Van Praagh, is based upon this fact, and by slowly practising his pupils to imitate articulate sounds, and by calling to his aid the senses of sight and touch; it is found that they easily learn to imitate the motions of his lips, and read by sight (the words which he pronounces.

The deaf-mute, in this way, can be taught to converse with those who do not understand the sign and gesture method. We share in His Royal Highness's pleasure at having for the first time witnessed the facility with which young children distinctly articulated words and followed the motions of their excellent instructor's lips. We trust soon to see this valuable method generally adopted in this country.

Dr. Moxon on Fallacious Experiment.

THE Hunterian Oration which Dr. Moxon has recent y delivered is an admirable one, and will well bear comparison with the oration of Sir James Paget. Its chief and most laudable feature is the bold manner in which the orator assailed certain modern phases of thought, and certain medical fallacies and practices which threaten to act injuriously upon the minds of the rising generation of physicians. We cannot in one "Note" notice all the good points in this excellent oration, but we may here draw attention to his remarks on medical experiment, more especially as we have long entertained very similar opinions.

After defending the experimental philosophy from the doubts which John Stuart Mill cast upon it with regard to its application to practical medicine, Dr. Moxon admits that the criticism of the great logician was incurred more by the method in which medical experiment is usually conducted than by the inapplicability of the inductive principle to purposes of medical research.

"And did he (Mill)," observes Dr. Moxon, "overestimate the difficulties of Hunter's profession when he thus wrote? Must we not confess how often in our most formal efforts we not only cannot obtain correct answers, but cannot even ask good questions?"

Dr. Moxon then passes some very just criticism upon the recent discussion on syphilis at the Pathological Society, and upon the very illogical arguments and discussion lately raised at the Clinical Society upon the question whether phosphorus cures leukæmia. But the best points he made on this subject were his remarks on the salicin treatment of rheumatism, and the recent experiments of the Edinburgh Committee on the action of mercury. On the latter subject he said:—

"Neither would Mr. Mill yield any more homage to a type of our modern experiments, such as that undertaken by a certain committee to decide the question whether mercury is useful in moving the bile. The practical question before that committee was whether mercury would unload engorged human livers. To settle this they took *healthy* dogs, and, regarding lightly the vastly important connections of the duct or pipe which carries bile out of the liver, this duct—with its neighbouring vessels and nerves, and its wonderful structure—they cut it boldly through, and brought it to the surface, and fastened it to the skin outside, and then they gave the dog mercury; and they say it did not unload him of bile! Now, I can fancy that Mr. Mill would grin rather solemnly at that experiment if he were fond of dogs. For, first, as to unloading the dog's liver, it was not shown to be loaded at all like the engorged human livers of the *practical* question are loaded, which loaded livers mercury is thought to relieve. And Mr. Mill might ask, 'What did these people think we meant when we said mercury unloaded the liver? Did they think we meant that it squeezed it, as in a cheese-press? Or what force did they think the mercury would use that it could act in spite of all this rudeness? Does experience lead us to think biliousness is determined by very rough measures.

Some people grow bilious on sherry, and not on port, and if the bile is determined by such trifles, could it be indifferent to the dragging of the bile-duct from its supremely important connections, and cutting and trying it? Surely it is possible that it is along this pipe that the mercury acts, so that its channel was cut off.' And Mr. Mill might say what I would not, and ask whether a simpler experiment would not have answered better. He might ask whether, if this committee, instead of hardening their hearts and sharpening their knives, had met in a protracted dinner-party to quicken their brains and thoroughly engorge their livers, and had then each taken a blue pill, and in due time held another committee, the experiment would not have been of less boastful quality, more truly reasonable, and might not have ended in establishing mercury more firmly than ever in its almost proprietary command over the British liver."

This is a long quotation to make, and we really object to long quotations as a rule, but we feel sure that the reader will forgive us for making it. That the experimental method of inquiry is applicable to medicine, even to therapeutics, we have never for a moment doubted, but at the same time we have always thought that the method has been very much abused by the profession. And it is just that abuse of the inductive method to which Dr. Moxon more particularly refers that has brought medical experiment into contempt. The difficulty in our way is to know how to make use of it. If the medical student were taught a little more logic and a little less biology, how much better it would be for their patients and the advancement of medicine.

Moreover, we have an additional reason to condemn all fallacious and useless experiments on living animals. We have the eyes of the anti-vivisectionists upon us, and woe be to those who set about them without duly consulting what they have to learn and how best to learn it. We shall not be surprised if they make a handle of those very just and timely remarks of the Hunterian orator.

The Latest Army Medical Candidates.

Of the many signs of Army medical decadence which it has been our painful duty to notice during the past three years, nothing has at all approached the evidence of degeneracy afforded by the last examination. According to Mr. Hardy's statement in the House of Commons, 23 candidates presented themselves for fifty vacancies, and according to the published results of the examination only 17 succeeded in obtaining the minimum of marks required to qualify for admission. Thus it appears that more than one-fourth of the total number of applicants were absolutely unfit to be allowed into the medical department under any circumstances. This we unhesitatingly repeat is a proportion of unworthiness never before known since the competition system was first instituted, nearly twenty years ago, and it proves but too plainly the grade of applicants to which the medical appointments have now descended. Whether, under these circumstances, Parliament will permit Mr. Hardy to continue his destructive experiment for a "much longer trial," remains to be seen.

The London Fever Hospital has received a donation of £50 from the Queen, and also one of £21 from the Prince of Wales, in aid of the funds of the institution, which are rapidly decreasing.

The monument to Linnæus was unveiled in Stockholm on January 10th, 1877, 36,000 crowns having already been collected.

Since the night medical service in Paris was inaugurated on the 1st of January, 1876, 12,768 persons have applied for assistance, and a very large proportion have reimbursed the expenses.

The kingdom of Prussia, which contains, according to the last census, 24,693,112 inhabitants, has 7,952 physicians, inclusive of 791 belonging to the army, and 146 employed in hospitals; and 16,951 examined midwives.

As the House of Charity in Soho Square has a large number of unoccupied beds, they have placed twenty of them at the disposal of the Middlesex Hospital Medical Staff for convalescent patients, which boon has been eagerly accepted.

At the annual meeting of the governors and staff of the London Dental Hospital, Mr. John Eric Erichsen, F.R.S., Surgeon Extraordinary to the Queen, was unanimously elected Chairman of the Committee of Management in place of Mr. Campbell de Morgan deceased.

A concert was given at the Royal Academy of Music, on Monday evening, in aid of the Health Resort and Convalescent Fund of the Central Throat and Ear Hospital. If a crowded audience may be taken as an earnest of pecuniary success, the fund for which the concert was given should be considerably benefited.

Of the 96 deaths from small-pox in London last week, 43 were returned as unvaccinated, 25 as vaccinated. In the remaining 28 cases vaccination was not certified. Of the 9 fatal cases in the West Ham district, 8 were adults who had been vaccinated in infancy but had not been re-vaccinated, the other was an unvaccinated child aged three years.

The number of deaths from small-pox varies but little. Last week it was 107, the previous weeks since Jan. 1st ranging between 103 and 118. Of those which occurred last weeek, 96 were returned in London, 7 in Liverpool, and 4 in Manchester and Salford. There were no deaths from the disease in any other town.

The mortality last week in the principal large towns of the United Kingdom was higher than it has been through the winter, averaging 27 per 1000 of the population. Oldham being at the head of the list; next in order being Dublin with 35; Leicester and Salford with 34 each. The lowest death-rate in these towns being at Portsmouth with only 15 per 1,000.

On Saturday last, the coroner for Liverpool held an inquest on the body of a woman who had died under very peculiar circumstances. The deceased was a domestic servant, and during sleep had swallowed a set of false teeth; this lodged in the trachea, and was the following day removed by an operation. Subsequently an abscess formed, and death ensued from suffocation.

It is proposed to rebuild the Bolton Infirmary and Dispensary at a roughly estimated cost of from £60,000 to £70,000, towards which Messrs. John Musgrave and Son have promised £5,000. Other liberal support has been offered, and Dr. Chadwick, of Southport, bequeathed £1,000 conditionally upon a ward for children being built within four years, and Mr. Nathaniel Greenhalgh, of Sharples, £1,000 conditionally upon a new infirmary being built within ten years.

THE SANITARY INSTITUTE OF GREAT BRITAIN.

A PUBLIC meeting of the members of this institute was held on Wednesday last, at the rooms of the Society of Arts, under the presidency of the Duke of Northumberland.

The CHAIRMAN stated that the subject to be dealt with by the meeting was the report recently presented by the committee appointed by the president of the Local Government Board on the modes of treating town sewage. As far as he had seen the result of that report was in favour of one form of treating town sewage. London was greatly indebted to Sir Joseph Bazalgette for the formation of a system of sewerage to which there was no parallel in either ancient or modern times, and he had succeeded in adding to the means of carrying out that system by the creation of a number of open places which no other country in the world could boast of.

Sir J. W. BAZALGETTE (vice-president of the institute) said the conditions essential to the health of cities and towns were pure air and a pure and abundant supply of water. The means, however, of removing from towns rapidly, and without contamination, the rainfall, and drying the subsoil, and removing all decomposition in the most efficient manner, was a subject upon which there was a great variety of opinions. He regarded the report of the committee appointed by the President of the Local Government Board rather as a record of failures than successes; but it was useful inasmuch as failures taught one what to avoid. He quoted the various conclusions of the committee, and gave a number of instances to show that the value of sewage for manuring land was greatly exaggerated. Some thirty or more years ago London sewage was thrown into cesspools, and that was a horrible state of affairs, the ground being saturated with sewage. It was then wisely decided that they should be destroyed, and that the sewage should be turned into sewers, the result of which was that the Thames became polluted, and that gave rise to an act resulting in the carrying out of the main intercepting system and the diversion of the sewage from the river. In London was seen the best example of the disposal of sewage on the principle of carrying it all away by the water-carriage system and putting it into the tidal outfall. The expenditure in London, inclusive of interest on capital borrowed for the construction of the main sewers, and inclusive of the annual cost of pumping 136,000,000 gallons daily in dry weather thirty-five feet high, and all cleansing and maintaining, had been at the rate of 1s. per head per annum. But had London adopted one of the processes of purification, and obtained sixty square miles of land for a sewage farm (which was the extent which would be necessary), it would have led to a large failure and costly delay. Comparing London with Paris, he said that the latter had adopted a system of removing sewage by pails; the cost of constructing their main sewers had been £4,000,000 (the same as that of London), and the cost of cleansing and repairs in Paris where there was no pumping had been £59,000 per annum or 6d. per head of the population. In London, where the sewage was lifted an average height of thirty-five feet, the cost was only £58,000, or 3½d. per head of the population, although we had the additional work of pumping. In Paris they removed the soil by carts, and in 1869 they removed 600,000 cubic metres by their process, which cost them 2s. 3½d. per head. If their process were applied to London it would mean that in London an additional £487,000 per annum would have to be expended. The conclusion at which he had arrived was that no one system for dealing with town sewage could be advocated as suitable for all places. He believed that cesspools, middens, and dry earth systems were objectionable for towns, and that purification by chemical means were costly and unsatisfactory, and should only be adopted in exceptional instances.

Mr. C. F. GARDNER (of Ashbourne) spoke strongly in favour of the system of scavenging and disposing of sewage as adopted at Manchester, and contended that not only should the dry system be supplemented by the water system, but that the water system should also be supplemented by the dry system. He objected to the way in which the committee in their report had treated the dry system of sewage.

The CHAIRMAN proposed the adoption of the report of the committee of the Sanitary Institute of Great Britain. That document referred to the increasing importance which was attached to sanitary science, and to the encouragement in their work of collecting and imparting information upon all matters connected with the subject of public health received from the active part, publicly and privately, taken by the Duke of Northumberland, president of the institute. The report also stated that the establishment in London of an exhibition of sanitary apparatus and appliances would probably be among the most useful of the functions which the institute could undertake.

Dr. WILILAM FARR seconded the motion. He expressed regret that no use was made of the manure of London, and trusted that some means would be found for distributing the refuse now thrown down the Thames upon the land below London. There was great necessity for further inquiry being made on the subject.

The report was unanimously adopted.

Dr. RICHARDSON proposed, and Mr. H. C. BARTLETT seconded, a vote of thanks to the Chairman, which was passed, and the meeting was adjourned to April 11.

Correspondence.

SALICIN, SALICINE, OR SALICYLIC ACID—A QUERY?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Since the introduction into this country, not long ago, of salicylic acid as a therapeutic agent, I, as well as others, have employed it largely and with great satisfaction; I wish it therefore to be treated with common respect, and not be everlastingly called by improper names, for I have of late remarked that writers in almost every medical periodical I take up send reports of their experiences of it, get them printed, make a most confusing muddle of the little stranger—calling it one time salicine, another salicylic acid, sometimes even in the same sentence. Now, unless the muddle be on my side and not theirs, salicine is the patronymic of the bitter alkaloid salt extracted from the willow (*salex*) bark, *long, long ago* introduced as a substitute for sulphate of quinine, and from its close resemblance to which has been often employed by unprincipled chemists to adulterate the quinine salt—while salicylic acid has no resemblance or affinity whatever, chemical or otherwise, to salicine (excepting only the first part of the spelling), but is on the contrary nearly allied to carbolic or phenic acid, from which it is obtained by distillation, I believe. Yours sincerely,

Taunton, March, 1877. J. CAREY, M.D.

LEPRA GRÆCORUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The *Evening Telegraph* has thought fit to make a furious attack on me, impeaching me with "unmitigated barbarity," because I offered in the MEDICAL PRESS of the 7th inst. to afford my medical brethren every opportunity of inspecting a case of that rare disease, "lepra græcorum," likely to become more frequent from our increasing intercourse with the East; and because I professed myself willing to facilitate the transfer of the patient to Dublin, in order that the medical classes might have an opportunity of making themselves acquainted with the second case of the disease ever seen in this country within the memory of the present generation, I am accused of undertaking a measure "hazardous to the public and unfeeling to the man." In undertaking to afford every facility for studying this very rare affection, I was plainly acting in the interests of the public. As the man himself is willing and anxious to go to Dublin, there was nothing unfeeling in proposing to transfer him thither; and as the disease is only communicable by prolonged contact, such as wearing the same clothes, or sleeping in the same bed, there could be nothing hazardous to the community in consigning him to a third-

class carriage for three hours by rail. The attack on me fails signally on every point. Whether the profession is assailed, or meant to be assailed, by implication, I shall not attempt to decide; but, as far as I am concerned, the observations of the *Evening Telegraph* are wantonly and gratuitously calumnious. In writing as I did I had plainly no motive but to serve the interests of the community by extending medical knowledge, without any sacrifice of humanity, or any risk to the public weal.

Yours very truly,

ZACH. JOHNSON, A.M., F.R.C.S., &c.

Kilkenny, March 12, 1877.

[Perusal of the remarks of the *Evening Telegraph* enables us to say that our correspondent's indignation is perfectly justified. The tirade is an ignorant misrepresentation, having probably some *animus* other than the humanitarianism, which its writer lays claim to. If the *Telegraph* had troubled itself to ask a question of any medical student, or to take a glimpse into any manual of practice of medicine, it would have learned that no barbarity—hardly even discomfort—is involved in the sending of a case of lepra græcorum from Kilkenny to Dublin. But probably the *Telegraph* desired to vituperate, not to learn or to speak truth. When a penny-a-liner gives his fingers free action on a medical subject, the result is generally the same as in this instance—a pitiful display of self-confidence and want of education.—ED. M. P. & C.]

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

DR. WYCKOFF, of Brooklyn, New York, writes "The general vindication of the independent conduct of the MEDICAL PRESS AND CIRCULAR is noted with pleasure, even on this side the water.' We are glad to notice that the course we have pursued is as highly approved by the profession in America as in this country, and it is a striking contrast that, whereas the medical journals of the United States, with scarcely an exception, drew attention to the recent action against us, commenting in kindly terms in our favour, the journals of Great Britain, on the contrary, who were as much interested in the principle for which we contended as ourselves, allowed their feelings of jealous rivalry to overcome their duty to the profession, and ignored the case. To Dr. Wyckoff we beg to offer our thanks, as well as to the whole medical press of America.

NOTICE has been given that an examination of candidates for nineteen appointments as surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1877. A further notice will be issued when the exact date of examination has been fixed.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday evening, April 4th, 1877, at eight o'clock.

ROYAL COLLEGE OF SURGEONS OF LONDON.—On Friday next, at 4 p.m., Prof. Flower, "On the Comparative Anatomy of Man."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—On Friday next, at 5 p.m., Lumleian Lectures: Dr. George Johnson, "On the Muscular Arterioles, their Structure and Function in Health and in certain Morbid States."

CLINICAL SOCIETY OF LONDON.—On Friday next, at 8½ p.m., Mr. Barwell, "Excision of a Lingual Epithelioma by Dr. Petrequin's Thermo-cautere."—Mr. C. Lucas, "Excision of Lower Half of Ulna for a Myeloid Tumour" (a living subject)—Mr. Geo. Brown, "Excision of Tongue for Cancer supervening on Ichthyosis of twelve years' standing."—Mr. Warrington Haward, "Recurrent Cancer of Tongue treated by Ligature of Lingual Artery."—Dr. Southey, "On a Case of Idiopathic Tetanus."

CRUSTACEAN ATROCITIES.—A comic contemporary publishes a *jeu d'esprit* purporting to be a report of the proceedings of the Cheese-mite Protection Society:—"Stimulated by the noble example shown by a benevolent baroness, a society, under the above title, has been inaugurated under the presidency of Prof. Butteredoats. At the society's first meeting, which was held last week, Dr. Chickenhardt read a paper descriptive of a newly-invented process for the painless boiling of winkles. The operation was extremely simple, and consisted in treating each separate living mollusc with chloroform by means of a small syringe. Laughing-gas, the learned doctor remarked, answered equally well, but was attended with the disadvantage of so exciting the winkle's risibility that it wriggled out of its shell before it was properly cooked, and so was spoilt for the market. Dr. Chickenhardt likewise exhibited his new oyster-knife, which, being highly magnetised, communicated a shock to the bivalve, depriving it of consciousness, and preventing it from experiencing the horrible sensation of being boiled alive. In the discussion which ensued, a member remarked that it was time that steps were taken to mitigate these crustacean atrocities. He had been informed on good authority that the shrieks which were heard nightly proceeding from the boiling-house attached to the fish-shop near Temple Bar were so excruciating that the neighbours could get no sleep, and that house property in consequence had deteriorated in value. Another member observed that he had been informed in confidence by a retired fishmonger that it was the exertion of shrieking that turned the lobster red, and that the creature was tortured and goaded to make it shriek louder, and so improve in colour. (Sensation). Mr. M. T. Head hoped that the society would soon give its attention to the abominable cruelty involved in treading on a worm until it turned. There could be no doubt, from the frequency with which the heartless and wanton pastime was alluded to, that it was more commonly indulged in than was generally supposed. Cock-fighting had been put down, and badger-baiting, and the poor blind earth-worm should be similarly protected. The very fact of no instance being on record of a worm ever having turned until it was trod on was unimpeachable evidence, not only of the creature's intelligence, but also of its peaceful and unobtrusive nature. In illustration of what kindness will effect as regards even this low form of animate nature, Professor Butteredoats mentioned the case of a leech in the possession of his sister. Owing to the gentle and considerate treatment the little animal had on one or two occasions received at that lady's hands, it had contracted such affection for her as to wag its tail in friendly recognition whenever she approached the glass-bottle in which it was deposited. She had attempted to use it on herself for phlebotomic purposes, but it had turned away its head, and no persuasion would induce it to bite her. The president having announced that the subject next on the list was an inquiry into the cruel practice of swinging cats in rooms too small for the purpose, the meeting separated.

VACANCIES.

Limavady Union.—Medical Officer for the Belluvena District. Salary, £100, with £15 extra as Sanitary Officer. (See Advt.)

Cancer Hospital, Brompton.—Dispenser. Salary, £80 per annum, with parial board.. (See Advt)

East London Hospital for Children.—Assistant Physician. Honorary. Attendance required two afternoons each week. Applications to be made to the Secretary on or before the 22nd inst. (See Advt.)

Wolverhampton General Hospital.—Surgeons' Assistant. Board and lodging, but no salary. Further particulars of Mr. Vincent Jackson, 46 Darlington Street

Berks County Asylum.—Assistant Medical Officer. Salary, £80, with board. Address the Medical Superintendent, at Moulsford.

Hull Dispensary.—House Surgeon. Salary, £150, with residence. Applications to the Hon. Sec.

Bristol Lunatic Asylum.—Assistant Medical Superintendent. Salary, £100, with board and residence. Applications to the Chairman of Committee, at Stapleton.

Buckingham General Infirmary.—Resident Surgeon and Apothecary. Salary, £100, with board. Testimonials to Mr. G. Fell, Solicitor, Aylesbury.

APPOINTMENTS.

BLAKER, T. F. I., M.R.C.S.E., House Surgeon to the Brighton and Hove Lying-in Institution.

CAPON, H. J., M.R.C.S., House Surgeon to the Dorset County Hospital.

GOULDER, F. S., L.R.C.P.L., M.R.C.S.E., Junior Resident Medical Officer to the Royal Free Hospital.

PAGE, W. I., M.R.C.S.E., L.S.A.L., Medical Officer to the Wimbledon Hospital for Infectious Diseases.

WELLS, Mr. T. SPENCER, Consulting Surgeon to the Samaritan Free Hospital.

WOOD, JOHN, F.R.S., F.R.C.S., has been elected to the Professorship of Clinical Surgery in King's College Hospital, vice Sir Wm. Fergusson deceased.

Births.

ANDERSON.—On the 9th inst., at Upper Berkeley Street, Mrs. Elizabeth Garrett Anderson, M.D., of a son.

MCCLURE.—On the 9th inst., the wife of Thomas McClure, M.D., F.R.C.S.I., of Verandah House, Worle, Somersetshire, of a daughter.

PURVIS.—On the 12th inst., at Royal Hill, Greenwich, the wife of John Prior Purvis, M.R.C.S.E., of a daughter, still-born.

Marriage.

WILTSHIRE—WATERLOW.—On the 15th inst., at St. John's, Redhill, Alfred Wiltshire, M.D., of Wimpole Street, London, to Kate, second daughter of the late A. C. Waterlow.

Deaths.

ADYE.—On March 13, at Bradford-on-Avon, Arthur Adye, M.R.C.S., aged 79.

BEATTY.—On March 13, at 62 Lower Mount Street, Dublin, after a few days' illness, Annie, the beloved wife of J. G. Beatty, M.D.

COCKS.—On March 6, at Liscard, Cheshire, William Lawrence Cocks, M.R.C.S.E., aged 75.

KING.—On March 4, at Richmond, Surrey, Samuel King, L.S.A.L., aged 73.

MARSHALL.—On March 12, at Gordon Villa, East Cowes, Peter Marshall, F.R.C.S.E., late of Bedford Square.

SPRIGGE.—On March 11 at Watton, Norfolk, after a short illness, S. Sprigge, Surgeon, aged 57.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 28, 1877.

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NOTES ON THE TREATMENT OF GONORRHŒA AND SOME OTHER DISCHARGES AS THEY OCCUR IN THE MALE, BUT PARTICULARLY AS MET WITH IN THE FEMALE.

By G. de Gorrequer Griffith, L.R.C.P., M.R.C.S., &c.,

Senior Physician to the Hospital for Women and Children; Physician to St. Saviour's Maternity; late Resident Surgeon to the Lock Hospital.

(*Continued from page* 226.)

I shall now describe how I should act if a case of gonorrhœa, or of doubtful discharge occurring in the female came before me for the first time.

I should at once make a vaginal examination with the speculum, suiting the size of the instrument to the calibre of the *os* vaginæ, and placing the patient on her left side for the purpose of the inspection. I never adopt the position on the back—1st. Because females themselves consider it so indelicate, and objectionable; and 2nd. Because the left lateral position is in every way preferable as regards the examiner. There is no necessity for screening the patient's face, since it is turned away towards the wall. The woman's knees being placed together remain in that position undisturbed; whereas, on the back they would in a great many instances require an assistant to hold and steady them; on the left side the patient's dress can be so arranged that we can conduct investigation and apply our remedies without offence to her delicacy—supposing our patient to be a chaste married woman—without, indeed, making her experience the same sense of exposure which she does when on her back, and which makes her so uncomfortable that she will often move about and shift her position, simply because she feels so stripped and abashed.

A visual examination of the labia, both external and internal, and of the urethra, is not by any means enough, because in the very case we might so examine, there may be no trace of discharge at any of these situations, nor even any redness, or other appearance of inflammation, and in such, depending solely upon this kind of examination, we should be thrown completely off the scent, and baffled in our diagnosis. Whereas, when we come to make a speculum introspection we shall perhaps find the indications of evil higher up in the vaginal canal.

Placing the patient, then, on her left side, in order to make the examination, anointing the instrument well with lard, and over it smearing thickly a covering of balsam, which I prefer to have somewhat inspissated: no matter how acute the vulvitis or vaginitis may be, I proceed to explore the passage with the speculum, passing it carefully along and well up to the os uteri, mopping clean the different surfaces, which is easily done by shifting the position of the instrument, and, as we withdraw it, swabbing the vagina dry of all discharge.

In using the speculum we need give very little, if, indeed, any pain, particularly when we bear in mind the axiom to adapt the size of the instrument to the os vagina. We can thus thoroughly explore the parts, and apply our remedies with the greatest ease.

I next take a clean speculum anointed in the same way as the other, and introducing it per vaginum, again review all the parts, including the os and cervix uteri; if I find great congestion, accompanied or not by non-specific abrasion, I freely scarify, and by depletion relieve the engorgement. Having soaked a plug of cotton wool, adapted to the size of the vagina, in the inspissated balsam, I insert it through the speculum right up against the os, and with it, or with separate pledgets of wool, soaked in the balsam I fill the anterior and posterior *cul de sac* of the vagina, and cover the portion of cervix which may project into the canal; withdrawing the speculum a little, I pass in another large piece of soaked wool for two purposes—first, to retain *in situ* the uppermost pieces; and, secondly, that from it the medicament may flow down the vagina to the labia, and lave all the inflamed parts, as the patient rises from the couch. At times I have found it advantageous to insert a tampon of dry wadding after apposing the balsamic pieces, and to lay a layer of the same, previously soaked,

against the orifice of the vagina, and over the mouth of the urethra.

I can speak from the experience of some thousands of cases, that this method will rapidly effect a cure—so rapidly in some instances as to be a source of surprise both to the patient and to her medical attendant.

It may be supposed that the introduction of the speculum, when there is vulvitis and vaginitis, will give great pain; no doubt it will occasion more than if no morbid changes had taken place; but, frequently, when the instrument has been in for a little time, and the first burst of pain over, a sense of relief will be experienced by the sufferer, not alone from the pain of the speculum introduction, but from the pain and distress dependent on the malady; this relief arises from the facts, that the nervous sensibility is at least in a measure deadened by the pressure of the instrument, and by the reduction of the congestion—as a result of that pressure—and the swollen state of the blood vessels and inflamed parts generally.

While conducting the topical treatment, I prescribe to be taken internally large doses of liquor kali, so as to neutralise the urine, and thus render it less irritating to the urethra and to the bladder, which we often find in a more than usually sensitive state, dependent on the exalted blood action going on in all the contiguous parts. I at the same time give pulv. jalap co. in order to procure very free action of the bowels and kidneys, and find the powder act most efficacicusly, the aperient not preventing the diuretic effect: demulcent drinks may likewise be taken, as freely as may be wished, but not to such an extent as to upset the stomach. I allude to this precaution, because I have found that in telling a patient to drink freely of demulcents, and thus giving him *carte blanche* in the matter, he does not exercise his common sense, but imbibes so much of them that he disarranges the stomach, rendering it incapable of tolerating the medicine, which intolerance leads him to suppose that the medicines are disagreeing with him.

I have met with some instances where pain has been experienced in the labia, urethra, vagina, uterus, ovaries, and also the rectum, and others where all those parts are likewise found to be tender on examination with the fingers.

These conditions I relieve by employing at the same time, and mixed with the balsam, equal parts of tincture of opium and tincture of aconite, and in such a mixture soaking the cotton wool plugs before introduction into the vagina, in the manner I have described; also by passing into the rectum suppositories of the same drugs; combining with the liquor kali given by the mouth, pretty large doses of bromide of potassium, with or without tincture of aconite.

I invariably recommend the frequent emptying of the bladder.

The mixture of tinct. opii and tinct. aconite, with the balsam, will sometimes produce smarting and stinging in the vagina, but when these pass off, great relief will be experienced, and a distinct subsidence of the inflammatory symptoms. In those patients who are constitutionally very sensitive to pain, I omit the tinctures, using some other preparation of the medicines.

There is a plan about the employment of suppositories which I find not generally heeded, and I think it worth while naming here.

A patient is told to use a suppository night and morning. That used at the former time may happen to be inserted at the right moment—viz., at bed-time, after which it lies in the rectum undisturbed; but the morning one may be employed just before getting out of bed, or while the patient is dressing, and shortly afterwards there may be the usual morning evacuation of the bowels, by which the good effects of the suppository is nullified, owing to its expulsion. Hence, I invariably direct that the medicament be placed *after* the bowels have been relieved—that is, if the customary action be early in the morning. This is a precaution worthy of adoption.

Neglected vaginitis, or gonorrhœa, may lead to organic changes in the vulva, and in the vagina itself, also in the uterus, ovaries, rectum, bladder, and urethra, if morbid action spread to them Hence it would be unwise not to check the diseased condition as quickly as possible, and limit the area of its effects; and I know of no way calculated to accomplish this so efficaciously, and so rapidly as the system I have just laid down, and which I have now pursued for some years with the happiest results.

One great element of success has up to the present remained unmentioned by me. It is rest. By it I mean, in the milder cases, as little moving about as possible; in the severer, absolute rest in bed. I have reserved this advice till the present moment because of its importance, and that it may engage the more attention by filling up the last niche. Rest, Rest, Rest, in all cases, as much as possible! In both the male and female, I have known a very mild attack to be developed into a very severe one, either by a long walk, or by even too much going about in the house, or even by running quickly, although but a short distance; also by want of local rest dependent on the straining efforts occasioned by allowing constipation, and the subsequent attempts necessary to empty the bowels, especially the over-loaded lower bowel, or rectum.

It is often advisable, when the lower bowel has become loaded, or is even sluggish in its action, to administer a hot-water injection into the rectum about an hour before bed-time, and to get the patient to retain it as long as is consistent with comfort. The hot water acts not only as an aperient, but as a solvent to the alvine accumulation which has become, most probably, dry and hard, because of its having lain in the bowel longer than natural, and had the liquid portions absorbed.

Another effect of the hot water is that it exercises a soothing influence on the contiguous irritable parts, being, in fact, a kind of internally-applied poultice.

I have known instances where gonorrhœa in the female, neglected and increased by want of rest and due attention to the precautions I have enunciated, has lighted up not only inflammation of the womb, but also peritonitis, often of a severe type and sometimes of an intractable kind.

Uterine colic, or the ordinary colic of the bowels, may supervene, and occasion our patient excessive agony and subsequent exhaustion.

For these affections, in addition to the usual trite remedies, I make the patient lie on a large vulcanite hot water bottle placed under the back at the dorso-lumbar or renal regions, while there is laid all over the abdomen a piece of soft, thin flannel, or other light material, previously warmed, which, when duly apposed, has freely poured over it to saturation a warm lotion of equal parts of tincture of opium and tincture of aconite, this in turn covered over with a layer of cotton wool, and all made secure by lightly fastening on a silk pocket-handkerchief, when practicable, or a broad roll of fine soft flannel.

I would mention that there is no particular virtue in the silk pocket-handkerchief except for the sake of appearance, and for its lightness, and because some patients prefer it next the skin—at those parts of the body where it must touch the surface—to even the finest and softest flannel.

The warm lotion should be poured to saturation on the flannel, lint, or whatever else may be used, every two or three hours, till the pain is lulled—indeed, it may be even oftener if the temperature of the abdominal integuments be high. The hot-water bottle must, of course, be changed or refilled when the water begins to be cooled, so as to maintain the temperature at the height which was first applied.

I have never found any inconvenience result to the patient from the free use of the lotion; yet I think it prudent to watch the pulse, the temperature and the condition of the stomach while this line of treatment is being pursued.

(To be continued.)

TRACHEOTOMY, AND ITS ADVISABILITY IN CERTAIN FORMS OF SYPHILITIC DISEASE. (a)

By Benjamin F. McDowell,
M.B. & M.D. of T.C.D., F.R.C.S.I.,

Surgeon to Mercer's and the Westmoreland Lock Hospitals, Member of Council of Surgical Society of Ireland, &c.

The several operations for opening the windpipe are so well known to practical surgeons that it is unnecessary to describe them before this society. My objects are twofold: In the first place, to repeat the conviction—forced upon me by some experience—that laryngo- or suprathyroid tracheotomy is the proceeding best suited for the great majority of cases we meet with when any operation of the kind is called for, as well as being the simplest and safest. Secondly, to say a few words upon some forms of destructive syphilitic ulceration of the larynx, which, on reaching a certain stage, if not properly treated, involve the question, either for immediate relief by operation to save life, or the alternative of sudden death from laryngeal spasm.

First, as regards the special form of operation advocated. In two papers which I read before this Society in the sessions 1869, '70, and '73-74, the peculiar advantages of the high operation were illustrated and strongly enforced. I shall give a brief *résumé* of those papers. The first was chiefly devoted to giving the details of a patient, aged 26, who was suffering from a severe attack of acute laryngitis, in which this operation was performed. She suffered, as she said, from the effect of "a severe cold in her throat and chest," which was brought on by leaving a heated room and getting wet. I saw her immediately after her admission. There was no syphilitic history. Her countenance was indicative of anxiety; her breathing laboured, and accompanied by a peculiar hissing sound. She gave an occasional cough, which was brassy in character, and her voice was altered to a whispering tone. Upon examination with the laryngoscope there was no sign of effusion about the base of the epiglottis or arytenoid cartilages, nor was there any appreciable narrowing of the rima; the only apparent departure from the normal state of the parts being the want of the natural secretion of the mucous membrane. There was pain in deglutition, and tenderness in the throat outside, and she complained of pain when the tongue was drawn out in the employment of the laryngoscope. She was ordered to bed. Six leeches were directed to be applied at once to the throat over the larynx, to be followed by hot fomentations. Inhalations of the vapours of hot water were also ordered, and a powder consisting of one grain and a-half of calomel and three of James's powder every third hour. I saw her again that night and thought her condition improved by this treatment. The powders, fomentations, and inhalations were directed to be continued.

Upon my visit the following morning it was found that she was notably worse. She had had, the nurse reported, but little sleep, and that was interrupted by sudden starts of fear (as if from spasm of the glottis) lest she might be suffocated. Her pulse was full and rapid, amounting to 120. The breathing was so laboured that it required a considerable muscular effort to fill the chest, and respiration was accompanied by a peculiar rasping sound. The voice was reduced to a mere whisper. There was much pain in swallowing, and deglutition was immediately followed by increased dyspnœa, but there was as yet no lividity of face, or coldness of extremities. At three o'clock there was no increased urgency in the symptoms; on the contrary, the pulse was softer and the breathing less laboured. At 11 o'clock, p.m., her condition seemed in every way greatly improved. Her countenance was not indicative of so much distress, the dyspnœa less urgent, and the voice somewhat more audible. It was evident that the mercurial treatment, combined with antimony, had done good service, and there was reason to hope that the disease had reached its culminating point, the highest pitch of inflammation had been obtained, and that a subsidence of the urgent symptoms which imperilled her life might now fairly be expected.

At 8.30 the following morning, which was about 36 hours from the period of her admission, I was summoned to see her forthwith, as she had become much worse. When I reached the hospital, which was but a few minutes afterwards, I found her in a dying state, her eyes were prominent and wild-looking. She was supported by pillows to assist her breathing, which was intensely laboured. The face, arms, and trunk were livid with venous congestion, and the extremities cold. She was all but pulseless. Every moment was now of consequence. I had a table placed at once before the light; but no sooner was she placed upon it than we perceived she had ceased to breathe. I immediately transfixed the skin and cut into the crico-thyroid membrane, and having dilated this opening I was disappointed to find that no air was admitted to the chest. The cricoid cartilage and uppermost ring of the trachea were now divided, but with no better success. One of two courses, therefore, only remained to be adopted—either to divide the trachea down to the thyroid isthmus, or perform the deep operation. As time was so precious—every second important—I determined upon the former proceeding. Accordingly, having extended the integumental incision a little downwards, divided the fascia, and procured the separation, well apart, of the margins of the sterno-hyoid and thyroid muscles, and pressed down with the forefinger of my left hand the thyroid isthmus with the blade of the scalpel pointing upwards, I now divided two or three more rings of the trachea on the line of the previous incision. The instant this was accomplished I was delighted to find that there was a sudden rush of air into the lungs which completely inflated the chest. This was followed by gasping respiration through the double tracheotomy-tube, which was meanwhile introduced, and secured by tapes round the neck. Nervous stimulation was now employed in almost every possible way. Wet cloths were slapped over the chest and face, mustard applied over the region of the heart and abdomen, hot jars to the feet, and a powerful enema of brandy, hot water, and turpentine was thrown into the rectum. It would be difficult to describe the picture which now presented itself, in the gradual return to vitality and consciousness of an individual whose life, a few minutes previously, might be supposed extinct.

I left the patient in about half an hour breathing pretty regularly through the tube, but respiration was shallow and hurried, and accompanied by an occasional gasp.

At 11 o'clock she had nearly regained her natural colour, and looked wonderfully tranquil. Respiration was deeper and not so hurried, but her pulse was intermitting. The nurse states she has expectorated a good deal of blood, mixed with mucus, through the tube.

2 o'clock.—Looks very tranquil, and has been refreshed by nearly an hour's sleep. Pulse 120, still intermitting.

9 o'clock, p.m.—Going on well; points to her mouth as being sore, which is evidently due to the active mercurial treatment employed prior to operation. Mercurial fœtor from the breath. As there was great pain in swallowing she was ordered a beef-tea and egg enema, with half a glass of wine every four hours, and an astringent gargle for the mouth.

It is needless to follow the details of this case further. It will be sufficient to observe that, on the night of the twelfth day, she consented to pass that night without the tube; that on the twenty-sixth day the artificial openings were completely healed; and that she left the hospital in a few days afterwards quite well.

In this case it will be observed that laryngotomy was first employed, and, failing in this, laryngo-tracheotomy. This was done from necessity, as the patient was quite asphyxiated when I commenced to operate, and the delay

(a) Read before the Surgical Society of Ireland. The debate will be found on page 247.

in performing the deep operation would certainly have frustrated the effort to save life. In this instance the submucous effusion or œdema was both supra- and infra-glottic in its position. The supra-glottic œdema was amply proved by examination with the laryngoscope on Sunday evening, that immediately preceding the morning of the operation, when the epiglottis was erect, swollen, and red, and there was considerable effusion at the base of the arytenoid cartilages, and in the neighbourhood of the superior cords; but on coming to operate the next morning I found the entire cavity of the larynx, and down at least to the lower margin of the second ring of the trachea, completely occluded. The supra-glottic œdema, so far at least as this case teaches us, as manifested by the laryngoscope, is no proof that infra-glottic œdema may not co-exist as has been urged by some writers. But, so far as it goes, it seems to teach us the practical fact that infra-glottic œdema may exist and extend down to the third ring of the trachea, and yet that the supra-thyroid operation may be employed with success.

The second case in which it was found necessary to perform this special operation, and in which its advantages were well exemplified, was that of a man, æt. 48, who was admitted to Mercer's Hospital on the 15th of October, 1875. In regard to it, it will be sufficient for my present purpose to state that, on the 16th day after the operation, the tracheal tube was finally removed, and that in three weeks afterwards, the openings in the trachea and skin were completely healed, the larynx had resumed its normal vocal and respiratory functions, and the man was discharged a few days subsequently, quite well.

The third case in which I performed laryngo-tracheotomy happened also to be one of extreme urgency; and whilst it forcibly illustrates the advantages of this operation, it at the same time demonstrates the necessity for such a proceeding in certain cases of syphilitic disease of the larynx, the peculiar nature of which will be referred to further on. I have to thank Dr. T. D. Rice, the resident surgeon of the Westmoreland Lock Hospital, for the ample notes of the case with which he kindly furnished me; and I take this opportunity to acknowledge the great attention which he bestowed upon it. The patient came under treatment on the 14th of February, 1876, and was discharged quite well, in twenty-eight days afterwards. The tube was removed on the ninth day; the tracheal opening and external wound were quite healed in eleven days subsequently, and the extensive laryngeal ulcer which provoked the intense difficulty of breathing, accompanied by laryngeal spasm—threatening the patient's life—was cicatrised. The woman left the hospital a few days afterwards, and has since had a perfectly healthy child.

In all those cases prompt relief was called for, and the delay which would have been involved in performing the deep operation would, in two of them at least, have proved unquestionably fatal.

Mr. Stokes, Professor of Surgery in this College, has amongst his other valuable papers, contributed one. Mr. Bennett has also written in favour of the operation. Under all circumstances I again urge the special advantages of the operation above the thyroid body to favourable notice, as being the best suited to the great majority of cases in practice, and as being, at the same time, easy of execution, and unattended with danger.

Now, as regards the second portion of this paper, namely, the advisability of tracheotomy in syphilitic disease of the larynx. This sometimes becomes a question of life or death; and I am aware of no class of case which is calculated to cause more anxiety to the surgeon, or, in certain instances, requires more vigilant treatment.

I can point to two instances of death as the result of laryngeal spasm, caused by destructive syphilitic ulceration extending down to the larynx. The first occurred some fourteen years ago. The patient was under the care of my colleague, the late Dr. Byrne, and suffered from tertiary syphilitic disease. She was prescribed for on one day; on the next we found her dead. Upon inquiring into the circumstances of her death, the patients around her stated that she had been seized with spasm, was unable to draw her breath, and, flinging her arms wildly about, became livid in the face, gasped for breath, and expired before surgical relief could be obtained.

The second case of death from laryngeal spasm, as the result of this disease, occurred under the care of my late lamented colleage, Dr. Morgan. The patient suffered from extensive tertiary ulcerations—throat included. There was great difficulty of breathing, and occasional laryngeal spasm; which latter was, however, relieved by the inhalation of chloroform. The question of the advisability of tracheotomy was anxiously discussed, but its further consideration postponed till next day. On the day subsequent when we met, our patient was dead, death having been caused by one of those aggravated paroxysms.

In the face of such experiences, there can be little doubt that there are cases occasionally to be met with in this disease in which tracheotomy becomes a positive necessity. Speaking upon this subject, Mr. Bryant—no mean authority on this as well as other questions in practical surgery—says: "When ulceration has commenced, and seems to be unaffected by general treatment, the subject of tracheotomy claims serious consideration; for, unless the organ of voice and respiration can be kept quiet, repair will not go on; and as long as progressive ulcerative disease exists, a sudden spasm of the larynx is imminent, and also the death of the patient. The operation should, however, only be undertaken when the disease is steadily progressing in spite of treatment, and it is clear that the larynx will be destroyed as a vocal as well as a respiratory organ, unless some steps be taken to stop its progress; and of these steps there are none equal to tracheotomy; for all surgeons are familiar with the fact that, even under the most extreme conditions of disease, repair goes on in the larynx directly the tube has been introduced, and physiological rest is given to the organ (*Vide* paper by author, "Clin. Soc. Trans.," 1868.)

Mr. Hilton, in his admirable "Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, &c.," speaking of tracheotomy, and its advisability in this disease, as well as in other lesions, thus expresses himself:—"In chronic laryngitis, cured by tracheotomy, the cure is not effected by opening the larynx, but by giving the larynx rest. The operation is performed in reference to these two circumstances; in reference first, no doubt, to securing the continuance of life by allowing the patient to breathe through the tracheal tube; secondly and ulteriorly, the object is to give rest to the diseased part. In the performance of tracheotomy for disease of the larynx, the surgeon never touches the disease at all; he merely enables the patient to breathe through the tracheal tube, and diverts the stream of air away from the larynx, thus giving the larynx the opportunity of recovering itself."

I now proceed to give brief records of a few cases.

On the 4th November, 1868, A.B., æt. 39, consulted me. He had contracted syphilis twelve years previously, and was apparently cured. Six months before my seeing him, he was attacked by erysipelas, and was confined to bed for three weeks. He got so far well as to be able to attend to his business as usual; but his old enemy declared its intentions by a well-pronounced crop of gummata over his lower extremities. He was a married man, and had a healthy family.

It is extraordinary how this treacherous disease will lurk in the blood, and take its opportunity upon the occurrence of any depressing influence to the system to declare its vitality, even after many years of quiescence. The gummata, some of which had reached the stage of ulceration, were sufficient to cause him anxiety, but it was his throat which chiefly troubled him. It was for this he sought my advice. Upon examination it was found that he had completely lost his soft palate; that he had ulceration of the gums, and that there was an extensive phagedænic ulcer, extending down to the base of the epiglottis. He had that peculiar husky voice, so characteristic of syphilitic disease of

the larynx, and he suffered from great debility. At night he was occasionally alarmed, when just in the act of falling asleep, by sudden spasm of the larynx, accompanied by such intense dyspnœa—in the day-time, also, now and then—that suffocation was more than once imminent. The ulcer upon the throat was carefully touched with the liquor of pernitrate of mercury; those on the legs were also treated in the same manner. He was ordered ten grains each of bromide and iodide of potassium, three times a day—a combination which, in such cases, has found much favour with me. It is not always, however, that this can be borne. A liberal diet and change were also insisted upon. Under this treatment, together with the use of a gargle consisting of chlorinated sodium, and a wash of the same for the ulcers upon his legs, he made a rapid recovery, and has not found it necessary since to consult any surgeon.

The third case I shall mention is that of a married woman, upon whom I performed laryngo-tracheotomy in order to save life. She was suffering from chronic syphilitic ulceration of the larynx. The syphilitic history was of many years' standing, and she had been several times under treatment previously. She had had numerous miscarriages. Upon the occasion of her last admission to Mercer's Hospital, her symptoms were most distressing. She suffered from continual dyspnœa, accompanied by almost complete loss of voice, and occasional attacks of laryngeal spasm, which at times imperilled her life; nevertheless, under active local and general treatment, the ulceration healed, and the disease was placed in abeyance; only, however, as well as will be seen, to declare itself again, and in a worse form than previously. A few months afterwards, she was accordingly admitted to hospital, upon which occasion her condition was so bad that an immediate consultation was deemed necessary; at which tracheotomy was determined on as the only means of saving her life. Five o'clock p.m. was fixed upon for the operation. When I arrived, two or three minutes after that hour, I well recollect that my colleague, the late Dr. Morgan, together with Mr. Rice, was with her. Dr. Morgan, who had his sleeves tucked up and the knife in his hand, said, "Make haste, or she will be dead!' I at once performed the high operation. It is not necessary to weary this Society with the full details of the case; suffice it to say that she left the hospital, as has been before mentioned, on the twenty-eighth day, quite well; the wounds and skin of the trachea healed, and of course, the terrible necessity of having to wear the tube obviated.

Dr. James Stannus Hughes, one of the Professors of Surgery in this College, and whose experiences upon this and other surgical subjects are well known, kindly lent me the ingenious instrument, which I believe the late Mr. Carmichael invented, and which I now exhibit. I did not, however, employ it as intended, by reason of the sudden necessity for operation; and having had no experience of that instrument, I preferred the method of procedure which I had found so successful on former occasions.

J. W., æt. 43, a gentleman who had resided in India for ten years, but who was nevertheless a strong, healthy-looking man, came home on leave, contracted a soft sore in London, which rapidly healed, but it was accompanied or rather followed, by a suppurating bubo in the left groin; this was opened, and apparently well, leaving behind, however, a large smooth cicatrix. He went to his people in the country, but returned in the course of three or four months, to obtain advice in reference to an ugly crescentic serpigenous ulcer, which declared itself upon the cicatrix of the bubo. This ulcer proved, as is nearly always the case, most intractible; extending and healing, and healing and extending, leaving its snail-track-like cicatrix behind it as it healed; under mercurial treatment, and the use of powerful local applications, followed by actual cautery, it got well. He left town, but came back in a few weeks complaining of his throat. Upon examination, an ulcer with everted, thickened, and jagged edge, was observed upon the left tonsil, extending far down. He complained of difficulty in swallowing. His voice and breathing soon became affected, and he had occasional attacks of laryngeal spasm. A fresh mercurial course was administered, and the ulcer was freely touched with terchloride of antimony. He made an excellent recovery.

The two forms of syphilitic ulceration of the larynx in which tracheotomy may be called for, it will thus be seen, are either of the phagedænic or serpigenous type. A distinction must be drawn between them. The former is much the most common, and will be found to pronounce itself generally in naturally weak and broken-down subjects. It is rapid and destructive in its progress, often eroding the cartilages of the larynx; it requires active local, as well as general treatment. The margin of this form of ulceration is sharply cut, and there is no surrounding thickening of the tissues. The serpigenous form, on the other hand, most commonly occurs when it does present itself (which is very rarely), in strong, healthy individuals; it is much slower in its progress, and carries before it an effusion of specific lymph; its edges thickened, irregular, and of lupoid character. It is in the phagedænic that large doses of the iodides of potassium and iron, combined with opium, and a liberal diet, will prove most serviceable. In the serpigenous form of ulceration, the best results are to be obtained, I believe, from the judicious administration of a carefully sustained course of mercury.

From want of time, I have refrained from entering upon questions of great importance in regard to this operation; such, for example, as to the nature of the tube, condition of the atmosphere, &c.

In regard to the pathology of this laryngeal spasm, which is most interesting, I have not, Sir, entered upon it; and I have only to say that in the phagedænic variety of ulceration, it seems natural to suppose that it is caused by exposure of the recurrent laryngeal nerve; whereas in the serpigenous it is probably the result of pressure upon that nerve, or of pressure and ulceration combined, as sometimes happens in cases of malignant disease.

Clinical Records.

CASE OF STRANGULATED HERNIA, IN WHICH THE ASPIRATOR WAS USED.

Reported by GEO. I. MACKESY, M.B.,
Junior-Surgeon, Leper Hospital, Waterford.

THE following case, showing the great benefit derived from the use of the aspirator in cases of strangulated hernia, may, perhaps, not be without interest:—

Martin M'Evoy was admitted into the Waterford Leper Hospital (City Infirmary) on the morning of Jan. 30th, 1877, suffering from a large scrotal hernia, which had been strangulated from the evening previous. Before coming to hospital he had suffered from vomiting. On admission reduction was attempted under chloroform, but without success. Tinct. opii was given internally.

3 p.m.—At a consultation it was determined to use the aspirator. Accordingly, a fine needle was introduced into the tumour, and twelve ounces of fluid drawn off, some of it of a dark and feculent appearance; a quantity of flatus also escaped. The tumour became soft and greatly reduced in size. The taxis was again tried; but though the gut gurgled, the attempt at reduction was again unsuccessful. The condition of parts was, however, much improved, and as the constitutional symptoms were not urgent, it was determined to temporise still further. A consultation was arranged for the night. Administration of opium continued internally, and an enema of soap and water given.

9 p.m.—Enema was retained. Before proceeding to operate the taxis was again tried, and this time with success, the gut returning into abdominal cavity.

31st.—Peritoneal tenderness. Warm stupes over sto-

mach; calomel and opium internally; enema of castor oil, sulph. magnesiæ, and water.

8 p.m.—Bowels acted freely; abdominal tenderness not so great.

Feb. 1st.—Much better. Calomel no longer given; but as he was suffering from cough, opium was given in an expectorant mixture.

8.30 p.m.—Bowels freely opened. Doing well.

7th.—Left hospital, with a truss, quite well.

He has since been following his business.

But for the aspirator, the gut would not, I believe, have been returned without operation.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 9TH, 1877.

GEORGE W. CALLENDER, F.R.S., President, in the Chair.

RULES RESPECTING PAPERS TO BE READ BEFORE THE SOCIETY.—The President directed the attention of members desirous of contributing papers for reading and discussion to the rule which requires such papers to be forwarded to the Secretary one week at least before the meeting at which they are to be brought forward.

EXOPHTHALMIC GOITRE, WITH NEW PHENOMENA.

Dr. BURNEY YEO read the paper on this subject and brought forward two cases of the disease which presented some new phenomena. One patient, a married woman, had suffered from palpitation for more than eight months. There were also pain in left side, cough, dyspnœa, loss of flesh, and appetite, vomiting, diarrhœa, and profuse perspiration. After an attack of fever following her confinement eighteen months ago, her friends noticed that she had a very wild look. When Dr. Yeo first saw her the symptoms were marked exophthalmus of the left eye with great enlargement of the right lobe of the thyroid, and pulse 136. In June, or a month after he first saw her the hairs of the eyebrow, all the eyelashes of the lower lid, and part of those of the upper lid completely disappeared. Change of air and iodide of potassium produced some improvement, but in November all the symptoms became aggravated and the diarrhœa troublesome, and a systolic murmur was heard over the base of the heart and along the carotids. In December the right eye became somewhat prominent simultaneously with enlargement of the left lobe of the thyroid, while, at the same time, the hair of the right eyebrow and eyelashes began to disappear. Latterly, the patient has been getting much worse, and was suffering much from diarrhœa, perspiration, great debility, cough, sanguineous expectoration. Dr. Yeo then told the Society that (1) he doubted whether the cardiac excitement usually preceded, or had any causal relation to the exophthalmus or goître. He believed the exophthalmus and the palpitation were the effect of a common cause. 2. The unilateral nature of the exophthalmus and thyroid enlargement, the loss of hair, and the crossed character of the phenomena were very remarkable. 3. There is a tendency to disregard the more widely diffused manifestation of the disease, such as diarrhœa, perspiration, paresis of the cutaneous vessel, and the mobility and irritability of the nervous system, and from these and other considerations he was in favour of a central nervous lesion as the pathological basis of the phenomena.

Dr. GREENHOW said, he had seen a similar falling off of hair in one of his cases. He had also in some cases observed the partial or unilateral character of the disease, and that the right lobe of the thyroid was often enlarged before the left. The exophthalmus might also be greater on one side, but in all the cases the preponderance of symptoms was on the same side, usually the right. In his case he had found five-grain doses of iodide of potassium with syrup of iodide of iron more beneficial than anything else, while great benefit was also derived from a visit to Margate and afterwards to Schwalbach. The origin of the disease seemed in most cases to be due to mental shock, such, for instance, as the sudden loss of three children from scarlet fever, and in another instance he knew of, to hyperlactation.

Dr. THEODORE WILLIAMS had had three cases under his care one of which resembled one of those described by Dr. Yeo, but his treatment consisted chiefly of the tincture of the perchloride of iron and change of air, the latter being, in his opinion, the most beneficial.

Mr. CASSON having seen a good deal of common goître had been led to doubt whether exophthalmic goître was anything more than a variety of that disease. In some cases he had seen marked nervous symptoms associated with ordinary bronchocele. He believed that an anæmic and hysterical condition was often found in common goître, and that iron and iodide of potassium were of great use in its treatment.

Dr. YEO, in reply, said, he attributed the disease in his case to the confinement and the attack of fever. He thought the crossed character of the disease might indicate a central origin. He was glad to hear that the use of iron and iodine was approved of by other members of the Society, as both had been denounced by some writers on the disease. The diarrhœa, however, which was such a troublesome complication, was often aggravated by drugs that were otherwise beneficial. He was surprised that any one should think that ordinary bronchocele and exophthalmic goître were identical.

In reference to the loss of hair, Mr. Callender mentioned the case of a gentleman who came to him in great distress for the loss of one-half of his moustache, and who subsequently lost the other half, together with the beard and whiskers.

MEDICAL MICROSCOPICAL SOCIETY OF LONDON.

AT the last meeting of the Society, HENRY POWER, F.R.C.S., President, in the chair, Dr. BROWNING exhibited two interesting specimens illustrative of

HYPERÆMIA OF THE BRAIN FROM HANGING.

They were taken from executed criminals, and were prepared by Surgeon-Major Roth, of Berlin, and one was from one of the lower animals that had been hanged for experiment. The brains were, in all cases, injected with carmine. In his remarks upon these specimens Dr. Browning stated that whereas most medico-legal writers describe only a medium amount of vascularity in the brain and that of venous character, and extravasations as very rare, he had found the congestion most intense: the capillaries being so distended in some parts that scarcely any nerve substance was to be seen, however, he had not found any extravasations of blood. As cause for the vascularity, the speaker suggested that the knowledge of his fate might, in the case of the criminal, cause some hyperæmia at last, though this could not hold with the lower animals.

The cerebellum he had found more vascular than the cerebrum.

The PRESIDENT suggested that the vascularity was owing to pressure on the veins, while the arteries could, from not being so compressed, still force up more blood. He thought that the knowledge of his fate would rather make the criminal's brain anæmic than hyperæmic. The lower part of the spinal cord was undoubtedly congested, as shown by the frequency of priapism in these cases.

After further remarks from various members, the meeting resolved itself into a conversazione to examine the specimens.

SURGICAL SOCIETY OF IRELAND.

THE Seventh Meeting of the Session was held on Friday, 2nd March, the President of the College in the chair.

JACOB'S ULCER.

Mr. CROLY exhibited a specimen of the ulcer, which wa

originally described by the late Professor Jacob, and which was so well known as Jacob's ulcer, and he (Mr. Croly) thought the specimen worth showing to the Society, inasmuch as there was not another specimen in the college, The history of the case was briefly this :—M. O., a man 50 years of age, was admitted into the City of Dublin Hospital on the 6th of January last, under Mr. Croly's care, with a large Jacob's ulcer on the left cheek, over the malar bone. About three years ago the patient remarked a hard tubercle or pimple over the zygomatic process of the malar bone, which increased slowly in size. Hoping he could remove it, he scratched it off several times ; after which, according to the patient's own account, it became much worse, and very soon began to ulcerate. Since then it has been gradually increasing without any attempt at cicatrisation. There never was any fetor from the ulcer, and all the neighbouring glands were evidently in a perfectly healthy state. The ulcer had never given the patient any trouble, so far as pain is concerned, except after long exposure to the atmosphere, when he was annoyed by an aching sensation in the surrounding parts. The diseased parts were removed by operation, and the patient is doing well since. In the "Dublin Hospital Reports," 4th volume, published in 1827, there was a most accurate description given of this ulcer by its distinguished discoverer, Professor Jacob. The specimen was very characteristic of the disease, and it had been beautifully mounted by Dr. Barker, the curator of the museum.

SUPRA-CONDYLOID AMPUTATION OF FEMUR.

Mr. STOKES exhibited a preparation which had been sent over to him by Mr. Lyster, of Liverpool, who hoped that the specimen would be accepted by the college, and placed in the museum. It exhibited the condition of the parts after supra-condyloid amputation of the thigh. That operation was performed by Mr. Lyster, but the details of the case he (Mr. Stokes) had not yet been put in possession of. It appeared that shortly after the operation was performed the patient exhibited unmistakable evidences of renal disease, and in the course of two months succumbed to that disease. In the meantime, however, the wound had completely healed, and the stump was in every way a most shapely one. He was thus enabled to get this specimen, which showed how perfectly united the patella was to the femur. He (Mr. Stokes) thought the specimen was of considerable interest, not only as showing the complete union that could be obtained in such a short space of time as two months after the operation, but also as showing that it could be obtained in a person who was worn down by chronic disease. He believed this was the only specimen now extant that showed this condition of the parts, and therefore he believed it would be viewed with interest by some of the operating surgeons present.

COLLES'S FRACTURE.

Mr. CROLY exhibited a specimen of Colles's fracture, which had been removed from the body of an old woman who had been admitted to the City of Dublin Hospital with well-marked symptoms of that fracture. The woman received a fall about a week before admission, and when she came in to hospital her arm presented the characteristic symptoms known as Colles's fracture. The hand was placed in the proper position, and the fracture seemed to be doing very nicely, when suddenly the poor old woman, who had an extremely weak-acting heart, showed symptoms of exhaustion, without any apparent cause (it was not the shock of the accident, for she was a week in hospital) and died rather suddenly. He therefore removed the parts, as they so seldom got an opportunity of examining them. It was well known that the distinguished discoverer of this fracture never had an opportunity of dissecting one of them, and still they knew how accurate was his description of that fracture. On making the *post-mortem* examination in this case he (Mr. Croly) removed the carpus with the ulna and radius. He should mention that at no time when he examined the case, though the deformity was very characteristic, was there any crepitus. The closer the fracture approached the wrist the less likely were they to get anything like genuine crepitus. This case helped to bear out the impaction theory, and he was strongly of opinion that the fracture was always impacted when close down to the wrist, owing to the absence of crepitus. Here the line of fracture was seen, but in front it seemed to be impacted. There was a certain amount of mobility corresponding, from ¼ to ¾ of an inch above the carpus.

Dr. B. F. M'DOWELL read a paper

ON TRACHEOTOMY,

which will be found on page 243.

Mr. RAWDON MACNAMARA said the Society was much indebted to Dr. M'Dowell for his paper. A subject such as that had occupied the sister society in London for many meetings, and he believed that it would well deserve not one, but half a dozen meetings of this Society properly to discuss it. In one of the few cases in which he opened the trachea—it was a case of spasm of the larynx resulting from syphilitic disease - the result was satisfactory as far as life was concerned, but since the operation to the present moment, the patient had had to wear the tube. He believed that had not tracheotomy been performed on the moment in that case death would have resulted ; and he agreed with Dr. M'Dowell thoroughly in endorsing the sentiments of Mr. Hilton—that the rest given to the larynx, though it did not result in re-establishing its functions, certainly had the result of mitigating the disease most materially. He most cordially subscribed to the doctrine that giving rest to the larynx by operative interference would be attended by the most happy results. He was not going to enter into the question of syphilis, but he at the same time thought that in no city in the world would a discussion on such a subject be attended with happier results than in the city of Dublin.

Mr. EDWARD HAMILTON said the question was a very important one, and involved two considerations—first, Dr. M'Dowell had addressed himself to the special mode of operation, and, secondly, to the importance of it as a means of treating syphilitic disease. He (Mr. Hamilton) thought in considering the latter subject they ought not to pass over the name of Professor Porter. He thought Professor Porter was one of the first—at least in his recollection—to draw attention to the operation as a means of giving the larynx rest, and at once as a means of promoting its recovery ; and he repeated they ought not, especially in that Society, to pass over his name in connection with that important phase of the disease. With respect to the operation, he (Mr. Hamilton) was strongly impressed with the value of Thompson's tracheotome for the operation, and though he did not always adopt it, he had known it to be used with success in a number of cases at Steevens' Hospital, and in other places. The simple operation with the tracheotome immediately below the cricoid cartilage was perfectly safe ; it could be done with immense rapidity, and seemed to answer the purpose wonderfully well as far as allowing the air to enter the trachea was concerned. There was one point with regard to which he would be glad to hear the opinions of the members, and that was on the important question of how far they could do away with the necessity of persons wearing tubes, after being operated upon. Of course, in many cases the opening closed, but on the other hand he thought in a great many cases the tube had to be worn. It was important to ascertain the causes of persons using the tube. Some people kept up the use of the tube from nervousness and got into a state of spasm when they laid it aside.

Mr. CROLY said that in the first place he thought the question raised by Dr. M'Dowell as to the part of the windpipe to be opened was very important. He was surprised Dr. M'Dowell had omitted to mention the name of Carmichael, for it was clearly laid down in his writings that tracheotomy was performed with the object of setting the larynx at rest. He (Mr. Croly) looked upon tracheotomy as one of the most fatal operations in surgery, and upon laryngotomy as one of the most favourable. There was one point of great importance upon which Dr. M'Dowell touched, namely—the condition of the lungs in these cases. In the old syphilitic disease many of the patients suffered from bronchitis or a low form of pneumonia or pulmonary congestion, and he was inclined to think, in many cases of advanced syphilitic disease, that the death which followed the operation was in great measure due to its being put off too long, and the lungs becoming congested. With reference to the use of the tube, he might remark that he remembered a case in which he performed the high operation, and the patient was examined with the laryngoscope, and an accurate description of the condition of the larynx given, and the opening was described as merely enough to admit a pin. That patient afterwards became the subject of tracheotomy. It was an unfavourable case, as the patient's lungs were affected—indeed the patient came into hospital in a very advanced condition of disease, and on making a *post-mortem* examination the appearances indicated

by the laryngoscope were borne out, by the closed state of the rima glottidis. If they had a case in which the rima glottidis was closed by gummy tumonrs—that case might require a tube. If in a case of laryngeal spasm, they could understand that when that subsided, the patient could dispense with the tube. He thought that had a great deal to do with the entrance of air into the windpipe and the wearing of the tube—whether the entrance of the windpipe had been partially closed by its thickened condition or not.

Professor STOKES was sure everyone would endorse what Professsor Macnamara had said in reference to the great practical value of Dr. M'Dowell's paper. He thought the great practical point connected with the paper was, that it seemed to show that in the vast majority of cases the high operation was found to be sufficient. That was entirely his (Mr. Stokes') experience, and he had had a considerable number of operations. His remarks, to which Dr. M'Dowell had alluded, were, he thought, chiefly in reference to a very remarkable case in which tracheotomy had to be performed a second time on the same individual, and the second operation was attended with permanent benefit, and the patient got quite well. He thought it was very important to hear from Dr. M'Dowell, after his large experience in this class of cases, that the high operation is sufficient; not only because it was much easier of performance, but also because the operation was attended with much fewer immediate, as well as remote, accidents. There was only one thing that he regretted about Dr. M'Dowell's paper, and that was that he did not deal with what he (Mr. Stokes) had always found to be a matter of considerable difficulty, and at times almost insuperable difficulty, as was shown in the result of a case recently in the hands of Mr. Corley, at the Richmond Hospital—the difficulty of the mode of fixation of the trachea. That he (Mr. Stokes) thought was often a matter of extreme difficulty, especially where the efforts of the patient and the gasping attempts at breathing were very great; and if there was great mobility and a thick neck the difficulty of fixing the trachea, before making the opening in it, was extreme, and in the case to which he alluded that was almost found to be insuperable. The condition for which the operation was performed in that case was a very remarkable fracture of the larynx—namely, fracture of the cricoid, with fracture of two or three rings of the trachea. That, of course, gave rise to a considerable degree of unnatural mobility of the tissues that they had to deal with in that operation, and that rendered the fixation of them—and that part of the operation was entrusted to him (Mr. Stokes)—a matter of extreme difficulty. He had not used the instrument to which Mr. Hamilton had alluded, but had always used the double tracheotomy-hook for the purpose. He (Mr. Stokes) would be glad if Dr. M'Dowell would state the means he adopts in dealing with that exceptional difficulty (because he had, doubtless, met with it in his practice), in reference to the fixation of the trachea. The only other point to which he would allude was the wearing of the tube. He believed that surgeons very often allowed their patients to wear them much too long, and the result of that was that an aerial fistula was produced, which, when once established, was extremely difficult to heal. That arose, too, partly from nervousness on the patient's part and partly from the fault of the surgeon; and that, doubtless, was one of the reasons why aerial fistula supervened after the operation.

Mr. B. WILLS RICHARDSON mentioned a remarkable instance of the length of time the tube could be worn, which came under his observation a few years ago in the Adelaide Hospital. It was the case of a man who wore the tube (of course, it had to be cleaned and now and then renewed) for about thirty-four years.

Dr. DARBY said he knew of a case operated upon by the late Mr. Peile, which came under his (Dr. Darby's) observation, in which it was worn for thirty years; and when he saw the case, while a pupil in the Richmond Hospital, the operation had been performed ten years before, so that the patient had worn the tube for forty years. With regard to the fixing of the trachea, he never thought there was any great difficulty about it if Mr. Carmichael's plan was adopted. Mr. Carmichael was the first to suggest seizing the trachea with a double hook, and thus holding it; and as far as his (Dr. Darby's) experience went, that was quite sufficient to keep it steady.

Mr. F. T. PORTER asked Dr. M'Dowell whether he was in the habit of applying or continuing any local treatment after the performance of the operation, because he thought it was inconceivable that mere rest would in itself tend to heal an ulcer that was caused by a blood-poisoning like syphilis. It struck him that they should bear in mind that a patient might have ulcer of the larynx, and get spasm with the ulcer, but not from it. He knew of a case where a girl who had a syphilitic ulcer of the larynx got a very severe spasm, but it turned out in the end to be a mere hysterical spasm. He wished to know whether there was any *post-mortem* examination in the two fatal cases of spasm, because they might have died from some other affection.

Mr. PEARSALL said, with reference to the want of durability of the silver tubes, that he considered 18-carat gold much more suitable as the material of which the tubes should be composed. The difference in the expense was not very much, and from his professional experience of gold worn in the mouth there was apparently no change on the surfaces; whereas if silver was worn in the same way it would not last more than twelve months, or two years at the farthest. In his opinion, 18-carat gold would answer the purpose a great deal better than silver, and he did not think it was so easily acted upon by mucus.

Dr. B. F. M'DOWELL, in reply, thanked Professor Macnamara and Mr. Stokes for the kind observations they were pleased to make concerning his paper. The subject was one of great practical importance, and it would take several meetings to discuss it in all its bearings. He was sorry that Mr. Hamilton, in the remarks he made, should have thought that he (Dr. M'Dowell) meant to repudiate the high position which the late Mr. Porter held as an authority on this subject. Such was never intended. In the two former papers that he had read before the Society, he thought he gave Mr. Porter due honour—an honour that was recognised by every surgeon who had written upon this subject. Mr. Hamilton, in his observations, as did also Mr. Stokes in his, hit upon the real practical point which they should all look to when the necessity for such an operation as that arose; and that was the importance of removing the tube. He (Dr. M'Dowell) had seen a great many cases with the tube, but he had seen very few without it. In the three cases which he had brought before the Society to-night, in which the operation of tracheotomy became a necessity, he had had the good fortune—he did not claim any credit for it—that all the patients were able to pass their lives without wearing the tube. Mr. Croly had accused him of not doing honour to another Irish surgeon, but he (Dr. M'Dowell) must repudiate the idea. He did not think any Fellow of this College would disrespect the name of Carmichael, for his name was too well known. He certainly meant no disrespect; on the contrary, he had brought that evening an instrument, kindly lent to him by Dr. Stannus Hughes, which was one of the examples of Carmichael's genius. With regard to what Mr. Croly had said about the lungs, of course every practical surgeon must know that the lungs have a very important bearing on the case, because if the lungs had become congested or engorged, that increased the necessity for the operation. He (Dr. M'Dowell) might mention that in one of the papers that he read before the Society on a previous occasion, that point was specially alluded to. Mr. Stokes had spoken of the very important subject of fixing the trachea. It really was a most difficult thing to fix the trachea, because the spasmodic efforts on the part of the patient were so great; but he had always used the double hook which had been alluded to by Dr. Darby, and if that was properly done, with the points of the hooks facing upwards, the operator would generally be able to grip the trachea, and then he could divide it. The tube he (Dr. M'Dowell) was most in favour of was the one known as Fuller's tube; it was what was called a bivalve tube. Owing to the length of time he had detained the Society, and the fact that Mr. Porter's observations were not of a practical nature, he did not think it was necessary to reply to them.

Before the adjournment of the Society,

Professor MACNAMARA said he was sure every member of the Society looked upon the pathological specimen presented that evening of Colles's fracture as of the very highest importance. He, therefore, begged to move the following resolution, which was seconded by Dr. A. H. JACOB, and carried *nem. con.*:—

"That a committee be appointed to examine and report upon, to the next meeting of the Society, the pathological specimen of 'Colles's Fracture,' so kindly presented to the College by Mr. Croly. That this committee should consist of the following members:—Messrs. Croly, Colles, Hamilton Tyrrell, Stokes, Barker, Macnamara, and Richardson."

Dr. DARBY then proposed, and Mr. Croly seconded, the following resolution, which was also carried *nem. con.* :—

"That the thanks of the Society be awarded to, and are hereby given, to Mr. Lyster for the interesting specimen of a supra-condyloid amputated end of femur he so kindly presented to the museum of the College, and that the Secretary be requested to inform him of the same."

The Society then adjourned.

THE LUMLEIAN LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

IN his second lecture, Dr. Johnson called attention to the chief facts and conditions which, in his opinion, explain the frequency with which disease of the heart occurs as a complication of Bright's disease of the kidneys. Dr. Bright had himself noticed how often hypertrophy of the left ventricle, without valvular disease, is found in connection with granular degeneration of those organs. In no fewer than thirty-four out of fifty cases noted by him, and presenting this complication, there was no affection of the valves to account for the hypertrophy ; and he thought that this condition of the heart was to be attributed to the altered quality of the blood, or to some disordered state of the minute subdivisions of the vascular system. Dr. Johnson then proceeded to show that the hypertrophy of the left heart, accompanying Bright's disease, was due to an impediment in the systemic circulation, that impediment being due to a contraction of the muscular arterioles induced by the irritation of their vaso-motor nerves by the impure blood circulating through the system. Twenty-five years ago he had drawn attention to the hypertrophied condition of the renal arterioles in granular disease of the kidneys ; but as he was then unacquainted with the facts that had been recently demonstrated by Claude Bernard and Brown-Séquard, with respect to the structure of the arterioles and the manner in which they were supplied with nerves, he attributed their hypertrophy to the wrong cause, supposing it was due to the constant effort which the arterioles made to overcome an obstruction in the capillaries or adjoining structures, *i.e.*, to an obstruction acting from the front. This hypertrophy of the arterioles, which the lecturer illustrated by several diagrams, was, he said, evidently due to increased muscular action. But the muscular coat was not alone involved, no more than the muscular tissue of a hypertrophied heart is alone the tissue affected.

With respect to the form of Bright's disease in which cardiac complication is most frequently observed, Dr. Johnson said that in those chronic cases associated with the small red granular kidney the cardiac mischief was most common, but it also occurred in the case of the large white kidney. Indications of increased tension, both of the arteries and left chambers of the heart had also been noticed in acute Bright's disease. Dr. Sibson had, as shown in his Lumleian lectures, devoted much time and labour to the elucidation of the connection between renal disease and affection of the heart ; and he had drawn particular attention to the increased arterial tension, as indicated by the pulse and sphygmograph tracing. With respect to the nature of the impediment to the circulation of the blood, the lecturer admitted there were some who denied it was due to a muscular hypertrophy of the arterioles, thinking the cause was to be found in a degeneration of the vessels, or to the circulation being obstructed through the capillaries by causes acting beyond them. But these hypotheses would not bear examination, and with respect to a degeneration of the coats of the minute arteries, such a condition could not possibly cause arterial tension. That, moreover, the impediment was due to muscular action, and to the "stop-cock" action of the arterioles, explained in the first lecture, was also evident from the relief which, as Dr. Broadbent had shown, followed in these cases the inhalation of nitrite of amyl. This drug caused immediate relaxation of the arteries, while it would dissipate that doubling of the first sound which is often heard in these cases. The explanation given was also corroborated by the ophthalmic observations of Dr. Gowers on the arteries of the retina.

The lecturer then mentioned some of the results of this increased muscular action and contracted conditions of the arterioles. Owing to the constant tension of the arteries, and the circulation of impure blood, the arteries became degenerated and lost their elasticity, especially the larger vessels ; whilst the arterioles also suffered in like manner, particularly in the lardaceous form of renal disease. Another consequence of the impediment to the circulation of the blood through the minute systemic arterioles, and the resulting increase of blood pressure upon the larger vessels, was the rupture of intercranial arteries and the supervention of hæmorrhagic apoplexy, a complication which was very likely to occur in the form of Bright's disease, depending upon granular contraction of the kidney.

The latter part of the lecture was taken up with the views of the lecturer respecting the cause of the reduplication of the first sound of the heart, which had been so frequently noticed in connection with degenerative disease of the kidney. Dr. Sibson, who had paid much attention to this symptom, sought to explain it by referring it to an asynchronism in the actions of the right and left ventricles. This cause, however, he thought, was an improbable one and to be open to several objections. Considering the mutual action of and interlacing of muscular fibres which exists between the two ventricles, it was very improbable that the contraction of one should take place before that of the others. He (Dr. Johnson) on the other hand, felt disposed to attribute the reduplication to the auricular systole, and thought it was analogous to the first part of that triple pericardial friction sound that had been heard in some cases of pericarditis, and which had been found, on *post-mortem* examination, to be due to a deposit of lymph upon the surface of the auricle.

Triple Pericard. Friction.		Doubling of First Sound.	
Ru. 6	Auricular Systole	Rat	Auricular Systole
Ru. 6	Ventricular Systole	Tat	Ventricular Systole
Ru. 6	Ventricular Dias.	Tat	Ventricular Dias.

The above diagram illustrated the manner in which the reduplication of the first sound was produced, and its analogy to the corresponding friction sound. The sounds of the heart, as heard in these cases, presented the words, "Rat, Tat, Tat," or might be imitated by rapping in quick succession the tips of the three middle fingers on a table. The reduplication of the first sound was, as indicated in the diagram, owing to the contraction of an auricle, while in a higher state of tension than that which is natural to it. This reduplication of the first sound, moreover, was not confined to heart disease, depending upon disease of the kidneys, as he had on several occasions noticed it in connection with hypertrophied obstruction of the right cavities, arising from emphysema of the lungs.

PROFESSOR FRANKLAND, in his report on the London water, says, that during the past month, the water taken from the Thames and Lea, by the London Companies, was greatly improved in quality, and efficiently filtered.

SCARLATINA is reported to have broken out at Marlborough College in a somewhat severe manner. The present term will, in consequence, cease a fortnight earlier than usual, and the scholars be sent home.

THE Universities Boat-race produced more than the usual excitement on Saturday last, resulting, after an exhausting tug of twenty-four minutes, against wind and a slack tide, in a "dead heat."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 28, 1877.

REVIVAL OF STAGE-COACHING FROM A MEDICAL ASPECT.

WE are glad to see that the revival of stage-coaching bids fair to be a greater success than most people anticipated. Not only will the coaches that have been lately running continue on the road, but also several new projects are in contemplation. The first coach of the season is the Guildford one. This has already begun to run as far as Cobham, and on April 14 will run the whole distance. The Portsmouth team will soon take a new route through some of the finest scenery of Surrey and Hants. It will not be long before the Windsor, Dorking, and St. Alban's coaches are on the road; while the well-known Brighton coach will continue to run daily as usual. Indeed, we have every prospect that other coaches taking other routes will be started, not only in London, but that the good example will be followed in some of our large provincial towns.

From a sanitary point of view, and with respect to those who are more in search of health than engaged on business, we look upon this little revival of stage-coaching as one of the happiest innovations that could be made upon our usual mode of travelling. There can be no doubt that in many cases travelling by railway goes a good way towards defeating the very object for which the journey is undertaken. The time spent in the train may not be long, but it is more than time lost. The great fatigue, the headache, the giddiness, or sickness, the shake to the system, and other symptoms which many people experience who are in good health, are often not recovered from for two or three days after their arrival at their favourite health resort. Consequently, the time they have lost, as far as the improvement of their health is concerned, is much longer than the time they would have spent had they travelled by coach, and not one moment of which would have been thrown away, but on the contrary spent in the most healthy and enjoyable of pursuits. Besides, if, as philosophers say, human happiness depends upon the multiplicity of our innocent enjoyments, there must be a great fallacy in rushing down, as so many of us do, to some watering place to spend all our too short holiday in a most monotonous and far from healthy round of pleasures. If John Bull, with his wife and family, sacrificed two or three days of the fortnight he spends in lounging about the sands in the morning and the promenades in the afternoon to a bracing and delightful ride on the top of a stage-coach through, perhaps, some of the most picturesque scenery of England, would not his health and his spirits, and even his love for his native country, be enhanced thereby? We think the whole profession will agree with us on this point. The little evils resulting to health from railway travelling have been exposed by one or two eminent members, but the great benefit which persons in search of health would derive from driving or being driven in the open air and amid the varied and ever varying charms of rural scenery instead of spending their time in the manner just spoken of, has almost entirely escaped the notice of the profession, and is too often forgotten when we are sending our patients for a "little change of air." There can, indeed, be nothing worse for body and mind than to carry into our pleasures that haste and excitement which we now-a-days throw into our business. And yet a little reflection will show that this bad habit is too much practised by both home and continental travellers. When men go on their autumnal tours they often work harder than they did at home, and the enthusiastic followers of Cook or Gaze will have to spend more than half his time in the railway carriage. The great advantages of travelling by coach in a sanitary point of view are the opportunity afforded of multiplying within a brief space of time, and with little fatigue, the sources of our enjoyment, the agreeable relaxation which the mind experiences in constantly passing from one scene to another, and the invigoration of the body by continually breathing the pure air. These are advantages which are not within the reach of those who either rush from place to place, or who scramble down by rail to the seaside, where they become as much a fixture as the "oldest inhabitant" of the place. Even the mere pleasure of being conveyed rapidly through the country on the top of a well-appointed coach is much greater than many people imagine. Dr. Samuel Johnson told Boswell one day that he knew of no greater pleasure than that of being driven rapidly through a fine open country, but, contrary to what might have been expected from the great moralist, he added, "in the company of a pretty woman." Dr. Johnson, however, was a great, though innocent admirer of female beauty, and who will dispute his good taste. His dictum on the mere pleasure of driving is none the less remarkable, especially when we consider it came from a man who thought one day in the Strand was worth a month spent in the country. But one of the chief reasons why we, as medical men, would recommend our patients to patronise the coach a little more and the train a little less is the benefit they would derive from the purity and freshness of the air breathed. The air of

most of the watering places to which nine-tenths of the population resort for change of air is from its moisture or some other cause, often found to do more harm than good, while the drier air of the inland districts is generally found to agree with most constitutions. And yet for one person who resorts to a farm-house or makes an excursion through some fine inland scenery thousands now rush down to some fashionable town on the coast to return home with their health very little better than when they left it. We live and work, moreover, at such high pressure, and the struggle for existence and competition of all kinds are so great that we are confident that little and frequently repeated runs out of town would be far more beneficial to many of our city men than the one autumnal holiday usually taken when the best of the summer has gone. A few journeys down to Brighton and back by the coach in the course of the season would, from a healthy point of view, be more than equivalent to three weeks' residence at that place, simply because by means of these short periodical "outings" the mind and body are not allowed to be so completely jaded as to be beyond the invigorating and restorative influence of the change of air and scene.

For these reasons we think that the revival of stage-coaching, which has been recently inaugurated by a number of enterprising noblemen and gentlemen, is to be commended on more grounds than that of the sport and pleasure it affords. In our opinion it offers to the invalid, or to the man whose brain has been overtaxed, a new or rather revived means of recruiting his health, and we hope we shall hear that there will be an annually increased supply of a medicine which will not only invigorate the body, but will even "administer to a mind diseased."

INFANT MORTALITY.

The preservation of the lives of infants and our young growing population is a national question, and must be looked upon as one of the great social problems of the age, not only in England but in every civilised country; and though many causes have been assigned as the root of the evil, and many theories advanced to remedy it, yet we must confess we have not yet arrived at a radical remedy for this unfortunate plague spot.

We believe in England though we have much room for improvement, we are not so deficient in our sanitary arrangements, nursing and alimentation for the young, as our French neighbours; when it is affirmed by a certain number of statisticians, more than 100,000 infants die each year in consequence of the want of hygienic arrangements, principally from improper food. English mortality amongst the newly-born is, we know, sadly too high; but through the attention and care devoted to the subject of later years, it has been reduced; thus showing the necessity of not resting on our oars, but rather of stimulating the well known philanthropic ardour of our profession, and of interesting our members, as to the best means of their further reducing the excessive ratio of deaths.

France can afford perhaps the loss of infant life less than any other country, considering its mean birth-rate, for we find in 1870 it took the next position to Ireland, as regards fecundity, as can be seen from the following table of births for every 100 inhabitants.

Russia 5·07, Hungary 4·15, Wurtemburg 4·08, Saxony 4·01, Spain 3·85, Prussia 3·82, Austria 3·82, Italy 3·76, Bavaria 3·70, England 3·56, Holland 3·55, Scotland 3·53, Sweden 3·27, Belgium 3·23. Norway 3·13, Denmark 3·11, Greece 2·89, France 2·65, Ireland 2·62.

This table is based on a French statistical return, and the low birth-rate of Ireland, if true, rather controverts a popular theory of population (for the fecundity of the race is proverbial), though it may be explained by the paucity of marriages. But no doubt owing to the care and attention bestowed on those born, the Irish death-rate will be found lower, and thus the race is preserved.

In France in 1870, the deaths exceeded the births by 103,394, in 1871 it reached 444,889, and these figures have roused the attention of French medical writers and legislators to the necessity of seeking the cause and endeavouring to root it out.

French literature is rich in works on the diseases of infancy and on the proper alimentation of infants, for Frenchmen have recognised the importance to their country of saving infant-life; we may form some idea of the high infant mortality of France, when Bertillon has even promulgated the doctrine that every child when born has a less chance of living a week than a man of ninety, and still less chance of living a year than an octogenarian.

The National Assembly in 1875 had the subject brought under their notice, and later on the Municipal Council of Paris was induced by the representation of many medical men, to appoint a commission to inquire into the cause of the excessive mortality of nurslings, and to seek for a remedy.

The report of the Commission edited by Dr. Thulier and the regulations of the public administration, promised by the law Roussel, have almost simultaneously been published.

The report is interesting, both for its statistics and for its suggestions, and may be useful to English philanthropists interested in this great social problem.

From the municipal statistics 1873-74, we find the mortality, from one day to a year, is in the proportion of 27 per 100; and in Paris, assuming 54,000 children are born each year, more than half die before reaching four years of age, and reckoning the children sent out to nurse it reaches the terrible figure of 51 per 100.

When we remember that deaths should only claim five or eight per hundred of those newly-born from unavoidable causes, we see what necessity there was for the exercise of a commission for *surveillance*, and for a thorough ventilation of the question.

The system of baby farming has not been a success in the past in France, though ideally the best means of remedying the mortality of infants, is either by alimentation at the breast of the mother or a wet-nurse; but unfortunately we cannot always obtain these *desiderata*, and through want of mothers and nurses, recourse must be had to artificial food.

In the service of the municipal *bureau* of nurses, the mortality has reached 42 in 100, and in certain localities 66 per 100, in spite of medical inspection; and the care and attention given to select women, honourable and attentive to their duties.

M. Thubé observes that the defective application of

artificial alimentation and the bad surrounding hygienic conditions have an important influence on these statistics, and this view is shared by many medical men, and notably by those who proposed to the Council the institution of a series of experiments with artificial food, under favourable circumstances.

MM. Couderean, Chalvet, Betrand, Facorèl, have asked the Administration, or the Academy of Medicine to take the initiative in this matter, and to adopt the seductive scheme proposed by Dr. Couderean. This gentleman, according to *Le Progrès Medical*, would establish a village built *ad hoc*, round which should be the farms, infirmaries, and various officers. It should be composed of isolated pavilions, each divided into two dormitories, with five beds for children, and one for a nurse ; two nurses being on the staff, in case one or other was engaged or absent.

These pavilions should be on a pivot, and capable of being turned according to the direction of the wind, and there would thus be perfect isolation.

Behind each pavilion there should be a shelter for goats, and some land so that they might have air and exercise when not required by the children.

During the first two months every *nouveau né* must be fed exclusively at the breast ; in any case during the first weeks mixed alimentation must not be used. When the child has become sufficiently strong, it must be fed directly from the teat of the goat, or with fresh cow's milk ; whilst a physician will see the children each day and direct their alimentation. This plan seems very seductive, and must necessarily be very expensive ; and Dr. Lavel has proposed to the Council, to devote to the experiment the farm of the Bois de Vincennes, and a subvention of 6,000 francs.

The Municipal Council, by its constitution, cannot take the initiative, as it deals only with existing institutions, and could not subvention any ideal scheme ; but it is disposed to render every assistance, and to ask the Committee of Assistance Publique to take the matter in hand.

At present the position of affairs is rather favourable, for the administration has resolved to experimentalise with artificial food, and to avail itself of scientific experience. A commission of five members will conduct the experiments, and report to the Council their results ; and should they be favourable, the Ville de Paris will aid with a gift of land if possible, or a subvention, or both if necessary. We look forward with interest to the report, which we shall duly submit to our readers.

METHODS OF PUBLICITY—PROFESSIONAL OR NOT?

Our attention has been called to the method which is being pursued by the administrators of the Orthopædic Hospital at Usher's Island, Dublin, to "push" the hospital into notice, and our opinion has been asked whether such means are or are not professional and creditable. We have before us a circular bearing the name of the hospital and of its secretary, which, we are informed, has been laid upon the tables of the Dublin clubs, and, from its nature, would seem to be intended for general circulation amongst the public.

This circular is headed "Cases treated in this Hospital," and gives twelve lithographic pictures of various forms of deformity, most of them being semi-nude figures, and all of them, in our opinion, quite unfit for general circulation. Moreover, these illustrations are not (as the heading would appear to imply) taken from patients treated in the hospital, but are simple reproductions of the woodcuts in Sayre's and Brodhurst's books ; and there is, therefore, on the face of the circular a misrepresentation—unintentional, as we quite believe—which ought to have been guarded against by those responsible for the document.

Along with this circular we have received a copy of the *Freeman's Journal* of January 23rd, containing a leading article in advocacy of the same institution, which, as a puff, goes further in fulsomeness than any of the many similar lucubrations we have read. We select one or two phrases :—

"Nobody disputes the lamentable frequency of painful deformities of the legs and feet amongst the children of the poor. . . The bare fact that in its three months' existence four hundred applications from every corner of Ireland for its eight little cots have poured in upon the Orthopædic Hospital Committee . . . shows the necessity for such an institution. . . When it is known that, to be effective, the process of rectifying malformations must range from three to nine consecutive months, it will be seen how little fitted cases of the sort are to cumber the wards of a general hospital. . . As to the blessing to the little patients to exchange the heavy air of a great hospital for their present sunny little home nobody who visits them can have much misgiving. . . One of the patients . . . was brought in utterly deformed in both feet, the toes so dragged out of shape, and the arch of the sole so crushed together on the inner side, that the child had to hobble, or rather stagger, about on the outer edge of the feet. The cramping tendons had to be delicately cut above the tendons, and another subtle operation tried to give the arch of the foot its expansion ; and to-day the child is able to strut about the ward crowingly. . . Another case is that of a little girl with extreme curvature of the spine, who, but for her lucky admission to her present quarters, must have inevitably withered and died."

This article winds up with a boast that an ex-President and a present Vice-President of the College of Surgeons, and a physician to the Lord-Lieutenant's household, are connected with the Institution, and states that the relation of these gentlemen to it affords "more than sufficient guarantee that the hospital is not founded or wanted to increase the fame of its doctors."

We submit this epitome of the documents before us to the profession. It is for them to say whether, as heretofore, censorship is to be exercised by them in regard to the means of attaining publicity adopted by an institution, or whether complete free trade in puffing is to be declared, and each newly-established hospital or dispensary to be allowed to out-do its predecessor in the grossness of its self-flattery and the vulgarity of its importunities.

For ourselves we feel it necessary to say that, though disposed to afford the widest latitude to a new and struggling institution and to young and ambitious surgeons, we cannot be expected to tolerate the circulation of semi-nude pictures amongst the public, nor the use of daily newspapers for the dissemination of nauseous puffs and laudatory opinions upon professional subjects of which

reporters can know nothing. Professional decency imposes limits to the extent of special hospital puffing, and we regret to be obliged to say that the method adopted by the Dublin Orthopædic Hospital far outsteps such limits.

It may seem necessary to recall the attention of the medical staff of the Institution to the fact that they are all Fellows of the Royal College of Surgeons in Ireland, and on receiving that honour swore that they would, "to the utmost of their power, endeavour to promote the reputation, honour, and dignity of the said College."

Notes on Current Topics.

Novel Treatment of Sterility.

L'Union Medicale says that in the temple of the 500 gods at Canton, the pagoda consecrated to old age contains a series of beds employed for a singular purpose. It is there that married couples who are childless come, under the supervision of the priests of the divinities, for the purpose of attaining fecundity by joining to their prayers every other means which may facilitate the miraculous result which is desired.

A Dublin Guardian's Criticism on Dispensary Medical Duties.

The medical officers of the South Dublin Union applied a fortnight since to the guardians for an increase of salary, showing what we consider good cause for such an increase. The occasion was taken by Mr. John Byrne, pawnbroker and union dictator, to attack the medical officers with extreme, but characteristic, virulence. He resisted the increase of salary on the ground that *some* of the medical officers were guilty of habitual neglect of their patients, and did not deserve any addition to their emoluments.

Not knowing the individual or numerical interpretation of Mr. Byrne's "some," we are unable to give that explicit denial to his statement which it probably merits; but we cannot permit his abusive tirade to pass without remarking upon the dulness of that gentleman's sense of duty, or even of propriety. Mr. Byrne is a guardian and a committee-man, and yet he confesses publicly that he has been for years looking on at what he describes as gross neglect of duty of the officers over whom he has charge, and has been so callous to the sufferings of the sick poor, or to the trust confided to him, as to look on with silent complacence and condone the very heinous guilt which he alleges against the medical officers.

If Mr. Byrne's statement is believed, it becomes the plain duty of the Local Government Board to remove a committee-man so hardened in disregard of the interests of the sick poor. If, however, an awakening has at length come to the conscience of Mr. Byrne, and he feels a "call" upon him to champion the sick poor, he is equally to blame in sneaking out of the responsibility of pointing out the delinquents. He has no right to generalise the use of the word "some," and we venture to tell him that no one has any confidence in the diatribes of a speaker who, being charged to speak, lets his tongue run in the abstract, but fears to apply his remarks to the individual.

To most, if not all, of the South Dublin medical officers this gentleman does a great injustice, and it certainly seems to us that those whom he has slandered have—in failing to tell him so—appeared to set their professional position at a low estimate. If Mr. Byrne has spoken truth, he should give names and produce proof; and if he is not able to do that, his statements ought to be met with an unequivocal denial.

An Irish Double Diploma.

The recently matured scheme for the establishment of a Conjoint Examination between the University of Dublin and the Colleges of Physicians and Surgeons having been rejected summarily by the Council of the latter College, and thus brought to nought, a further effort is being made in the same direction, but of a narrower extent. A proposal has originated with the Council of the College of Surgeons that a combined examination should be organised for the purpose of conferring a double diploma of the College of Physicians and Surgeons on a basis identical with that upon which the Edinburgh double diploma is given. The Fellows of the College of Physicians have accepted the suggestion, and appointed delegates to confer with the Committee appointed by the College of Surgeons Council, and a meeting has been already held. The combined Committee consists of the President and Vice-President, Drs. Colles, Walshe, Hamilton, and Jacob, on behalf of the College of Surgeons, and the President, Vice-President, Drs. Atthill and Grimshaw, and the Rev. Professor Haughton, on behalf of the College of Physicians. Whatever conclusion the Committee may arrive at will, of course, be subjected to revision—both of the Council of the College of Surgeons, and of the Fellows at large, and also of the Fellows of the College of Physicians, and it may possibly meet with no happier fate than that which brought the former schemes to an end.

Meanwhile the propriety of a double diploma is open to dispute in the interest of the College of Surgeons, which must necessarily lose a considerable amount of income for the sake of an arrangement, the advantage of which to either of the cooperating bodies, or to the profession, is somewhat doubtful. The movement is, at least, a satisfactory evidence of a disposition on the part of the Irish Licensing Corporation to do something towards an amendment of the present system.

Scientific Education in India.

In the North Western provinces of India scientific education appears to be progressing. A chair of physics has been established in the Central College at the seat of government, and apparatus for lectures and experiments has been procured from England; and for the other colleges also similar apparatus has been provided on a smaller scale. It is stated to be too early to judge of the results, but a disposition to elect the scientific rather than the literary course for the degree of B.A. has generally manifested itself, and will probably increase, with the increasing facilities of scientific instruction.

Students electing the scientific course enjoy the same advantages as art students with regard to scholarships; and, generally, the two courses have been placed on a footing of complete equality.

Art in Hospitals.

THE subject of "Art in Hospitals" continues to attract considerable attention in the columns of the metropolitan and provincial press. With scarcely an exception, our view that "one hundred thousand guineas can be much better expended than by turning our hospitals into curiosity shops" is quoted and endorsed by our contemporaries, and we have little doubt that this opinion is now shared by the public, if we may judge from the paucity of subscriptions to the fund which Mr. Laurence Hamilton generously, but we think injudiciously, started, in order to stock our hospitals with old china, pottery, bronzes, works of art, &c. If one hundred thousand guineas can be got from the public for hospital purposes, plenty of better suggestions for its employment can be made than that to which Mr. Hamilton's name is attached.

University of Dublin.

THE *London Gazette* of Friday last contains the following official notice, dated Whitehall, March 22:—"The Queen has been pleased to appoint the Right Hon. Somerset Richard, Earl of Belmore, the Right Hon. Mountifort Longfield, LL.D., the Right Hon. Stephen Woulfe Flanagan, Judge of the Landed Estates Court, Andrew Marshall Porter, Esq., Q.C., Joseph Allan Galbraith, clerk, M.A., Fellow of Trinity College, and John Mulholland, Esq., M.P., to be her Majesty's Commissioners to inquire into various matters relating to the position of the College of the Holy and Undivided Trinity and of the University of Dublin.

Illegal Medical Practitioners.

WE are pleased to be able to record that the prosecution of unqualified medical men still continues. Last week, Jesse Key was summoned at Birmingham, under the Medical Act, for falsely assuming the title of a legally-qualified practitioner. The case was proved, and defendant fined the full penalty of £20. At Hull, also, two herbalists, Armstrong and Rayne, were prosecuted for a breach of the Medical Act, and their defence not being accepted, were fined £20 each.

"To what Depths, &c."

Is it a sign of the "badness of the times" that members of the profession are obliged to descend to the position of "touters for advertisements" for certain non-successful medical publications. Three members of *our noble profession* are now going the rounds of London tradesmen soliciting orders for advertisements.

Royalty in the Wards.

AT the time of the visit of their Royal Highnesses the Prince and Princess of Wales to the wards of Charing Cross Hospital there were many cases of interest under treatment, which seemed to attract their special attention. One of a little child about three years of age, who had swallowed scalding water, and upon whom, when brought in, the House-Surgeon performed tracheotomy. The difficulty in keeping the tube in its place was considerable. The child is kept under a tent into which a current of steam passes, and constantly breathing this, it to a great extent all pain is alleviated. The case is doing exceedingly well. Another patient, that of a young man suffering from lupus, who had lost his nose, and for whom the Tagliacotian operation, had been performed; the skin having perfectly united, the nose is more symmetrical in appearance than any other part of the patient's face. The forehead at the present time presents only a small cicatrix showing whence the skin was taken; the case is a remarkably good one.

Royal College of Physicians of London.

DR. RISDON BENNETT, F.R.S., was on Monday last unanimously re-elected President of the College.

THE Merchant Taylors' Company have made a grant of 250 guineas towards the building fund of the Metropolitan Free Hospital.

THE post of medical secretary to St. Thomas's Hospital, vacant by the death of Mr. Whitfield, who had held the office for so many years, has been filled by the appointment of Dr. J. W. Gillespie.

"WORMS" are said to constitute the latest phase in the adulteration of milk. A writer says they have been found in large numbers at Ipswich, in Suffolk. We wonder which of the water companies is responsible for this new adulterant.

THE King of Spain has nominated Dr. Brochard, author of "La Jeune Mère," of which a translation recently appeared in English, Chevalier of the royal Order of Charles III., as a reward for his numerous works on infancy and childhood.

THE annual death-rate in the four principal cities of the United Kingdom last week per 1,000 of the population was 27 in London, 29 in Edinburgh, 30 in Dublin, and 33 in Glasgow. Of the other large towns the mortality was lowest with 20 in Sunderland, and highest in Oldham and Manchester, each at 35 per 1,000.

THE deaths from small-pox, which had been 103 and 107 in the two preceding weeks, further rose to 114 last week, of which 100 occurred in London, 10 in Liverpool, and 4 in Manchester and Salford (exclusive of three fatal municipal cases in the Monsall Hospital); no death from this disease was registered in any of the other large towns.

IN London, the deaths from small-pox which had been 84 and 96 in the two preceding weeks, further rose last week to 100; 42 were certified as unvaccinated, 30 as vaccinated, and 28 were "not stated" as to vaccination. The deaths of 14 children under five years of age and certified to be unvaccinated, were referred to small-pox. Of the 30 fatal cases at all ages certified as vaccinated, 19 were aged between 20 and 40 years, no reference to re-vaccination appearing in the certificates.

THE CHARING-CROSS HOSPITAL.

THEIR Royal Highnesses the Prince and Princess of Wales this day week performed a pleasing and gratifying ceremony, that of re-opening the wards of Charing Cross Hospital.

About this time last year, the Council of the hospital, fully impressed with the many defects of a series of small wards, resolved to remodel them according to the most approved system of hospital arrangement, and provide an additional upper storey for the accommodation of the nursing staff. Accordingly, the ten wards have been converted into four large wards, each of 80 feet long by 29 feet wide, and the children's ward which existed on the third floor, half within the roof, and only 9 feet high, together with other small wards for the treatment of women's diseases, and an operating theatre, have been similarly converted. Thus the hospital now consists of six spacious wards of uniform size, in addition to there in the new wing in Chandos Street. Connected with each ward is a ward-kitchen, a bath room and lavatory, and a series of water closets, with a constant current of fresh air passing between them and the wards. The flues have been gathered into stacks, and the warming of the wards augmented by a complete system of hot water pipes passing along the sides of the wall, and by a hot air chamber at the back of each stove supplied with fresh air from without. The air when warmed enters in a vertical direction above the chimney-pieces. There is a through ventilation by means of windows arranged on the louvre principle to admit air without draught, and which cannot be opened, either by a delirious patient or child, wide enough to admit of an accident. In addition, other means of ventilation and warming are employed, a large opening has been formed in the centre of each ceiling, and connected with a ventilating shaft up the outside of the wards to the top of the building, and an upward current of air is maintained by means of a coil of hot water pipes, and a large archimedian screw ventilator at the exit.

The walls of the wards are lined throughout with parian cement, a hard and non-absorbent material. The floors are of wainscot, and these have been oiled and present an impermeable surface, without being as dangerous as a polished floor. The boxes to contain the patients' clothes as well as the side tables have also been made of wainscot and polished for obvious sanitary reasons. The fittings of the bath rooms and lavatories are of the most complete description; and shoots for dust and foul linen are provided in each ward kitchen, so that no accumulation shall take place to pollute the air. Separate water cisterns are provided for the wards, and special ones for drinking-water, with tin-lined pipes leading to all places where potable water is required to be drawn. A special and separate stone staircase at the north end of the building leads to a spacious series of large dormitories for the nurses, with bath rooms, lavatories, &c., and this floor is made fire-proof and provided with iron doors on the staircase to shut off the apartments in the adjoining house occupied by the Sisters of St. John's House, under whose care the nursing of the hospital is placed. The whole of the underground drainage has been re-arranged and pipe drains substituted for brick. The kitchen arrangements are in every way perfect, and the greater part of the cooking is done by steam. Various alterations have been made to meet the requirements of the medical school; new chemical and physiological laboratories provided, and other conveniences of an important character, which render the school premises in every way better adapted to carry on the work.

The Council have, however, a further scheme of extension in view, and intend as soon as funds can be found, to occupy the whole of the triangular block extending in a westerly direction along Chandos Street on the north, and King William Street on the south, terminating at the Royal Westminster Ophthalmic Hospital; most of the leaseholds of the houses have been already acquired for the purpose. So that at no distant period accommodation will be provided for at least 350 patients, and the hospital will be one of the finest and best in the metropolis.

The opening ceremony was of an imposing character. A guard of honour of the Queen's Westminster Volunteers was drawn up in front of the hospital, and received their Royal Highnesses with the usual honours. Inside the hospital the royal party was received by Lord Overstone, the President of the hospital, the Duke of Westminster, the Bishop of London, the Treasurer, and the Reception Committee, who conducted them through the wards, in each of which the principal medical officers were ready to receive them and explain the various special cases of interest. After spending three-quarters of an hour in the wards, their Royal Highnesses were conducted to the Golding Ward, which had been decorated for the occasion, and on their entrance the choir of the Chapel Royal, Savoy, under Mr. Frost, sung the National Anthem. The Bishop of London offered up special prayers, and the choir sang a hymn composed for the occasion, and an address was read by one of the treasurers who stated that the improvements had been accomplished without involving the hospital in debt; and concluded by requesting permission that one of the new wards for male patients should be named the "Albert Edward Ward," and the ward for children the "Alexandra Ward."

The Prince of Wales replied as follows:—My Lords, Ladies, and Gentlemen—In declaring this hospital open, as has been desired by the governors, I wish to express to you on the part of the Princess as well as of myself the great pleasure and gratification it has given to us to be here and take part in the proceedings of this day (cheers). We not only have heard from you an account of the admirable arrangements which had been made, but of a still further extension which will be carried out in order to make the hospital valuable in a still greater degree than it is now, and we have had a practical opportunity of viewing the wards to-day, which has afforded us the greatest possible satisfaction (hear, hear). I can assure you on the part of the Princess and myself that we think you have every reason to be congratulated on the admirable manner in which the hospital is conducted, on the admirably efficient medical staff which you possess, and on the successful efforts made by the sisters in order to keep up the excellent and efficient staff of nurse, which is so essential a part of every good hospital. In conclusion, gentlemen, it affords me the greatest pleasure, and the Princess also, to acquiesce in your wish that the new ward for male patients should be called the "Albert Edward Ward," and that the ward for children should be called the "Princess Alexandra Ward" (cheers). Let me assure you once more of the great pleasure and gratification it has afforded us to be present on this interesting occasion (cheers).

This concluded the ceremony, and the royal party then left the ward, attended by the council, the choir singing "God bless the Prince of Wales," the Princess on the way graciously recognising the Duchess of Westminster and others, as she had on her entrance.

A fashionable gathering of ladies, noblemen, and gentlemen honoured the governors with their presence, and we have only to add, that the arrangements made for the comfort of the visitors, and the improvements effected in the hospital reflect great credit upon the committee under whose superintendence the work has been carried out. The reception committee was composed of the following governors:—The Treasurers (R. Few and H. A. Bosanquet, Esqrs.), E. M. Browell, Esq., Jabez Hogg, Esq., F. Hird, Esq., Dr. Julius Pollock, J. Wilkinson, Esq., assisted by the secretary of the hospital, Mr Henry Woolcott.

Correspondence.

M. EUGENE AZAM, PROFESSOR CLINICAL SURGERY, BORDEAUX, ON THE ANTISEPTIC SYSTEM, AND LISTER'S METHOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is the fate of genius and inventors to have to contend with prejudice, hostilities, depreciation, rivalry, and we find that the claim to a discovery is generally disputed.

The Edinburgh surgeon could not expect to escape such *contretemps*, and it is better for his fame that during his own lifetime his system should be impugned, that controversy and criticism should take place, both on its merits and on his claims as a discoverer, as he can then support and defend his own interests, not only by the abundant testimony of carefully observed and well attested facts, but he can also appeal to the judgment of his contemporaries, and abide by their verdict on his veracity, accuracy, and statement of his case.

Whatever difference of opinion there may be as to the prior use of carbolic acid, or as to its curative properties, we must all acknowledge the talent, industry, perseverance, and tenacity of purpose displayed by Mr. Lister in his advocacy of the system which he has brought to such perfection.

Great theories are not injured by being disputed, adverse opinions only strengthen a good cause, and it is perhaps better for the interest of science that observations and experiences are questioned and discussed; if they are sound they stand the tests of ventilation and analysis, if they are false they are consigned to disuse and oblivion. I believe I am advancing the interests of the question by giving your readers a translation of the opinions of M. Azam on "Lister's Method," as expressed in a letter published in *Le Progrès Medical*, February 24th, 1877:—

Bordeaux, Feb. 4th, 1877.

MY DEAR POZZI,—I have read with great interest your observations on Mr. Lister's "method" and also the work of M. Lucas-Championniere, I am rather inclined to your opinion that there is in his method both a substratum of truth and ceremonious procedure. The curative portion is not new, at least, at Bordeaux—as regards the accessories they are very much exaggerated.

I believe, with M. Gosselin, that there exists a phenic epicureanism to which we attach too much importance.

In one the les srecognise the great merit of the Edinburgh surgeon, and I am not disposed to laugh because his system has been consecrated into a form of religion, of which he is the High Priest, phenic acid the God, and the germ, the Devil.

Its general application is excellent, and I feel certain that if it was employed in our hospitals, their hygienic conditions would be improved.

But there is another peculiarity—it has emanated from a foreigner; distance, mystery, obscurity, are the necessary conditions of faith. The world knows this, and especially provincial surgeons, from whom the great surgical centres should receive consideration. It seems to me that if these centres are not suns they are more than moons, and they have, like the great star, their own proper light—both small and afar off.

Those of us who have passed the age of illusions, know well the indifference attending their efforts, if they are content to do good in their small circle, and cure their patients without the care of useless publicity. I had almost forgotten the possibility of the same thoughts existing, at the same time in different minds, on the banks of the Tyne and Mein, or of their being carried from one to the other. A translator discovers it, makes it known to astonished France, *and makes his way on the name of another.*

We know that certain wines are only appreciated when they have returned back to us from India, and so with this discovery. Fortunately for truth there are scientific judges who read the works of Frenchmen published even outside Paris, and amongst these you and M. Gosselin may be numbered, for you have recognised that the School of Bordeaux deserves credit for its treatment of wounds. In his lectures, M. Gosselin expresses his astonishment at the indifference attending our researches, and explains it in perhaps a legitimate way, and I have to thank him for his courtesy.

Why should we expect surgical ideas to be treated differently from the number of grand conceptions which we despise as long as they are French, but which we admire when returned to us in foreign garb?

Accept my excuses for this extra scientific tirade before explaining the different methods I recommend, and replying to some objections.

First, I must thank you for having repeated my words about MM. Denuce, Labat, Dudon, and other co-workers in the same field; in fact, we strive to render our method more perfect as far as regards the accessories, for the fundamental principle is fixed.

Instituted, for about ten years in St. Andrew's Hospital, Bordeaux, it is at the present day applied by our pupils and our *confreres*, in the district which I may call, the scientific reflection of this hospital. They have adopted it from example, if not from publicity.

I shall successively examine deep drainage, deep and superficial sutures, purely in a practical light, and in their relation to amputation. You imagine that it is a good plan to use disinfecting injections in the drain or to take it out—to cleanse the wound. One time I adopted that plan, but I have now abandoned it, especially after amputations in which the wound is far from being infected in its depth. During the healing process it is easy to establish this, on gently opening the tube, it will be found full of odourless pus, free from bacteria; the signs of putridity are only manifest at the points, where it has come in contact with the air. I reserve such practice for cases of secondary hæmorrhage. Complete immobility of the tubes, free from air or water, are, to my mind, the conditions of good drainage, and I have thus obtained rapid, and uncomplicated cicatrisation.

I believe it is chimerical to expect union by the first intention of amputated bones, until we shall have found out the means of cutting them, as we cut the green wood with a knife of the keenest edge; the saw leaves us a portion of fine dust—and whilst admitting that lavements wash them away—still it is no less certain that thousands of small bony particles are left imperfectly detached, which suppuration alone can carry away. I do not attach so much importance to deep sutures as you do. In my opinion the value of this method rests above all on the time of its application. My colleague has almost renounced it, and only employs it in those cases where he fears imperfect adaptation of large heavy flaps: on the thigh, wrist, and forearm.

We see every day drainage and superficial sutures sufficient even in the extirpation of large tumours, especially if we place over the denuded skin a small pad of wadding, which is applied against the dry parts. I may say in those cases deep union by the first intention appears to me very inefficient, for all surgeons remove large tumours as much with their fingers, scissors, and the haft of a bistoury as with its point. Why, these attempted reunions by sutures of doubtful effect, when compression will replace them? The necessity for a deep suture is a matter of judgment, it is based on the dread of leaving between the tube and the superficial suture, a cavity where pus may accumulate. You prefer for the deep suture a thick silver wire with plates of lead to the ordinary twisted suture which succeeds with us. M. Courty and M. Fochier (Lyons) prefer the button suture—it is a pure matter of taste, I believe they are all good, provided we can relax them according to the swelling of the flaps. I may make a remark on the size of the threads, I have two or three times seen suppuration in their course; once, one of these passages communicated with the deep parts of the stumps, and the solidity of adaptation was in danger. To avoid this, I use a very fine silver wire fixed on one side to the end of a sound, and on the other side to the other end from which it goes back to the first one.

This inconvenience led me to devise a means of avoiding piercing the flaps, but it is only applicable to flap amputations. The mechanism consists in a kind of pince with the biting points placed opposite, which are covered with amadou to protect the skin, and slightly roughened to prevent the danger of slipping. This instrument as made at Bordeaux is heavy and inconvenient, and after many trials I abandoned its use preferring the suture previously described. It might be advantageously replaced by some kind of band, with similarly constructed points and with a spring so as to regulate the powers of compression. The apparatus described by me resembles a pince-nez used in 1848 and 1849 for the inhalation of ether. It could be easily made if the idea was given to one of your skilful surgical instrument-makers, and I have sent you a plan showing how I think it should be constructed and its mode of application.

No one can deny the importance and great value of superficial sutures.

You prefer an interrupted suture of silver wire to the twisted

one I employ; I doubt whether you thereby obtain such perfect adaptation as you do with the twisted suture and the use of collodion. About five years ago, after the extirpation of a large tumour of the breast, I employed the ordinary twisted suture with pins, and between each point, over the cross threads I applied layers of collodionised charpie, and on the following morning on taking out the pins there was perfect reunion. M. Denuce goes farther, he puts round the wound, collodion so as to make a kind of cuirass, which the cross threads and the charpie render more solid, thus the skin does not receive any foreign body and it is not necessary prematurely to uncover the wound to remove the pins. This little modification appears to me excellent, except in those cases where it may be necessary to bring together the edge of the wound, as we often have to do in autoplastic operations.

These are, my dear Pozzi, the principal points I wish to bring under your notice. I must again repeat, I have especially in view wounds caused by amputation, and do not overlook the benefits of the method in question as regards other wounds, and the best proof I can give of my estimation of it is, that I use it every day. In order not to spin my letter out into a treatise I have hardly spoken about dressing properly speaking, but occlusion being complete, and the germs having no way of entrance, it is of little importance. Still, the skin being covered by some protective, I apply a dressing of cotton which I remove as seldom as possible, and I use phenic acid for washing out purposes.

In conclusion, I may summarise what I think necessary for the stump of the future :—

1. Flap operations.
2. Organic ligatures, perfect hæmatosis.
3. Deep drainage, the tube being maintained in its place by bandolettes steeped in collodion.
4. Twisted sutures and fine pins, a cuirass being formed around by intermediate bands of collodion, removal of pins after desiccation.
5. Approximate as near as possible the drainage tube, by means of graduated pressure of a band above described, which should remain in place after the first dressing.
6. Protection of the depending portion of the skin against the action of fluids coming from drain.
7. Cotton bandages; dressings very rarely; and lavements with phenic acid.

I have omitted many points in this long letter, and send it to you to make such use of as you may think fit in the interest of this question.

Yours, &c.,
EUG. AZAM.

I hardly think Mr. Lister's reputation will suffer from the criticism of the Bordelais surgeon, or that the egotism of one individual, jealous of the fame and success of a foreign rival, will even disturb his equanimity.

The letter is, to some extent, a somewhat typical specimen of French *bravade*, and as we may learn how the wind blows, even from the direction of a single trifling straw or feather, so we may gather French current opinions, even from the publication in a good French journal of this laudatory self-asserting, but weak effusion, recalling Horace's words, "montes parturiunt nascitur ridiculus mus."

M. Azam overlooks the question at issue, scarcely gives ten lines to the antiseptic system, properly speaking, and the claims of the Bordeaux school must be considered weak, if it can adduce no better evidence than his letter. I was led to expect that M. Azam would have made out something of a case for the Bordeaux school, and would have shown in what respects Mr. Lister had borrowed from the practice or precepts taught there, but I learn nothing from M. Azam's teaching, and it is perhaps well for the minor stars, whose effulgency and rays are confined to a provincial district, that their light is so restricted, and that they have been hitherto content to illumine a small circle without seeking for a wider radius and that *publicity* which M. Azam depreciates. M. Azam feels that his school has been neglected by the great Parisian celebrities, and the medical world, but he must console himself with the thought that—

"Full many a gem of purest ray serene
The dark unfathom'd caves of ocean bear,
Full many a flower is born to blush unseen,
And waste its sweetness on the desert air."

Halifax, Yorkshire,
March 2, 1877.

Yours faithfully,
THOS. M. DOLAN, L.R.C.P.,
L.R.C.S., &c.

STRAPPING THE BREAST TO PREVENT SECRETION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The discussion at the Obstetrical Society on the 13th January last, on Dr. William's paper—"On Strapping the Breast as a means of arresting the Secretion of Milk after Still-Birth," as reported, shows me that many of my respected *confrères* hold very loose notions as to the utility of strapping the breast during inflammation from full distension or suppuration. I cannot believe that any one who has had careful recourse to this plan of treatment can ever undervalue it, and in three different stages I have frequently used it, with such relief to the patient and such comfort to myself that I cannot refrain from urging it on those who meet such cases as a most reliable mode of treatment. I have never yet used it myself for the mere purpose of averting the secretion of milk, but I will if spared. I have, however used it—1st, in the early state of irritation and painful excitement of the organ; 2nd, in the advanced stage of inflammation prior to the formation of matter; and, lastly, after the evacuation of an abscess, either by the lancet or natural process. I cannot remember ever having had matter form when I had carefully strapped the breast in either of the two first stages, and the marked relief from pain that has always followed the strapping has been sufficient reward for the trouble which is required.

After matter has formed and the sac has been opened its effect in hastening recovery has been most satisfactory; instead of having a heavy pendulous breast becoming relaxed in a bath of its own pus, it is most comfortable to the patient to have the organ tightened up and supported, and the amount of secretion of pus is always diminished.

I lately treated a rather unusual case in this way, where, in a woman aged 60, an abscess formed behind the mamma, from which by puncture I removed in or about 28 oz. of pus. I introduced a drainage tube, and then compressed the whole surface with straps of adhesive plaister. The entire mamma was covered, save where the tube was inserted. Under this point was attached a small cupped sponge, which was frequently changed during the day, and in this way great cleanliness was maintained. Every third or fourth day I irrigated the cavity with a 1-to-20 solution of carbolic acid. I only changed the strapping twice in 14 days; when the whole cavity was closed and the wound healed. Had I treated this in the ordinary way I should have made liberal openings, the patient would have been soaked in pus, and I feel sure that the cavity would not have been healed in three or four months. Tincture of time is a good medicine, but Nature is often a step-mother, and as often destroys as cures, or, at least, her beneficence is often the result of severe chastisement. I do not presume to give instruction as to the manner in which strapping is to be applied. Any intelligent surgeon will see his way to the best plan if he only considers the object he has in view. I merely write to encourage those who will take the trouble by apprising them that they will be repaid.

I am, Sir, your obedient servant,

JAS. MARTIN.

Portlaw.

ANHIDROTICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue appears an account of a discussion before the Medical Society of the College of Physicians of Ireland on anhidrotics, a term first used by myself in a recent work on the "Principles of Therapeutics." Dr. Hayden has paid me the compliment of adopting the term, which at least is a convenient one. Some such term is now necessary, as we find that there are a number of remedial agents which control, more or less successfully, profuse perspiration. Their value is great, especially in relation to the night sweats of phthisical patients. Further experience at the Victoria Park Chest Hospital convinces me that in belladonna or atropine we possess a most potent agent. It would be going too far to say that belladonna never fails to achieve this end; but during the last winter no case, in the early stage, has come under my notice where it has failed. Even in confirmed phthisis, in the one or two instances where I gave up belladonna in favour of oxide of zinc and hyoscyamus, it has been found desirable to return to it. For a few nights the zinc

and hyoscyamus seemed to be more effective; but the action of belladonna was soon found to be the more permanent, as well as more efficient. In the hidrosis of advanced phthisis, when the lung is breaking down extensively, belladonna exerts a very beneficial palliative action; but it is in the sweats of the early stage of phthisis that its good effects are so remarkable. A few words as to its use in practice may not be out of place.

Some patients have a much greater toleration of belladonna than others. In many a seventy-fifth of a grain of atropine at bed-time will, in the course of a few days, not only arrest the hidrosis, but will even produce some dryness of the throat and disturbance of vision. Others are unaffected by this dose, and require a fiftieth to produce the desired effect. In a few cases it is necessary to increase the dose to a twenty-fifth of a grain, in order to achieve the wished-for result. As long as the dryness of the throat and disturbances of vision are not induced, it is quite certain that the dose may be safely increased. When they are induced, the sweats are certainly arrested. After the hidrosis has been checked effectually for a week, the dose may be gradually diminished to a seventy-fifth without the sweats returning—at least, in the great majority of instances.

So far I have experienced no unpleasant consequences of the use of atropine. Indeed, belladonna is in no way a treacherous drug, but one which gives distinct indications long before anything like serious danger is approached.

The effects of checking these night-sweats in the phthisical are very satisfactory. The patient feels much relieved. The appetite returns and the digestive powers are regained; probably this is due to the arrest of the loss of blood salts by the sweats. Soon the patient can take cod-liver oil, and usually makes headway rapidly towards recovery. As long as the salts of the blood are drained away in the profuse perspirations, improvement is scarcely possible. When their loss is checked the digestive processes become once more efficient. Even when a racking cough prevents sleep, and a full dose of opium or morphia is required to allay it, a dose of atropine will prevent the sweats, to which opium alone is apt to give rise. It is well to add a small dose of sulphate of magnesia (℈½ to ℈j.) to the tonic mixture usually prescribed in such cases.

I have no opportunity of trying belladonna in the sweats of fever, so can say nothing on the subject. In other cases of hidrosis than phthisical—for instance, in cases in children where the sweating is persistent and severe—belladonna is equally efficacious. The atropine pill at bed-time checks the sweating without the addition of ice, and sponging with vinegar and water—matters of importance to the humbler classes. By the use of belladonna hidrosis is as amenable to treatment, if not more so, than diarrhœa.

I remain, yours very truly,

J. Milner Fothergill.

THE SWEATING SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The "sweating system," to which you drew attention in your issue of the 21st inst., is indeed a subject of the gravest importance, and one that it is difficult to meet. To deprive the journeyman tailor of work at the time when his family is afflicted with infectious disease is to deprive them of bread. I would suggest that the master tailors should be compelled by law to have all their work done in healthy workshops. A poor journeyman sought my advice the other day for sickness undoubtedly induced by working in a shop which ought to have been condemned. The man looked like a ghost, as if all the red particles of his blood had been sweated out of him. I learned that he worked in a shop without a chimney, and in which the temperature was maintained at 100 deg. He told me that two of his fellow-workmen were seriously ill, their complaints being, no doubt, caused by the close, ill-ventilated, and crowded room in which they worked.

If my suggestion could be carried out, the poor worker's health would be improved, and the public would be saved the apprehension of having their clothes infected by morbific germs.

I am, sir, your obedient servant,

Harley Street, W., March 24, 1877. J. M. Winn, M.D.

Obituary.

DR. THOMAS GREGG, OF CORK.

Many years have elapsed since the medical profession in the South of Ireland has sustained such a loss as that which we this day record. On Thursday week last, Dr. T. Gregg passed quietly and peacefully away. His illness was a brief one. But little over a week has elapsed since he was engaged as usual discharging his professional duties. His health for some time previously had been good, and his friends hoped that he had recovered from the illness which last summer had caused them serious anxiety. This attack, however, was soon discovered to be one of a most alarming character, and for several days past it became widely known that his life was in imminent danger. As we learn, he succumbed finally to extreme prostration induced by an intractable form of liver affection. Those of his colleagues who attended him had almost from the first but slight hopes of his ultimate recovery. Still, up to a late hour on Saturday many hoped against hope, that the tide would turn and that his life might yet be spared. Dr. Gregg has been intimately known for close on half a century as a leading surgeon throughout the city and county of Cork. As one of the senior surgeons in the County Hospital and South Infirmary, he occupied an important and prominent as well as most responsible position in his profession. That position we believe he held for over thirty years. As a skilful and conscientious surgeon, gifted with some judgment, and a manner kind and sympathising in the extreme. He was a pupil of an eminent Cork surgeon of the past, but one whose name is still known to many in that city, the late Dr. Woodroffe. He was exactly forty years a surgeon in 1877. He was a Fellow of the Royal College of Surgeons of Ireland, and an ex-President of the County and City of Cork Medical and Surgical Association, and of the south of Ireland branch of the British Medical Association. In addition to the position he occupied at the South Infirmary, he held various other medical appointments, amongst which we may mention those of consulting surgeon to the Cork Ophthalmic and Aural Hospital, the Incurable Hospital, and the Hospital for Diseases of Women and Children. It will be easily perceived that the loss which must be felt at his death is not a light one. It was the thoroughly kind and honest counsel which Dr. Gregg was always willing to afford to a colleague and the invaluable assistance which his experience proved when tested in emergency or difficulty that made that counsel and experience as valued as it was both by seniors and juniors in the profession. He was pre-eminently the thorough practical common-sense surgeon. But if his loss will be felt amongst his professional brethren, still more must it be deplored by those outside its ranks.

LAWSON CAPE, M.D., F.R.C.P., &c.

We have to announce the death of Lawson Cape, F.R.C.P., M.D. Edin., &c., Consulting Physician of the General Lying-in Hospital, York Road, Lambeth; and formerly Lecturer on Midwifery at St. Thomas's Hospital. Dr. Cape was, we believe, related to Sir Charles Locock, and at one time acted as his assistant; but although he lectured at St. Thomas's Hospital, he never contributed much to the literature of the profession, and having married well, he soon resigned the Chair of Midwifery in that Institution. He was, however, well known and much respected in the profession, and among a large circle as a kind-hearted jovial friend. About two years ago, he had a most serious illness, and his life was for some time quite despaired of, but after a tedious convalescence he perfectly recovered his health; and when we met him some three weeks since in the theatre of the Royal Institution, he was as full of life and fun as we ever remember to have seen him. His last fatal ilness seems to have been of a rather

sudden character, and only of a very few days' duration. He died at the age of 63, at his residence, Curzon Street, Mayfair. *Requiescat in pace.*

WILLIAM CARR, F.R.C.S., F.L.S., &c.

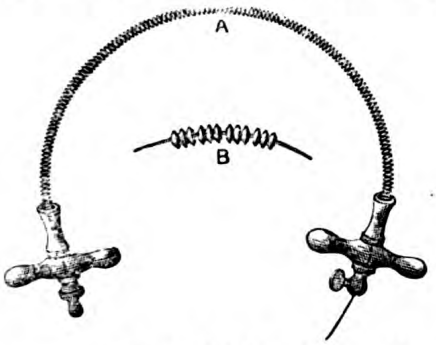
It is with sincere regret we have to announce the death of William Carr, Esq., of Lea Grove, Blackheath, at the comparatively early age of 63. It appears that Mr. Carr has been for a week or two confined to his house, but it was reported at the early part of last week that he was, much better, and would be about again in the course of a day or two, when on Wednesday he appears to have had a relapse; and his death which occurred on Thursday, the 22nd, may almost be said to have been sudden. Mr. Carr was a Member of the College of 1837; a Fellow of 1860; and Surgeon of the Royal Kent Dispensary, and Metropolitan Police. He was much beloved and respected at Blackheath, where he resided and practised for many years. Soon after the Medical Benevolent College was founded, Mr. Carr thoroughly identified himself with its interests; became one of the local secretaries, and collected considerable sums of money towards its support; so that for a poor candidate to have secured his support, was almost equivalent to success. His great object and aim was, the establishment of Scholarships to assist the most meritorious of the Foundation Scholars in their after studies, and he fully succeeded in founding two in connection with University College Hospital.

Mr. Carr was for many years a zealous member of the Council of the Medical Benevolent College, and commanded the good opinion of all with whom he was brought into contact, and his loss will be deplored by a large circle of friends both in and out of the profession.

Novelties.

A NEW SAW.

Messrs. Tiemann & Co., surgical instrument makers of New York, have produced an entirely novel saw, the invention of Mr. F. A. Stohlmann, whose ingenuity has already done so much to improve the armamentarium chirurgicum. It is intended to replace the chain-saw in common use, and is entirely free from the tendency to bind, kink, and break which characterises the latter instrument. It consists, as will be seen in the cut, of two handles connected by a wire of cast-steel, on which are strung a series of steel beads with sharp cutting edges.



The instrument might indeed be called a file quite as appropriately as a saw, and its action on a bone is said to be more like that of the first-mentioned tool, in the absence of such rough edges as are made by the saw in common use. No needle is required to carry it through or around a bone, and its beads can be readily strung on to a new wire in case of a break. Another advantage lies in the fact that the beads, by their free rotation, present fresh cutting edges; and still another is the considerable difference in price between this instrument and the ordinary chain-saw.

Medico-Parliamentary.

MEDICAL DEGREES.

On Friday last, in reply to Mr. Errington, Viscount Sandon stated that negociations had been carried on, and that various meetings had been held in London between all the medical licensing bodies in the kingdom, for the purpose of appointing an examining body under Clause 93 of the Medical Act. Conditions had been agreed to by the representatives of the different bodies, and were awaiting the consideration and consent of the bodies themselves. There were considerable grounds for expecting that this consent would be shortly given. Under these circumstances it would be premature on the part of the Government to give any undertaking to reform the whole system of licensing for medical degeees.

VACCINE LYMPH.

On Friday, in answer to Mr. Forsyth, Mr. Sclater-Booth said none of the lymph at present in use at the National Vaccine Establishment was an artificial production. It was either from Jenner's source or from the natural disease in the cow, And as to what securities were taken, the securities consisted, first, in a careful choice of the lymph, and secondly in an inspection to which the stations and officers were subjected; and thirdly by making microscopical examination, without which none was allowed to be distributed.

ACCOMMODATION FOR FEMALE MEDICAL STUDENTS.

On Friday, in reply to Mr. M'Laren, the Lord Advocate stated that the new University Buildings at Edinburgh had been planned and carried out by the University authorities themselves; and it was for them to consider whether any provision should be made for teaching female medical students.

Treatment of Dysentery by Nitrate of Soda.

The *Moniteur Therapeutique* recommends nitrate of soda as a remedy in this disease, and gives the following details. In 1809 Velsen first employed it, and two years afterwards Meyer experienced great success from its use, in an epidemic of dysentery, in doses of fifteen to twenty grains. At the present day it is in vogue in Germany, and Dr. Caspari praises it very highly in an article in *T. Deutsche Klinig.* A number of observations, made at Frankfort, establishes its superiority over all other remedies—the success being the same, no matter the form of the malady. The dose should vary, according as we have to deal with dysentery proper, rectal dysentery, or dysenteric diarrhœa, varying from fifteen to twenty-five grains. It should be administered in mucilage, slightly warmed, and if the complaint is slight, the symptoms are soon ameliorated. It is scarcely necessary to add that a strict and appropriate diet is also enforced.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d. Subscriptions in advance for 1877, at the reduced tariff of 21s. per annum, post free, must be paid before the end of this month in London, Dublin, or Edinburgh.

Association of Surgeons practising Dental Surgery.—On Thursday, at 8 p.m., Council meeting. At 8.30, the reading of papers by Messrs. Coleman, T. W. Nunn, and Salter.

MR. W. PARKER, M.R.C.S., Bath.—In accordance with our rule we cannot insert a letter which has been already addressed to and refused by another journal, unless special circumstances render departure from such rule desirable. As the subject to which your letter refers has not appeared in our columns the references would be out of place; we must, therefore, revert to an old quotation, "declined with thanks."

DIALYSED IRON.—In our annotations under the above heading, which appeared in our last number, the preparation of which we spoke approvingly was that of the French chemist, M. Bravais, which has recently been introduced to the notice of the profession in this country under the style of "Fer Bravais" or "Bravais Dialysed Iron."

LEPRA GRÆCORUM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 7th inst. there is an interesting letter from Dr. Zach. Johnson calling attention to the presence of a case of "lepra græcorum" in the wards of the Kilkenny County Infirmary, and showing a degree of probability amounting to a certainty that the disease was contracted by contagion from his brother.

It may be of interest to your correspondent and to others to know that this brother, in the year 1872, was sent up from the County Kilkenny to Dublin by Dr. Sterling, of Thomastown, suffering from elephantiasis græcorum. For some months he remained under my care in the City of Dublin Hospital, and during this time I exhibited the man at one of the meetings of the Medical Society of the College of Physicians. The notes of his case which I read at the meeting, and the subsequent discussion, are to be found in the April number of the *Dub. Journ. of Med. Science*, 1872. Mr. J. H. Burnside took an admirable water-colour drawing of the man, which I shall be happy to show to any one interested in the disease.

I am, Sir, yours truly,
J. HAWTREY BENSON, M.D., &c.,
Physician to the City of Dublin Hospital.

OBSTETRICAL SOCIETY OF LONDON.—Wednesday, April 4th, at 8 p.m., Specimens.—Dr. Ashburton Thompson, "A Case of Deformity" (living subject).—Dr. Playfair, "On Fibroid Tumour complicating Delivery." Dr. Jas. Braithwaite, "On a Mode of Treatment of Retroflexion."—And other communications.

PRESS STATISTICS.—The following particulars, condensed from the new edition of *May's British and Irish Press Guide*, convey an interesting idea of the present position of the newspaper and periodical press of the United Kingdom. There are now issued 1,783 newspapers, thus distributed: Metropolis, 430; England, 946; Wales, 50; Scotland, 164; Ireland, 142; British Isles, 21. Among these are 87 morning and 42 evening journals, but the majority are published weekly, Friday claiming 364, and Saturday 675 examples. The penny newspapers number 914, far exceeding all others; the next highest being those at twopence—263. There are 92 sixpenny and 20 shilling journals, and 14 are gratuitously distributed. Of political newspapers, 515 are registered as Liberal, 296 Conservative, and 67 Liberal-Conservative, the remainder taking neutral ground. Of the 1,783 newspapers, 46 may be termed religious, representing various denominations, and 35 represent the medical world, including Hospital Reports, Transactions of Societies, &c. Six newspapers appear in French, 1 in German, 1 in Arabic, 9 in Welsh, and 1 partly in Gaelic.

A QUIET SORT OF WAY.

THE following amusing topical *impromptu* was sung by Dr. Lyttleton S. Forbes Winslow at the annual dinner of the Medical Society of London referred to in our last number:—

Some Delegates went o'er the sea to view the Yankee show,
And I'm sure it did our cousins good the President to know;
Our Secretary, too, was there, and one and all did say
They represented *our Society* in a most effective way.

We hope our Parliament this year will some enactment pass
To prevent the Dipsomaniac from sticking to his glass;
To pass this bill support we want that our Government may say
If you drink we must restrain you in a quiet sort of way.

Some ladies are ambitious now to practise as M.D.'s,
And grace our universities by taking our degrees.
But the place in which they are wanted and where we hope they'll stay,
Is at home to nurse their babies in a quiet sort of way.

A truly great man Gladstone is, I know you'll all admit,
And as leader of the Liberals there's surely none so fit;
But he likes to meddle always in the questions of the day.
And objects to vaccination in a quiet sort of way.

To check the physiologist some people now are bent,
And do all they can to hinder him in his experiment;
But the Vivisection Act with us will never hold its sway,
And for science we will do it in a quiet sort of way.

Some years ago to foreign parts our doctors did repair,
To try a change of patients and a little change of air.
But now, alas! a law 's proposed which causes them dismay,
And will send them back to England in a quiet sort of way.

An eminent physician here has planned a town of health,
Where we may greater blessings find than can be bought by wealth.
When these reforms are carried out I think with me you'll say
That our patients all will vanish in a quiet sort of way.

Far, far away, 'neath sun and sand, there lies a precious gift,
Which each successive Government can not afford to lift.
But a very liberal Fellow here will all expenses pay,
And bring home Cleopatra's needle in a quiet sort of way.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Fowne's Manual of Chemistry. Vol. I. London: J. and A. Churchill.

What is Vital Force. By R. Fawcett Battye. London: Trübner and Co.

Transactions of the Obstetrical Society of London. Vol. XVIII.

Headaches, their Nature, Causes, and Treatment. By W. H. Day, M.D. London: J. and A. Churchill.

A Practical Treatise on Operative Dentistry. By J. Taft. London: J. and A. Churchi l.

List of the Fellows, Members, and Licentiates of the Royal College of Physicians of London.

Small-pox: A New Treatment. By a Layman. London: Hardwicke and Bogue.

Notes on Enteric Fever. By F. R. Hogg, M.D., Meerut, India.

The Science of Living. By a Student.

Dangers to Health in our own Houses. By Pri'gin Teale, M.A.

The Relations of Medicine to Modern Unbelief. By R. O. Cowling, M.D.

The Oriental Sore as observed in India. Government Report. By Drs. Lewis and Cunningham.

Leprosy in India. Government Report by Drs. Lewis and Cunningham.

The Glasgow Medical Journal. Proceedings of the Medical Society of King's County. Revue Medicale Roumaine. Nature. The Practitioner. Australian Medical Record. Le Progrès Medical. La France Medicale. Allgemeine Weiner Medizinische Zeitung, &c., &c.

VACANCIES.

Gravesend and Milton Union.—District and Workhouse Medical Officer. Salary, £85 per annum, with extra fees. (See Advt.)

Cork South Charitable Infirmary.—One Surgeon and two Assistant Surgeons. Applications to the Secretary. (See Advt.)

Limavady Union.—Medical Officer for the Belluvena District. Salary, £100, with £15 extra as Sanitary Officer. (See Advt.)

Cancer Hospital, Brompton.—Dispenser. Salary, £80 per annum, with parial board. (See Advt)

Hull Dispensary.—House Surgeon. Salary, £150, with residence. Applications to the Hon. Sec.

Bristol Lunatic Asylum.—Assistant Medical Superintendent. Salary, £100, with board and residence. Applications to the Chairman of Committee, at Stapleton.

Buckingham General Infirmary.—Resident Surgeon and Apothecary. Salary, £100, with board. Testimonials to Mr. G. Fell, Solicitor, Aylesbury.

Brompton Consumption Hospital.—Clinical Assistants. Board and lodging, no salary. Applications to the Hon. Sec.

Manchester Clinical Hospital for Children.—House Surgeon. Salary, £80, with board. Applications to the Medical Board at the Hospital.

Western Provident Maternity Dispensary.—Salary, £ .0, with apartments, &c. App'y to Mr. Gold, 24 St. Petersburgh Place, Bayswater, W.

APPOINTMENTS.

BARROW, A. B., F.R.C.S.E., Pathological Registrar to King's College.

BULLEN, B. R., M.R.C.S.E., Junior Assistant Medical Officer and Dispenser to the Middlesex Lunatic Asylum, Banstead Downs.

BURR, W. T., M.B., C.M., Medical Officer for the Bourney Dispensary District of the Roscrea Union.

COOKE, R., M.R.C.S.E., Visiting Surgeon to the Newport (Mon.) Infirmary and Dispensary.

DAVIS, H., M.R.C.S.E., House Surgeon to the Coventry and Warwickshire Hospital.

HUTTON, T. G. B., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Colebrooke and Bow Districts of the Crediton Union.

MARSH, O. E. B., M.R.C.S.E., L.R.C.P.Ed., House Surgeon to the Newport (Mon.) Infirmary.

MURCHISON, F., M.B., C.M., L.M., Second Assistant Medical Officer to the Middlesex Lunatic Asylum, Banstead Downs.

RYGATE, B., M.R.C.S.E., House Surgeon to the London Hospital.

SANDELL, H. W. A., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the whole Leighton Buzzard Union except the Upper District.

STRATON, C. R., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Wilton Union Workhouse.

Marriage.

RICHARDSON—WEDGWOOD.—On the 22nd inst., at the Wesleyan Chapel, Hammersmith, Edwin J. Richardson, F.R.C.S. Lond., of Ealing, to Florence, only daughter of John Raphael Wedgwood, of Barnes.

Deaths.

CAPE.—On March 22, at Curzon Street, Mayfair, W., Lawson Cape, M.D., aged 69.

CARR.—On March 22, at Lee Grove, Blackheath, William Carr, M.D., F.R.C.S., aged 63.

ENGLAND.—On March 21, at 16 Rathgar Road, co. Dublin, Richard Arthur England, M.D., late of Galway, aged 66.

ESPIE.—On March 13, at Falkirk, James Espie, L.F.P.S.G.

FENNELL.—On March 20, at Southampton Street, London, W.C., Edward H. Fennell, M.R.C.S., aged 57.

GABE.—On March 8, at Abermorlais, Merthyr Tydfil, Joseph Jones Gabe, M.D.

GRANT.—On March 19, at Gloucester Terrace, Hyde Park, N. Grant, M.D., aged 80.

GREGG.—On March 12, at Sydney Place, Cork, Thomas Gregg, M.D.

HOPE.—On March 21, at Wickham Terrace, Lewisham High Road, David Hope, M.R.C.S.E.

KING.—On March 20, at Chepstow, Monmouthshire, Thomas King, F.R.C.S., aged 82.

MACPHERSON.—On March 13, at Bath Street, Glasgow, James Macpherson, M.D.

PERCEVAL.—On March 21, at 5 Wilton Terrace, Dublin, Charles Fredk. Perceval, M.D.

PERCIVAL.—On March 19, at St. Leonard's-on-Sea, Richard Percival, L.F.P.S.G., L.R.C.P.Ed., late of the W.I. Medical Service, aged 35.

WILLIAMS.—On March 6, at Chelsea, Alexander Williams, L.R.C.P.Ed., late Secretary Veterinary Department, Privy Council Office, aged 48,

IRISH POOR-LAW INTELLIGENCE.

THE SALE OF FOOD AND DRUGS ACT, 1875.

SINCE this Act has come into force, the following analyses have been made by Dr. Cameron, public analyst for the following districts :—

District.	Articles examined.	Articles found adulterated.	Persons convicted.	Fines imposed.
Cavan ...	5	2	1	£ 2 0 0
Carlow ...	1	1		
Down ...	1	1	1	20 0 0
Wicklow ...	7	6	2	8 10 0
Limerick ...	43	16		
Sligo ...	11	5	5	8 7 6
Clare ...	130	17	3	7 12 0
Roscommon	40	10	4	55 0 0
Fermanagh	26	12	9	17 18 0
Tipperary ...	26	15	8	66 17 0
Galway ...	40	16	10	66 0 0
Kerry ...	18	6	2	6 0 0
Queen's Co.	10	4	4	30 0 0
Mayo ...	15	9	4	28 0 0
Kildare ...	68	20	12	33 0 0
Kilkenny	17	10		
Waterford	3			
Dublin ...	268	65	46	206 0 0
Dublin, City	1576	205	112	536 5 2
Drogheda ...	20	7	7	7 15 0
	2126	428	227	£1,117 1 8

The articles adulterated comprised milk, skim-milk, butter-milk, oatmeal, porter, wines, whisky, coffee, tea, mustard, Epsom salts, extract of cinchona, cream of tartar, &c.

THE CITY CORONER AND THE IRISH MEDICAL ASSOCIATION.

MR. GEORGE R. Finlay, Local Government Board auditor, sat in one of the committee rooms of the City Hall recently, and resumed his investigation of the Corporation accounts for the financial year, ended 31st August last. Mr. Thomas O'Donnell, city accountant, Mr. John Curtin, city treasurer, and Mr. J. Martin, deputy town clerk, were in attendance.

Mr. Clifford Lloyd, solicitor of the Irish Medical Association, appeared on behalf of Dr. Jacob, as chairman of the council of that association, and asked the auditor to disallow and surcharge a sum of £150 paid to Dr. Egan, as coroner's medical witness, during the year under audit. The 9th and 10th Vic, cap. 37, empowered coroners to summons as medical witness, in any particular case, a duly qualified practitioner in actual practice "at or near the place of death," the circumstances of which were being investigated; and the 28th section referred to a schedule of fees appended to the Act that authorised coroners to pay "any sum or sums of money not exceeding" the amount therein mentioned. The Medical Association felt that the present arrangement of substituting a salary in lieu of fees was not only illegal but in direct opposition to the public weal. It was obviously to be desired that the best possible evidence should be forthcoming at inquests, and it was apparent the best medical evidence that could be had was that of the gentleman who had been in attendance on the subject of the inquest immediately previous to death. Under the existing arrangement, however, that evidence was practically excluded, and the same gentleman (against whom personally the association had nought to say) was engaged in every case.

The Auditor—That is not so, because the Act—apparently contemplating such an arrangement as that now existing in Dublin—provides for the calling in of the medical gentleman last in attendance on the subject of the inquiry, in addition to the ordinary medical witness.

Mr. Lloyd said that power was only given to the coroner when requested to bring in a second medical witness by a majority of the jury. Besides, when the Act plainly contemplated the summoning of the best medical witness in the first instance, why risk the necessity of paying twice?

The Auditor said as he understood the matter, it was originally the arrangement here to allow the coroner to call in any doctor that he pleased, but that some years ago that was altered, and a fixed sum was allowed as a maximum, beyond which the doctor's fees were not to go.

Mr. Martin said that was so. In 1857, Coroners Kirwan and Hyndman made an arrangement with Surgeon George Porter to act as medical witness, at a salary of £150 per annum, which arrangement was then sanctioned by the corporation, and acted upon since.

Mr. Lloyd said the Association on behalf of which he appeared, had been instructed that the employment of the same medical man on all occasions was in violation of the spirit and letter of the Act he had referred to.

The Auditor said he differed from that view. The same question had been raised already and Mr. (now Baron) Dowse having his attention directed to the clause authorising the employment as a medical witness of a gentleman in practice, "at or near the place where the said death occurred," had stated, "In a city like Dublin I cannot conceive any valid objection to a particular doctor, inasmuch as any one that is appointed may fairly be said to be in practice in or near the place where the death happened."

Mr. Lloyd said Mr. Purcell, Q.C., had given it as his opinion that the arrangement now acted on was contrary to law, and he, on behalf of his clients, now called on the Auditor to disallow and surcharge the amount paid to Dr. Egan for the year under audit.

The Auditor could not do so. If it were shown that the amount so paid exceeded the aggregate amount of fees that might have been allowed for each inquest held during the year the case would be wholly different.

Dr. Jacob said, as a matter of fact, the salary was considerably under what the fees would have amounted to, but the Medical Association considered this as a matter seriously affecting them, and submitted that the coroner had only power to pay or direct the payment of the fees mentioned in the Act, and that any compounding of the same was illegal.

The Auditor said no doubt the existing arrangement might be considered injurious to the medical profession, but he did not sit there as guardian of the interests of that or any other profession, but as the guardian of the interests of the ratepayers; and in that capacity he must

hold that the corporation having authority to pay the larger fee of £1 1s. for each inquest, they had equal authority to pay the lesser sum of £150 per annum.

Mr. Lloyd said that Mr. Purcell, Q.C., had given an opinion that "the employment of the same medical practitioner as medical witness at all inquests held by the coroner within his district, is contrary to the spirit and intention of the Act which evidently contemplates that the medical practitioner should be one residing in the immediate neighbourhood of the locality where the death occurred;" and again, "with regard to the payment by the coroner of a fixed salary to the medical witness instead of fees, I am clearly of opinion that such is illegal, and in direct violation of both of the spirit and letter of the Act." Being armed with that, his clients had determined to appeal from the adverse ruling of the Auditor.

The Auditor suggested that the question would be better raised when the presentments were being fiated.

Mr. Lloyd said the presentments were in advance and Mr. Purcell had advised in favour of an appeal to the Court of Queen's Bench.

The Auditor then formally ruled against the objection, and received notice of appeal.

DISALLOWMENT OF CORONER'S FEES.

At the last Londonderry assizes Mr. Kelly, coroner, called the judge's attention to the presentments complaining that three inquests he had held, and attended at great personal inconvenience, had been thrown out by the grand jury.

Professor Smyth, M.P., informed the court that the matter had been fully considered, and that the answers of Mr. Kelly were not quite satisfactory to the committee of the grand jury. They considered that that gentleman had held inquests in cases where inquiries would have been quite sufficient; and, in these circumstances, the sum claimed by Mr. Kelly had been reduced accordingly.

Mr. Kelly said that the cases in which he had held inquests were, two of sudden death, and a third where an old woman had been found dead at her fireside. He contended that in each case an inquest was necessary.

His lordship—If you desire it I shall ask the grand jury to reconsider the matter as a favour to you. If they adhere to their opinion, however, I shall not interfere with their discretion.

Mr. Kelly—I would as soon leave the matter to your lordship.

The matter ultimately was referred back to the grand jury, who, after consideration, affirmed their former decision.

[We advise Mr. Kelly to take the matter into a higher court, if he be legally advised that he can do so.

These questions have been so frequently decided in favour of the coroner, that of late years the objections are not so frequent, but nothing will effectually remedy this evil but paying coroners by fixed salaries. It has been decided by Chief Baron Pigott, Baron Fitzgerald, and Mr. Justice O'Brien, that if the coroner, in the *bona fide* exercise of his discretion, considers an inquest necessary, the grand jury were bound to allow him his fee, and where a fee of £2 2s. had been paid for a *post-mortem* examination, it was decided, if the *post-mortem* was made by the direction of the coroner, and the fee paid, it was compulsory on the grand jury to allow the fee. Mr. Justice O'Brien, in addressing the grand jury of the county Dublin, on the 16th April, 1862, said :—

"There were presentments to coroners for the holding of inquests, and several cases had recently come before him and his learned colleague, involving a question with respect to the power of grand juries to determine as to whether was expedient, in particular instances, to have held inquests or not. It would be a very inconvenient power to invest grand juries with, to determine such a question, and where cases of sudden death arose, it was for the interest of the public, and essential to the due adminstration of justice and the security of life, that the matter should be fully investigated. The grand jury were not to determine whether, in their opinion, it was necessary for the coroner to have held each particular inquest, but whether the coroner *bona fide* believed it expedient to do so."]

TIPPERARY (SOUTH RIDING) SPRING ASSIZES, 1877.

COUNTY INFIRMARY.

The presentment was for the maintenance of the County Infirmary, Cashel, amounting to £324 6s. 6d., including £28 4s., three-fifths of a half-year's salary of surgeon (£47), to be levied off the South Riding, the remaining two-fifths being levied off the North Riding at large.

Mr. Lalor, when the presentment was read, said a resolution in reference to the maintenance of this institution had been before the grand jury on a former occasion, and the understanding then was that the officers in connection therewith be not taken short, and that they get time till the ensuing assizes to look for themselves. He considered the workhouse infirmaries ought to be quite sufficient to meet all cases of accident or disease, and that the county at large should not be called on to contribute to its support. He would therefore propose that the presentment now before them do not pass.

Mr. S. Moore, M.P., seconded that proposition.

Mr. Bagwell said he had taken great trouble about the question now under discussion, and understood its bearings quite well. The question as to the legality of paying the presentment for the maintenance of the County Infirmary was raised at last assizes, and he, since then, had a long correspondence in reference to the subject. The institute was supported by voluntary subscriptions and by a levy on the county at large, and everybody he spoke to on the subject said it would be a great pity to do away with the institute. He had no private interest in the matter, but with an institution existed for such a long period they should pause well before coming to a decision to do away with it, for once this was done they could not again revive it. He thought a committee should be appointed to make more inquiries.

Mr. F. Sayers said that he could speak as to the feeling of the ratepayers of the Fethard district being altogether in favour of it.

The presentment subsequently passed on a poll being taken, a large majority being in favour of it.

SLIGO ASSIZES.

Owen Sweeny was indicted for having accelerated the death of a woman named Mary Feeny, at Owenbeg, in this county, by bleeding her when she was not in a fit state to be so operated upon, on the 7th of February last.

The evidence went to show that this woman complained of a stitch in her side and an oppression on her heart when on a visit to a mtn named Taylor. She requested them to send for the prisoner, who came and bled her in the arm, taking a sufficient quantity of blood from her. One of the witnesses swore he believed that the prisoner was a skilful bleeder, *and that he had heard of Dr. Nolan, of Ballina, recommending him to his patients!!!*

Dr. Mahon, the dispensary doctor of Easkey, swore he was in attendance on this woman, and he believed her

death was hastened by this operation. The woman had inflammation of the lungs.

The doctor acknowledged that some doctors considered local bleeding good for this disease, but not bleeding from the arm.

Honor Taylor, for the defence, proved that this woman had all the symptoms Mr. Bird described, and that she felt easier after being bled.

His Lordship told the jury that unless they believed the man acted with gross negligence they should acquit him, and the jury did acquit him.

His Lordship.—It is folly for people to be sending for persons of the prisoner's class to perform those operations. No man, no matter how skilful at bleeding hor ses and cows, should be called in to practice in this way. I know well there are some people would sooner send for such a man than a skilled surgeon. Discharge the prisoner.

MONAGHAN DISPENSARY.

The Committee of this dispensary, at their meeting on Wednesday, granted a month's leave of absence to Dr. Woods, the dispensary medical officer, who is suffering from an injury to the spine, received while mounting his horse by the animal taking fright and giving a sudden plunge. He is being attended by Mr. Young, F.R.C.S.I. The committee appointed Dr. Reid, of Slieveroe, as Dr. Woods's substitute, at a remuneration of £15 for the month. Much sympathy is felt for Dr. Woods, who is a very energetic worker and punctual in his attendance on his patients.

CASTLE CHUNE DISPENSARY, UNION OF MONAGHAN.

At the last meeting of the Monaghan Board of Guardians held on Wednesday—Col. Lloyd in the chair—an application was read for another month's leave of absence for Dr. Donaldson, who is just recovering from a very severe and dangerous illness. The application was accompanied by a certificate from Mr. Young that the additional leave of absence was necessary for Dr. Donaldson's recovery. The Dispensary Committee had granted a fortnight, and referred the matter of remuneration of a substitute to the Guardians. Mr. Young, who was present at the Board's meeting, said the Committee might as well have done nothing as to extend the time for a fortnight; Dr. Donaldson had had a very narrow escape with his life, and it would appear to him the Committee wanted to knock him up again. The Board granted an additional month, and appointed Dr. Cranston, of Ballybay, to act for him, at a remuneration of £14.

ABUSE OF BLACK TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have seen in your columns many complaints about the indiscriminate issue of "scarlet runners," but never a word about the way in which "black," or dispensary, tickets are issued. I am singularly fortunate in having a very considerate committee; and though I cannot, as a rule, complain of getting red tickets for well-off farmers, I can safely say that, at the very least, one-half of the patients who attend at my dispensary are people to whom no member of my committee would grant a "visiting ticket" (on the ground that they were able to fee a doctor), though they seem to feel no compunction whatever about granting a "black" ticket.

If a charge of only one penny were made for each "red," and one halfpenny for each "black," ticket (the proceeds to go towards defraying the dispensary expenses), my labour would be greatly reduced, and the poor would not lose much, as a great number of the people who present tickets do not require any medical assistance whatever—at all events, such is my experience.

I am, sir, yours, &c.,

A Dispensary Doctor.

PAYMENT OF HALF SUPERANNUATIONS FROM CONSOLIDATED FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As it would appears that the vast majority at least of the Boards of Guardians throughout Ireland petitioned through their chairmen, offering their signatures to the document forwarded to them by the Association, to the effect that the Legislature would be pleased to insert a *clause* in the "Poor-law Officers' Superannuation Bill," whereby *one-half the pensions* granted to medical officers would be payable out of the Consolidated Fund, after the analogous manner of the ordinary salaries, it may not be amiss to take the liberty of offering a few suggestions in connection therewith.

You may recollect that a few years ago the Limerick Board of Guardians addressed a "circular" to all similar boards in the whole country, calling on them to join with them in a general deputation to the Irish Executive, to urge the reasonableness and justice of paying a moiety of medical pensions out of the common imperial exchequer, including clerks of unions, so far as their duties in reference to parliamentary voters, returns, and the like were concerned. A representative deputation having accordingly waited on the Chief Secretary, at the time they were informed that their arguments appeared plausible enough, still that it would be inopportune for the Government to take them into serious consideration until the "Local Taxation Bill," then in contemplation for Ireland would be brought before Parliament in due time. It is hardly necessary to add that a committee of inquiry was appointed last year, and held numerous sittings throughout the country in connection with the said local taxation, and their reports will be of course presented in due time before the House of Commons.

Another very important measure, the "Re-valuation of Property in Ireland," has lately been introduced by Sir M. Beach, and is supported to a certain extent by the Home Rule party, and though from some of its provisions considerable advantages are likely to accrue to certain classes of society, still, on the other hand, it is admitted that no small amount of revenue will arise and flow into the imperial exchequer, chiefly in the way of income tax derivable therefrom. When, therefore, this Bill would be going through a select committee or so, would it not be a seasonable time to put forward the claims of dispensary officers, on the grounds referred to, not only for their sake and humanity, but also for the purpose of relieving the ratepayers of a part of their burthen, and thereby encouraging them to waive their objections in withholding reasonable amount of pensions to medical officers partly incapacitated either by growing years or infirmities, and who in numerous instances, as is well known, have objections to resign, through apprehensions of receiving no adequate provision from many boards of guardians. Though it may be most difficult to persuade the Government of the necessity of compulsory superannuation, still through the combined influence of earnest members of Parliament they may be induced to insert a clause in connection with the other *alteration* referred to, to empower the Local Government Board to *insist* on a reasonable amount of "pension" being given in any just case, wherein it could be proved to their satisfaction that a board of guardians' refusal to grant the same through sordid economy or obstinacy, and though the Local Government Board compelled even, when remonstrance failed, by sealed orders refractory boards of guardians to give additional increase to the petty salaries under the Public Health Act, still they appear to be very chary about adopting such alternative in other questions.

A Dispensary Physician.

THE CARLOW WORKHOUSE ELECTION.

DR. THOMAS P. O'MEARA has addressed us a letter in which he gives denial to the statement of Dr. Rawson that he "did not commence his canvass (for the workhouse) until his father had publicly stated before the Board of Carlow Union that he intended to resign," to disprove which assertion Dr. O'Meara forwards us a copy of a letter addressed by Dr. Rawson to one of the guardians, canvassing him under request for secrecy. Although Dr. O'Meara has disentitled himself to any consideration from the MEDICAL PRESS by having published in a local paper a garbled edition of a letter which he addressed to this journal, commenting at the same time thereon in unjustifiable terms, we think it right to state thus much of his present letter. We decline to publish it on the same ground as we refused his former letter, *i.e.*, because we have only to do with the professional aspect of the dispute. It is for the guardians and the public to show their disapproval of secret canvassing, if they feel such disapproval, it is for us to state the view of the medical profession that for a candidate to make capital with the electors by pamphleteering his opponent, is unprofessional and discreditable. Dr. O'Meara's impugnment of Dr. Rawsons veracity will be more suitable for the columns of the *Carlow Post* than for ours.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1877.

FEBRUARY 1st.—Murphy, Edmund, Dunfanaghy, co. Donegal Lic. KQ. Coll. Phys. Irel. 1876, Lic. R. Coll. Surg. Irel. 1875.

2nd.—Neville, Charles, 2 Emmet Spuare, Dublin, Lic. R. Coll. Surg. Irel. 1875.

3rd.—Dowse, Richard Henry, Ballyellis House, Carnew, co. Wicklow, M.B. 1877, and B.Ch. 1877 Univ. Dub.

5th.—Fuller, Joseph, Clonakilly, co. Cork, Lic. 1876, and Lic. Mid. 1876. K. Q. Coll. Phys. Irel.

7th.—Dillon, John T., The Square, Listoweth, co. Kerry, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.

13th.—Smith, James, 257 Shankhill Road, Belfast, Lic. Fac. Phys. SurgGlas. 1875.

14th.—Trimble, Charles Joseph, C. Bellingham, co. Louth, Lic. 1876 and Lic. Mid. 1876 R. Coll. Surg. Irel., Lic. R. Coll. Phys. Edin. 1877.

15th.—Barber, John Patrick, Lswell House, White's Avenue, co. Dublin, Lic. R. Coll. Surg. Irel. 1876.

15th.—Clayton, Wm. Mdyne, 2 Cliff Terrace, Sandycove, Kingstown, co. Dublin, Lic. R. Coll. Surg. Irel. 1876.

19th.—Conry, John, Raheen, Elphin, co. Roscommon, Lic. R. Coll. Surg. Irel. 1876.

19th.—O'Leary, Edward Hyacinth, 26 Upper Gardiner Street, Dublin, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel, 1876.

20th.—Biddulph, Richard Edmund, Congor Hocse, Borris-o-Kane, co. Tipperary, M.B. 1876 and B.Ch. 1876 Univ. Dub.

20th.—Roe, Charles, 55 Upper Leeson Street, Dublin, Lic. R. Coll. Surg. Irel. 1875, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

24th.—Marshall, Joseph, Dromore, co. Tyrone, M.B. 1876 and B.Ch. 1876 Univ. Dub.

26th.—Harrison, John James, 19 North Frederick Street, Dublin, Lic. Apoth. Hall Dub. 1875.

TREATMENT OF YELLOW FEVER BY JABORANDI.

DR. GIRALT (*Cronica Medico Quirurgica de la Habana*) has often noted that abundant diaphoresis during the first period of yellow fever was advantageous to the patient; for this purpose he used jaborandi, the sudorific effects of which are powerful; he thereby hoped also to reliieve the functions of the kidneys. He has had, however, only one case to substantiate his belief—that of a young woman who was cured in five days of a serious attack of yellow fever.

CALOMEL IN THE TREATMENT OF DYSENTERY.

DR. PUGLIESE (*Lyons Med. Gaz.*) considers calomel as a *specific* in the treatment of dysentry; he employs calomel by itself, in small doses, every hour or two, according to the gravity of the case, giving at the same time wine, bark, &c. He believes that the combination of opium ipacac, with calomel owed their efficacy to the calomel alone.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March* 17*th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MARCH 17, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	30	182	181	16	48	1	2	4	...	1	11	1	2	2	56
BELFAST . .	20,687	182,082	35	141	121	9	23	...	4	...	...	3	5	1	3	6	19
CORK . .	13,816	91,965	25	62	45	4	12	...	...	..	...	...	1	...	...	...	17
LIMERICK .	8,509	44,209	26	16	22	2	13	...	...	...	...	...	...	3	...	..	9
LONDONDERRY .	21,865	30,884	22	13	13	1	3	...	...	...	...	...	...	...	...	...	...
WATERFORD .	17,209	30,626	22	18	13	2	3	...	...	...	...	...	...	...	...	3	..
GALWAY	21,358	19,692	34	24	13	2	6	...	...	...	...	3	...	1	...	...	2
SLIGO . .	30,835	17,285	30	3	10	...	5	...	...	...	..	...	...	...	...	...	5

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 4, 1877.

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Pathological Anatomy of the Brain.

LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Chapter XVII.

Gentlemen,—In the last lecture, I have tried to prove that one form of hemi-anæsthesia is the necessary consequence of lesions affecting the hinder part of the internal capsules or its off-shoot in the corona radiata, whether the lesions cause compression or destruction, or *suspension*, a term of which I will presently show the exact force.

I have based this proposition not merely on clinical or pathological facts, but on the results of experiment. I have also given you certain data of pure anatomy, which certainly want confirmation in some respects, but which (such as they are) assist to foresee already, the mechanism of production of the hemi-anæsthesia in question.

Certain points in the train of symptoms, and their anatomical and physiological interpretation, which I intend to explain to-day, have hitherto purposely been left in the shade.

Let me, in starting, take up in a few words, the clinical characters of that kind of hemi-anæsthesia which I have proposed to qualify under the name of *cerebral* hemi-anæsthesia, to distinguish it from all the other forms of suppressed sensation which have arisen not from a strictly cerebral lesion.

It is only of late years that the affection has been carefully studied, as a result of large organic lesion, "coarse disease," as Dr. H. Jackson says, "avec un liberté toute Anglaise"! The picture it presents exactly reproduces the characters of hysterical anæsthesia, which being at present better known may serve us as a type.

In hysteria we have to deal with a unilateral disease. Total loss of sensation only appears there in comparatively rare cases. An antero-posterior plane passing through the median line of the body, marks the limit of insensibility which in the trunk, just passes beyond the sternum and crest of the vertebral spinous processes.

The head, limbs, and trunk of one side are affected at the same time. Naturally we can have degrees of functional impairment, but frequently all forms of common sensation are affected; thus, sensibility to touch, to pain, and to heat and cold, are often and together defective or suppressed. The insensibility extends to the deep parts, affects muscles which can be stimulated electrically without the patient's being conscious of it. The mucous membranes, too, are not spared. Lastly, let us add (and this is the point which I wish to-day especially to insist upon), anæsthesia does not affect common sensation alone, but it involves the *sensory apparatus* of that side of the body which is cutaneously affected; and this sensorial anæsthesia does not only invade the domain of the nerves arising in the medulla, as those of taste and hearing, but it affects the olfactory and optic nerves, whose origin is truly cerebral.

This, gentlemen, is the common picture of hysterical anæsthesia, and comparing the organic cerebral disease with it, we find that they resemble exactly even to the minutest details.

This resemblance has already been carefully noted by myself as regards common sensation, and by M. Magnan, as regards hearing, sight and smelling. I see nothing to add to that which has been said on that head. Lately, much attention has been called to the phenomena of vision. In my practice at the Salpétrière, Dr. Landolt has made some researches, those results deserve to be summarised. It will not be uninteresting to enter carefully into the subject, to show you that in the matter of troubles of vision, it is with those suffering from cerebral hæmorrhages as with hysterical patients. One may say that with the exception of its proverbial mobility, the unilateral amblyopia of the hysterical differs in no essential character from crossed cerebral amblyopia.

Let us first consider hysterical amblyopia.

1. Here more or less pronounced diminution, nay, even (much more rarely) the absolute loss of sight on the same side as the anæsthesia is an early symptom easily made out.

2. A more careful study permits us to make out the following points: there doesn't exist in the fundus any alteration which can be seen with the ophthalmoscope; the papilla and retina are normal. Examination of the eyes, comparing the fundus of each side, shows no appreciable difference in their vascularisation.

If the ophthalmoscope disclose no appreciable change in the amblyopia of hysteria, it is not the same with functional exploration—with inquiry about the subjective phenomena. Here are the results of this mode of exploration.

3. Vision examined in the ordinary methods, frequently shows a loss of half or more of its sharpness.

4. There is a *concentric and general narrowing of the field of vision.*

5. Delicate analysis has enabled us to recognise certain peculiarities which deserve a moment's delay. I refer to general and concentric narrowing of the visual field *as regards colours.*

Many authors, M. Galezowski among others, had called attention to the frequent occurrence of achromatopsy and dyschromatopsy among the hysterical. Dr. Landolt's observations in my service bear particularly on this point.

Let me remind you that in the normal state, all parts of the visual field are not equally apt at perceiving colours—there are some colours for which the visual field is physiologically more extensive than for others—and these differences exist always in all subjects, following the same law for each colour. Thus the visual field is most extensive for the colour blue; then comes yellow, then orange, red, green; lastly, violet is only perceived by the most central parts of the retina. Gentlemen, in the pathological state we are now studying these characteristics of the normal state appear variously exaggerated. In fact, the different circles which correspond to the limits of vision for each colour, diminish concentrically in a more or less marked measure. From this you can foresee without difficulty the numerous combinations which can be produced in cases of hysteria where this kind of amblyopia has reached a high degree. The violet circle may be contracted till it is lost; then, the disease advancing, it will be the turn for green, then for red, then for orange. Yellow and blue will persist until the last—they are the colours for which sensibility endures longest in the hysterical. Lastly, at the highest degree, it might be that all colours cease to be perceived, and then coloured objects will only appear to the eyes of the sick person as they would appear to the healthy in a sepia drawing. Such, gentlemen, is the series of phenomena which we have many and many a time observed in cases of hysterical amblyopia. They are also constantly recurring with different shades, in cases of crossed amblyopia, accompanied with anæsthesia, and arising from a cerebral lesion, which we have lately studied from this point of view—the same diminished visual sharpness, the same general and concentric narrowing of the field of vision for colours, the same absence of lesions of the fundus of the eye visible by the ophthalmoscope.

I insist particularly on this last character, because it enables us to clearly define the functional derangement we are treating of from other visual troubles equally originating from an organic intra-cranial lesion. I allude here to alterations of the fundus, visible by aid of the ophthalmoscope—commonly known as *choked disc, neuro-retinitis*, which appear so often in consequence of cerebral tumours, whatever be their nature or seat, or of other lesions affecting the optic tracts.

In reminding you, gentlemen, that crossed amblyopia is a consequence of the hæmorrhagic lesions of the brain which cause hemi-anæsthesia, I have raised a more important point for the theory of cerebral localisation. But it must not escape you that this fact is opposed to the generally-received ideas. Græefe in 1860 stated that unilateral lesions of the brain would not cause crossed amblyopia. It is a distinct visual disease—viz., *homologous lateral hemiopia.* In other words, a cerebral lesion on the left side would, by the theory in question, bring about the obscuration or suppression of the sight in the right of the visual field; and *vice versâ* for injury of the right hemisphere. I must protest against the too great absoluteness of this theory, and oppose to it the following proposition: *the lesions of the cerebral hemispheres producing hemi-anæsthesia, also bring about crossed amblyopia, and not lateral hemiopia.*

I am not in a position, mark you, to decide that lateral hemiopia would *never* be the consequence of a central lesion of the brain, but I am disposed to think that in a case of the kind (if there be any) it is chiefly a matter of *vicinage*, as, for instance, of more or less direct involvement of the optic tracts. I do not believe that there is at present a single observation clearly showing (except under the above circumstances) lateral hemiopia, brought about by a lesion of the hinder part of the internal capsule, or of the foot of the cornua radiata. At the same time, cases exist where such a lesion has caused crossed amblyopia, appearing with all the characters which we have just assigned to it.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page* 202.)

Examination—*Continued.*

I prefer the silver catheter to the vulcanite one. I use a smaller catheter than that generally sold, for children, and a very fine one, in cases of obstruction. It will be found useful to have catheters of various sizes and curves ready at hand. Both the vulcanite and the silver instrument can be curved to suit each case, as they are readily bent, the former being first placed in a little boiling water to soften them. It is a matter for surprise that so many surgeons still fear to practise catheterisation of the Eustachian tube. It is true that it requires some little experience to introduce the instrument with ease and celerity; but, with ordinary care and tact, no harm can be inflicted in its passage, and there is nothing in the operation which a little practice will not enable anyone who possesses any manipulative skill to overcome. The errors which I have seen generally committed by beginners are these:—The catheter is taken hold of in too clumsy a manner, and held too firmly during its introduction; it is introduced too slowly; carried into the middle meatus, instead of the inferior; it is not passed far enough back, and it is turned towards the ear, anterior to the orifice of the tube; or, on the other hand, it is passed back to the pharynx, and not drawn sufficiently forwards, thereby being turned into the fossa behind the tube, that of Rosenmüller. The essentials to success are—a thorough knowledge of the situation of the opening; a light hold of the instrument, which we introduce with the forefinger and thumb of *either* hand; that the beak of the catheter should be directed well downwards, and then glided along the floor of the nares, keeping it away from the turbinated bone; lastly, tact in avoiding the fossa posterior to the pharyngeal orifice of the tube.

It is of importance to be able to pass the catheter with either hand with facility. Frequently a patient, just as he finds the sensitive anterior part of the nose touched by the catheter, raises his hand to catch the operator's. It is well to have the left hand in readiness, so that while we restrain the patient with the right, we continue quickly the passage of the catheter with the left hand, which we transfer to it. It is necessary, also, to avoid all useless fuss in cases where we desire to employ the instrument.

The catheter should be in the Eustachian tube almost as soon as the patient becomes aware of your intention to introduce it. I now give the description of the best method of introducing the Eustachian catheter. The plan is that which is generally adopted, and is a combination of the methods recommended by Krämer, Tröltsch, Politzer, Löwenberg, and Hinton.

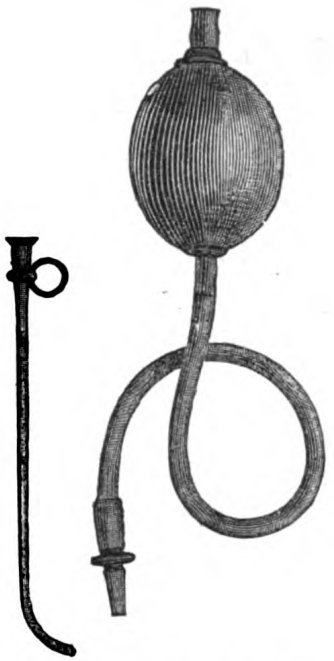
The catheter, held lightly between the forefinger and thumb of the right hand, the left being in readiness to transfer to it, has its curved point, directed downwards, introduced into the nostril; the hand being then raised, the catheter is carried quickly, unless there be any obstruction, *horizontally*, along the floor of the nares, all force being avoided, until the pharynx is touched posteriorly. The instrument is then drawn gently forwards about half an inch, at the same time that it is rotated upwards and outwards, until we know by the direction of the ring at the outer end that it is turned towards the ear. It is then felt in the tube having ridden over the posterior lip, and we verify the success of the operation by inflation. Löwenberg and Politzer recommend a plan which it is well sometimes to adopt, if we miss the orifice, namely, to turn the catheter in, withdrawing it from the pharynx inwards, with its point in a direction downwards, until we feel it against the septum, and then by rotating the catheter outwards and upwards, to turn it towards the Eustachian tube. Unavoidable difficulties are sometimes met with in the nares, such as abnormalities in the turbinated bone and the septum, or from hardened masses of mucus. The ingenious device of Dr. Noyes, who, some years since, introduced the catheter with the double curve for right and left tube (Fig. 11), enables us as a rule to disregard these obstacles, as it is seldom that both nostrils are affected in this way, and by this modification we can readily catheterise through the opposite one. The catheter is held in the right hand for the right nostril, and *vice versâ*, at a right angle to the nose, on a line with the floor of the meatus, the back of the hand being turned upwards, the beak of the catheter is introduced at the inner side of the corresponding nostril. The catheter, kept close by the septum, is carried for a short distance backwards, when the hand is brought down, the direction of the catheter being gradually changed to that of the horizontal one maintained in passing the ordinary catheter. With a sweep it is carried round the septum posteriorly, and then rotated inwards, the point readily entering the Eustachian tube of the opposite ear.

I have been using these instruments of Dr. Noyes for a considerable time, and I am constantly enabled with them to catheterise cases which would prove very troublesome, if not impossible, to manage without their assistance. The catheter being in the tube, the otoscope, one end of which has been previously fixed in the affected ear of the patient, has now the other end placed in the ear of the surgeon, and by gently blowing through the catheter with the mouth, or through a tube attached to the catheter, or the Eustachian explorer, the air is heard as if it were blown directly through the otoscope to the surgeon's ear. I am obliged to Messrs. Khrone and Sesemann for the annexed figure (Fig. 12), which shows the insufflator and catheter. I have for some time past been in the habit of using the instrument depicted in Fig. 13, kindly sent to me by Dr. Turnbull, of Philadelphia. It is a forceps which I find extremely useful for wiping the faucial orifice of the tube, and clearing away any collections of mucus, &c., which may obstruct the orifice. I now make it a practice in those cases where I find a difficulty in passing the catheter, to mop out well with the forceps the part about the opening of the Eustachian tube with a small portion of cotton wool, wet with some glycerine, previous to introducing the instrument.

In some persons, where the nostril is sensitive or tender, or obstructed, I find it useful to pass a soft bulbous bougie, well oiled, a few times before introducing the catheter. A patient who has been a few times catheterised, can tell immediately when the tube is entered and the membrane inflated. Such persons, who are accustomed to the instrument, are the best for beginners to examine, as they are less sensitive, bear the operation well, and can at once tell when it is successfully performed. Double catheters are made on the same principle as those used for washing out the bladder. With these instruments the cavity of the tympanum can be washed out with any solution we please to employ, a continuous stream being thus secured to carry off any secretion which we wish to displace.

Some facts which we must not forget in using Politzer's bag or the Eustachian catheter, I may perhaps as well mention here, before I leave this step in our process of examination. I always Politzerise a patient sitting. I do this, as I do not think there is the same tendency to giddiness, or if there is, the patient does not suffer to the

FIG. 12.



INSUFFLATOR AND EUSTACHIAN CATHETER.

FIG. 13.

TURNBULL'S EUSTACHIAN FORCEPS.

same extent. When in that posture I have seen giddiness and faintness, produced by inflation with Politzer's method, more than once. I have never seen any harm result from the use of his bag further than this temporary giddiness. Here I may remark that we must be careful not to overlook the temperature of the water used in syringing an ear. I have known negligent syringing, with cold water, cause sudden faintness in the patient and a great shock to friends. This can always be avoided by using a metal syringe, and accustoming the hand on the cylinder to act as a guage of the temperature, before injecting the water into the meatus. Also, before passing water through the ear and Eustachian tube, in cases of perforation, when we wish to wash out the tympanum, it is of importance to place the patient in a sitting posture, for here also we are likely to produce a sense of reeling and giddiness. Finally, it is not right to use any instruments, throat or ear, which have been used promiscuously with several patients, or at any time in any suspicious case, or where there has been discharge, without first thoroughly cleansing such by dipping them into boiling water, or some disinfectant solution. It is unfair to the patient, and lays the medical man open to the charge of being the cause of transmitting a disease.

We shall consider, further, the various methods of

dilating the Eustachian tube, and the application of medicated solutions or vapours to it, or the tympanum, when discussing the treatment of their diseased conditions. In inflating through the Eustachian catheter for diagnostic purposes, I generally blow directly through the tube, applying my lips to the catheter. From long experience of this method I may say that I am quite satisfied with the knowledge that it in nearly every case conveys to me. I believe that if any one educates his ear to the sounds conveyed by the passage of the breath in the various abnormal states of the membrane, the Eustachian tube, and the cavity of the tympanum, which require the employment of the catheter, we can gain but slight additional information from any bag or insufflator which may be used.

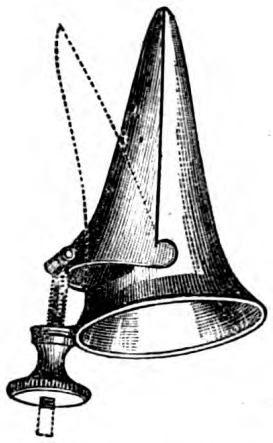
THROAT.

We now have arrived at the last step necessary in forming a diagnosis, namely, the examination of the throat, and, if necessary, the posterior nasal passages. I assume that the method of laryngoscopic examination is understood by my readers. It is outside the object of these papers to enter into a detailed description of laryngoscopy. Such a description may be found in the excellent treatises of Morell Mackenzie, and Prosser James, or the still more recent manual of Professor Störk, of Vienna. As it must be necessary occasionally to practice rhinoscopy in the treatment of Eustachian deafness, and as the art of using the laryngoscope is a less difficult one than that required for rhinoscopic examination, and as the same mirror and illumination can be employed for both purposes, it follows that any practical aurist should first familiarise himself with the use of the laryngoscope. In every case we should place our patient opposite a good light, and with a depressor getting the tongue well down, examine the state of the mucous membrane covering the soft palate, uvula, tonsils, and pharynx. Frequently we may have only a congested condition of this membrane, and an ordinary catarrhal state, popularly called relaxed ; this turgidity leading to temporary closure of the Eustachian tube. This is a frequent accompaniment "of cold in the head." The tonsils may be chronically congested and enlarged. This enlargement does not, as is well known, even when it happens to a great degree, extend so far as to encroach on the Eustachian tube. But, undoubtedly, it is one of the unfavourable attendants on Eustachian deafness, and I have no hesitation in saying, that in these cases of permanent enlargement of the tonsils, accompanied with deafness. great good is, as a rule, effected by removal of the tonsil. I make this statement from practical experience, and have notes of numbers of cases in which the improvement was marked and permanent on removal of the source of irritation in the throat, and subsequent treatment applied to the faucial orifice of the Eustachian tube. We shall again speak of removal of the tonsil when considering the various forms of throat affection that may complicate deafness.

The tongue will, by its white patches and fissured appearance, afford us evidence of an old syphilitic history. There may be a granular condition of the pharynx, with enlargement of the follicles, and suppurative spots may cover its surface. A frequent and unpleasant, as well as troublesome, symptom is the appearance of a slimy discharge pouring down from the posterior nares, often of a dirty green colour. This is known as post-nasal catarrh. The pharynx behind the uvula has a dry, polished appearance, and is marked with this offensive and tenacious discharge ; frequently there is a disagreeable odour from the breath, resembling that of ozæna. The presence of any of these naso-pharyngeal complications will suggest to the surgeon a close examination of the nose itself for catarrh, general congestion of the nasal mucous membrane, the presence of any discharge and its source, polypus, or ulceration. These specula answer admirably for nasal examination (fig. 14).

The light (artificial or sunlight) can be thrown well into the nostril, through the speculum, by the concave laryngoscope mirror. I prefer sunlight, when it is possible to avail of it ; we can thus get a good view of the turbinated bones and meatus. By the same light and the laryngeal mirror we may examine the posterior nares, pharynx, and larynx. Fortunately, it is not often absolutely necessary to practice rhinoscopy in treating aural affections ; yet it is undoubtedly more satisfactory to see with the rhinoscopic mirror the state of the Eustachian tubes and the surrounding mucous membrane when we are treating diseased conditions of these parts.

FIG. 14.



DUPLAY'S NASAL SPECULUM.

I must be satisfied with but a very brief description of the method of applying the rhinoscopic mirror. The patient is placed, sitting, on a chair with a high back, against which his head can comfortably rest. If sunlight can be availed of, his back is turned to the light ; if the light of the argand gas-burner is used, he is placed sitting a little to the side of, and in front of, it. The surgeon, using the concave mirror with the spectacle-frame and ball and socket-joint sits opposite to him. He next proceeds to throw a strong light on the pharynx, below the margin of the soft palate. He now takes the tongue, and holds it lightly forward with a small napkin. Having previously heated over the flame of the lamp, or in a little boiling water, a small laryngeal mirror, he quickly passes it, with the reflecting surface directed upwards, on to the pharynx, behind and beneath the uvula. The patient is now directed to breathe through the nose or to snore a little. By depressing the handle and bringing the mirror more at a right angle he gets, in favourable cases, a view of the posterior nares, Eustachian tubes, and turbinated bones. This is the most favourable result when there is a free space between the soft palate and pharynx. By a little manipulation of the hand, and by elevating or depressing the handle of the mirror, we obtain a good view of the position and state of the parts. But this is exceptional, and, as a rule, we have to bring to our assistance a tongue-depressor (which we must teach the patient to use), or the uvula-noose and blunt hook of Türck, Krämer, Störk, and others. Störk proposes in these cases to pass a riband—three-quarters of an inch wide, with a Belloq's tube—through the nares, bringing one end out of the mouth, and then tying the two ends together. In this way the uvula is held by the patient completely out of reach. Instruments can also be got which combine the purposes of uvula-hook and mirror. Such an instrument has been lately invented by Dr. Störk. It serves also as a tongue depressor, and, the handle being set to the shaft at a right angle, it can be held firmly in the surgeon's hand at the same time that it does not interfere with his view of the mirror.

Having now referred to the steps which it is necessary to take in making an examination, and the several points to which we must direct our attention, I next proceed to allude to some instruments useful in diagnosis and treatment.

EXTENSIVE LUPUS AND ICHTHYOSIS IN THE SAME PATIENT. (a)

By E. D. Mapother, Prof. R.C.S.,

Surgeon to St. Vincent's Hospital, and late Examiner in Surgery at Queen's University.

Having never witnessed or read of the concurrence of lupus and ichthyosis, pathological states so very diverse, I thought the following case worth recording:—

Mary Farrell, æt. 18, was admitted to St. Vincent's Hospital on Dec. 9th, 1876. The ichthyosis was observed soon after birth, on the fronts of the legs and thighs. It is of the papillary form, the cuticular masses being dark green, projecting, irregularly quadrilateral, and separated by fissures. They are not in the least like the overlapping scales of either any fish or serpent. Many other parts of the skin—notably that over the extension aspects of the arms—showed the dry, rough state known as xeroderma.

When she was eight years old several cervical glands on the right side suppurated, and sinuous ulcers resulted. Soon after, the skin of the left cheek and submaxillary region, that over the superior angle of the right scapula, the top of the sternum, both supra-clavicular spaces, and the left axilla developed numerous subcutaneous tubercles, which coalesced and broke into lupoid ulceration. The lymphatic glands were not concerned in these events, and indeed, do not exist in some of the anatomical sites just named. She was admitted to an orphanage, and, under anti-strumous and generally hygienic treatment, the ulcers completely healed.

Four years ago she left the institution, and soon after (her habits being uncleanly, her food bad, and her residence unwholesome) the ulcers re-opened to their former extent.

When admitted to hospital the diseased surfaces must have measured some sixty square inches. It was the superficial or erythematous lupus of Cazenave, the erythematous scrofulide of Hardy in the last or open stage. The ulcers looked strikingly like the elevated flabby sores left after extensive superficial burns, and they occasionally glazed over as if about to cicatrise. Her spanæmic state was shown by great pallor, œdema of the legs, and extreme muscular weakness. Such positive signs of struma as conjunctival or corneal inflammation, enlarged lymphatic glands, or diseased bone were absent, and there was no evidence of hereditary syphilis. The only places where the skin was healthy, in regard to softness, pliancy, and perspiration, were the upper part of the face, the armpits, groins, palms, and soles. The heart—which in extensive ichthyosis is usually hypertrophied—is in this girl below average in force and sounds. The respiratory, digestive, and urinary organs are normal, but menstruation has never appeared.

Two years ago she had scarlatina, and the ichthyotic cuticle exuviated, but soon formed again. In general cases, ichthyosis has disappeared after the acute exanthems, especially small-pox.

The two pathological conditions in this case are strongly in contrast. In ichthyosis the hair follicles and the sebaceous glands which open into them shrivel, owing to overgrowth of their cuticular lining; in superficial or purely cutaneous lupus the sebaceous and the sweat-glands increase in size from cell-production, especially the former, as they are nearer the surface.

Lupus is much more apt to be local and unilateral than ichthyosis, which usually is as symmetrical as psoriasis.

The occurrence of constitutional maladies on corresponding parts of the body may be fairly explained by similarity in the distribution of blood vessels and in their vaso-motor nerves, and by equi-distance from the heart and lungs—the main circulatory forces.

The symmetry of nutritional changes is seen clearly in the growing grey and the falling out of hairs in corresponding points of the scalp and of the beard region.

Every one will anticipate that I have no rapid or complete cure to announce; but the ichthyosis and xeroderma have been much improved by tepid alkaline baths, the cuticular masses having been picked off under water. After the bath, and at other times, inunction with cod-liver oil and glycerine in equal parts was used. In these cases the rete-mucosum is replaced by horny cuticle, and such solvents as those just mentioned are needed for the removal of the increased growth. I have to confess that a small spot of lupoid ulceration began near the right knee when the ichthyotic mass was removed, but it has since healed.

The ulcers, having been dressed with carbolic acid and oil (1 in 8) during three months, have lessened one-half, and the amount of discharge has decreased with corresponding gain in strength. During many hours, daily, she has exercised in the gardens attached to the hospital. The chronic extent of the sores, and the absence of any serpiginous spreading, forbade caustics, the more so as all the affected surfaces had previously healed under good hygienic conditions.

If a good result be not obtained a month hence—the health being brought to the highest possible tone by residence at our Convalescent Home, and by other measures—I purpose to try skin-grafting. The ulcers are so slightly movable over the subjacent tissues that the edges cannot be brought close together, and cicatrisation can only result from granulations forming fibrous tissue. If other local measures fail, the continuous tepid bath (which in Germany has produced astonishing effects upon the atonic ulcers of burns) may succeed.

(a) Read before the Surgical Society of Ireland. The debate will be found at page 266.

Clinical Records.

ST. MARY'S HOSPITAL.

Lacerated Wound of Scalp—Fractured Skull, with slight depression of External Table—Epileptiform—Attacks with opposite Hemiplegia—Trephining—Abscess—Pyæmic Nodules in Lung.

Under the care of Mr. James Lane.

Reported by Mr. J. B. Coumbe, House Surgeon.

C. L., æt. 42, an Irishman; occupation, a groom; has always been in good health until February 20th, when trimming a horse, it reared, and struck at him with his forefoot, causing a lacerated wound of the forehead, about one and a half inches above the right orbit. He was stunned for half an hour, but on recovering himself, he walked home, feeling giddy, and complaining of great pain in his head. Little is known of the case until March 3rd, except that he gradually became worse, and was unable to leave his room, when he was sent to the Hendon Infirmary. Here he remained three days, and was reported to have had several epileptic attacks (*grand mal*). He was admitted to St. Mary's Hospital on March 6th, when he was found to have sustained a lacerated wound about one and a half inches above the right orbit, the bone was denuded of pericranium, and white over a distance of three quarters of an inch, and a distinct Y-shaped fracture, with slight depression of the external table was seen and felt. He walked into the ward, assisted by two porters, dragging his left leg. He was drowsy, stupid, though conscious, and gave some account of the accident, which was generally accurate; there was considerable motorial paralysis of left body almost complete in the fore-arm and hand, with impaired sensation, and he could not feel the prick of pin below the elbow, with a tendency to flexion, and rigidity of the muscles. Tongue deviates to left. Pupils normal in size, and equal. No aphasia. Micturition and defæcation normal; complained of headache. Pulse 66, soft and feeble. Temperature on right side, 99·8; left, 100·8.

Breathing easy. Abdomen flat. Bowels confined. Optic discs normal. Ten grains of calomel and colocynth pills were given. Diet simple. The wound was dressed with some carbolic lotion, and he was left until the next day, when the head symptoms, the sensory and motorial paralysis had increased; still conscious. Trephiny was performed over the seat of injury. A piece of bone was removed five-eights of an inch in diameter. Immediately on raising the bone, some pus was discharged, together about three drachms, mixed with blood. There was very free hæmorrhage from a small vessel in the dura mater, which was stopped by a plug of dry cotton wool, fixed by a bandage.

The day following the operation he had decidedly improved; feels "much better;" has regained power and sensation, especially in the arm and hand; looks better; takes his food fairly well. The cotton wool was removed from the wound. No hæmorrhage. Two stitches were put into the scalp, so as to cover some exposed bone above the part trephined. Tongue diverges not quite so much to left. Wound looks healthy. Pulse, 66; temp. 99·2 on left side; right, 99·8. He gradually improved until the 12th, when he vomited after tea; he then became drowsy, and not inclined to talk, with a decided anxious expression of face. On the 15th a slight hernia cerebri was noticed; the wound also smelt offensive, involuntary micturition and defæcation; and when spoken to, he answered after a long pause in monosyllables; motorial and sensory power of left side slight, and he tried to put his tongue out, but failed. He now became gradually worse; his temperature rising to 103°, but he rallied a little, and then died quietly on the 18th.

Post-mortem appearances.—The brain, which had protruded into the trephined hole, had receded, around which was suppuration. There was no pus between the dura mater and bone; nor was it abnormally adherent. The dura mater had sloughed opposite the part trephined. A large abscess was found three inches in diameter, containing about three ounces of pus between the dura mater and arachnoid, not connected, and situated two inches behind the trephine opening, compressing the lower part of the first frontal parts of the second and third frontal, and the lower part of the ascending parietal convolutions. These convolutions were deeply indented by the abscess, but the brain substance was not involved. The matter was within the arachnoid cavity, but circumscribed by a distinct limitary membrane. In other respects the brain and vessels appeared perfectly healthy. The lower lobes of both lungs were much congested with nodules of pyæmic pneumonia, far advanced towards abscesses, but nowhere broken down.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

A MEETING of this Society was held on Friday, March 16th, 1877, Mr. RAWDON MACNAMARA, senior member of Council of the Society present, in the Chair.

FATTY TUMOUR.

Mr. H. G. CROLY exhibited a specimen of a fatty tumour (situated in the gluteal region), which he had removed since the last meeting of the Society, from a patient in the City of Dublin Hospital. The tumour, according to the woman's statement, had been growing for six years, and it had given her no annoyance until recently; when, from the rubbing of the clothes, the surface had slightly ulcerated and commenced to bleed. It presented the usual appearances of a fatty tumour; it had the usual feel, and on pressing it at the base, it presented what was known as the scolloped border. There was nothing unusual in the case, except the tumour was rather a large one, and its situation not a very common one. The cast, which had been made for the museum of the College, showed very well the tumour in its position. Had the tumour commenced to fungate it might be mistaken for a malignant growth.

Dr. MAPOTHER then read his paper on

EXTENSIVE LUPUS AND ICHTHYOSIS IN THE SAME PERSON,

which will be found on page 264.

The CHAIRMAN said the question of ichthyosis was a very interesting one; not less interesting was that of lupus. Probably the most remarkable feature in the paper, and to which he would wish to direct attention, was the thorough absence of general treatment. Of course, Dr. Mapother had his own reasons for so doing, and probably it would be attended with great advantage that local treatment had been substituted for general treatment.

Dr. F. T. PORTER asked Dr. Mapother whether he had used arsenic internally in the treatment of ichthyosis. He (Dr. Porter) had met one case of ichthyosis confined to the left arm, and it got quite well under the sole use of arsenic. He also wished to know whether Dr. Mapother considered that ichthyosis had any connection with Marjolin's ulcer, as Dr. Neligan seemed to think they were connected.

Mr. STOKES wished to raise another point in reference to the use of the continual bath in the treatment of these affections. Dr. Mapother had mentioned that he had made use of the bath in the treatment of ichthyosis, and he (Mr. Stokes) would be glad to hear his experience of its use, and the length of time he was able to continue it. It was some years ago, Mr. Stokes said, since he drew attention to the value of the continual bath in certain cases of injury as well as surgical disease, and he devised a mode of keeping up an equable temperature in the bath, but he found great difficulty in carrying out that treatment owing to the strongest objection being manifested on the part of the patients to the method. But he was aware, and from his own experience he was satisfied of the great utility of it, and also from having observed in the *clinique* of Professor Hebra of Vienna, the use of the continual bath, especially in cases of psoriasis. The advantage he had seen only in cases where the bath had been applied for a great length of time, a length of time that would seem almost incredible. He had known cases in which the patient was kept day and night in a warm bath for six weeks. He was very doubtful whether that was practicable in this country. When he had tried it himself, he had failed to induce patients to continue it sufficiently long. In another class of cases—recent burns—he had found the greatest benefit. As Professor Mapother had also alluded to the treatment of ulcers after burns, in that condition he (Mr. Stokes) had observed the use of the continual bath, but only in cases where the burn had been recent, just after the accident had occurred, and great advantage was derived. According to Hebra, the bath had a wonderful power in diminishing pain. He (Professor Hebra) believed that pain had much to say to the fatal issue of these cases, and the diminution of such a result by the use of the bath was most marked; and that he (Mr. Stokes) could certainly endorse. He would be glad to hear some further particulars in reference to the case in which Professor Mapother said he had used the bath, and the length of time the patient used it, and whether he had also experienced difficulty in inducing the patient to continue the treatment.

Dr. HENRY KENNEDY said his impression was that more would be done by internal treatment, take it altogether, in cases of this sort than by external; infinitely more would be done not only to cure the patients for the time, but to keep them cured. Mr. Porter had alluded to the use of arsenic; there were plenty of cases on record in which it had been very unsuccessful, and he (Dr. Kennedy) might mention another medicine which he brought forward before the Society, by which there were many cases of most inveterate skin disease cured, namely, hemlock. It had been fully a century and a half before the profession, and he had read of cases which had resisted everything else and had yielded to permanent cure by the use of hemlock. He would be very much surprised to hear that grafting had done any permanent good. He thought that could be only a temporary measure, and one that could not be followed by permanent results. He believed it was in strumous constitutions that diseases of this sort constantly made their appearance.

Professor MAPOTHER in reply said that no general treatment whatever in the case was employed except that the best hygienic conditions, the best diet, clothing, the most cleanly state of the skin, and the greatest freedom of exercise in the open air were enforced. He thought that the only proper treatment. With reference to Dr. Kennedy's observations, the disease was undoubtedly an inherited one. The

patient was a poor orphan child badly fed, and the fact that ten years ago she had good hygienic treatment in the orphanage, and that it reduced the strumous conditions which developed themselves, encouraged him to employ hygienic treatment alone. What suggested skin grafting was, that these ulcers showed a tendency to cicatrise in the centre rather than from the edge, and that suggested to him that as soon as her health was better that expedient might be tried. In answer to Mr. Porter, he must say that he did not think that any congenital disease of a permanent character like ichthyosis could be affected by arsenic; in fact, he had found the treatment of general skin diseases by arsenic very unsatisfactory. He did not think that any internal treatment in the way of iodine, and still less by hemlock, or indeed any other internal treatment, could have been of much use. Mr. Stokes had misunderstood him when he thought that he had used the continual bath; he simply proposed to try it if other means were unsuccessful. The continuous bath had been successful in old ulcers resulting from burns, as well as in recent cases of that accident. It was used with tubes fitted to the anal and urethral orifices of the body, so that the patients were not obliged to get out of the water. While the patients were in this continuous bath, the temperature maintained, averaged 95 to 100 degrees.

(To be continued.)

DUBLIN OBSTETRICAL SOCIETY.

At the meeting on Saturday, March 10th, the President in the chair,

THE RELATION OF ALCOHOLISM TO UTERINE DISEASE.

Dr. Doyle read a paper the subject of which was to show that the habit of taking alcoholic stimulants by females with ample means frequently depended on a diseased condition of the uterus, and that by curing it the cause being removed they gave up using stimulants, as was proved by the result in three cases described by the reader of the paper. Another case recorded by Dr. Doyle showed that when alcoholic drinks are taken to appease a depraved appetite they did not produce disease of the uterus, except as in the case in question, a congestion depending on a mechanical cause from enlarged liver. Although not disproving of the use of alcoholic beverages in moderation, or when ordered medicinally, he avoided prescribing them as much as possible, and substituted in such cases as needed them a mixture containing spt. vin. rect. with spt. ammon. aromat. or tr. digitalis.

Dr. Denham said, the subject was a very important one, and he spoke with great diffidence with regard to it. It was an important question to determine whether the imbibing of spirituous drinks might be looked upon as the cause of the complaint, or whether the disease might induce the inclination to take stimulants. He thought it was a question that would come very largely before the profession before many years had passed away, for they were constantly twitted with the assertion that doctors were too much in the habit of ordering stimulants, and that many persons attributed their intemperate habits to the advice of the medical men who had been their attendants on former occasions. His decided opinion was that, as a rule, the desire and the tendency to take those stimulants existed before the doctor saw his patient, and that those symptoms of palpitations, faintings, and weaknesses, and so forth, were assumed often by the patients for the very purpose of inducing the medical attendant to recommend, allow, or permit the taking of a certain amount of stimulant. He looked upon it as a very serious and important subject, and one in which their reputation was more or less involved. He had no doubt that in many instances of uterine affection the nervous system was very considerably engaged, and that a large amount of mental, bodily, and nervous depression was induced by affections of the uterus, and in that way it behoved them to be very gentle in their treatment. He was strongly impressed with the opinion that stimulants were neither necessary or advantageous. He believed that as good results would be obtained by giving the patients light nourishing diet, change of air, and society, in addition to local treatment, as by the administration of stimulants, and he thought they would be obliged to come to the conclusion that they were unwise in doing so, and that it was unsafe for their patients to order stimulants to the extent that some patients said they were recommended to take them. The subject was one that required to be faced boldly, and, at the same time, judiciously.

Dr. McSwiney said, that two questions at least arose in connection with the paper: one as to the tendency to the abuse of alcoholic stimulants, characteristic in a special manner in uterine disease; and, secondly, as to whether alcohol should be recommended in the treatment of the various troublesome diseases that females suffered from when affected with uterine disease. Dr. Denham had thrown out as the result of what they must know to be very extended experience that probably in those cases there was no connection of cause and effect between the uterine disease and the tendency to imbibe alcohol, but that they co-existed in the same patient. Whilst he (Dr. McSwiney) recognised that the use of alcohol most unquestionably had a temporary effect in alleviating the distresses of affections in which the nervous system was engaged, he was disposed to think that it was an accidental coincidence, and not to be regarded in the light of cause and defect. Most medical practitioners were certainly obliged to prescribe stimulants sometimes, but his experience—and he had considered the question, and had striven to do so conscientiously—was not in accord with that of Dr. Denham. He (Dr. McSwiney) did not believe that medical men were open to the charge of prescribing alcohol for their patients unduly, unnecessarily, or thoughtlessly, and he had not come to that opinion without endeavouring to ascertain what the facts were. It was the fashion in society now to make the charge against the medical profession that they frequently did great mischief to the community by the thoughtless and free manner in which they inculcated the use of alcohol. He believed that to be a calumny, and it was to be regretted that any sanction should be given to it by any member of the profession, for he did not believe it had any true foundation. But regarding the opinion that uterine disease should be treated, or might be averted by, moderate doses of alcohol, whilst he was sure that cases arose in which alcohol must be, or might be, taken, he could heartily subscribe from his own experience to the view that the reader of the paper seemed to hold—that it should enter into the remedies for uterine affections. On the contrary, he had found that the greatest temperance and avoidance of stimulants, in the widest acceptation of the term, was mainly emotional and dietetic, for every one of them exercised more or less an injurious effect on the vast majority of uterine affections, and otherwise the health of young females is characterised by a very congested condition of the body and cervix of the uterus, and by that state which they ordinarily understood to be abrasions about the os.

Dr. Henry Kennedy thought they would be making a mistake if they limited their observations on the present occasion to cases of disease of the uterus. Everyone familiar with practice must be aware of many cases exactly similar to those related by Dr. Doyle, except that the uterus was not concerned at all, and they all knew that, in disease of the stomach, for instance, there were a number of cases in which patients were constantly coming under the physician's notice—cases where the patient made excuses for taking stimulants, and asking his physician in reference to the use of them. Those were exactly cases analogous to what had been brought under the notice of the Society by Dr. Doyle. He (Dr. Kennedy) would be very slow to say that there was any connection between the disease of the uterus and the necessity for stimulants. He thought this was a question worthy of a society like theirs, but it had a great many points which were delicate ones to touch on; if the physician gave advice and the patient went further than that advice, it was clear that the physician could not be held accountable. He had not the slightest hesitation in asserting that they would be driven to use substances that would act similarly to stimulants. He would be very slow to say that stimulants should not be used in cases of disease. A vast number of cases would not go on at all if we did not give the patients stimulants. The question of stimulants was not one of strong drinks at all, but it was one of affording a stimulus to the patient. He believed that medicine would not exist at all if they were to cease the use of stimulants.

The Chairman said that in speaking of the use of stimulants they had a right to assume that the physician only ordered what was necessary for his patient, but that if the patient chose to abuse the direction of the physician it was the fault of the patient, and not of the medical attendant.

Dr. McClintock said the question was one of very great interest, and had not been brought under the notice of the Society before. The connection between uterine disease and the improper or intemperate use of alcoholic stimulants. He thought there was a great deal of truth in the

observation that fell from Dr. Denham, and he (Dr. McClintock) was inclined to think that uterine disease was more frequently the cause of intemperate habits than the result of such habits. The patients, while suffering from the form of cachexia described by old Hoffman as uterine cachexia were in a state of constant debility. In the large majority of cases of endo-metritis and leucorrhœa the patients complained of a loss of energy—everything was labout and toil to them; there was no elasticity about them, and they took no pleasure in going about their ordinary household affairs. Those patients naturally flew to stimulants. He had seen several cases of extreme intemperance in women, and five or six cases of which he published some notes went to a fatal issue in consequence of the unlimited use of stimulants of one kind and another, and yet, of those five fatal cases, not one was a case of uterine disease. At the same time, he did not for a moment say that the excessive use of stimulants might not produce uterine disease. It induced disease of the stomach, liver, plethora, and of the abdominal viscera, and it acted sooner or later on the uterus, and he had seen severe cases of metrorrhagia and menorrhagia, which were the consequences of the excessive use of spirits.

Dr. KIDD said his experience confirmed what Dr. McClintock had stated to be his—that in many instances where they had habits of intemperance they would see uterine disease of the character described in connection with it. His experience also confirmed that of Dr. Denham and Dr. McClintock—that uterine disease often gave rise to a craving for stimulants. That uterine cachexia would give rise to habits of intemperance he thought they saw every day, and he thought they could not wonder at it, for there was no doubt that in many cases of uterine disease stimulants would impart temporary relief in a manner that nothing else would. In a very common disease, dysmenorrhœa, he believed the universal practice among old women was to administer, in England, gin, and in this country, whisky punch, or brandy, and in the majority of cases he knew of nothing that would give such prompt relief as a good large dose of a stimulant of that kind. In cases of endometritis, where they had constant pain in the back, constant exhausting discharge, and, perhaps, every month hæmorrhage, more or less, going on, they had that cachexia produced. In such cases the desire for stimulants was constant. In dysmenorrhœa, where the occasion was only every month, the desire was constant, and the relief obtained from the use of stimulants, which would last some hours, induced the patient to fly to her remedy very frequently. Perhaps the relief might not last more than a few hours, and as soon as the effect went off the remedy was employed again. He believed it was that that often gave rise to intemperance in women. Instead of intemperance being the cause of uterine disease uterine disease was the cause of intemperance, and if there was any practical lesson they might derive from the consideration of the subject it was this—that they must cultivate their knowledge of the disease, and endeavour to cure it, and thereby do away with the desire for stimulants. That was the true way to check intemperance; it was not by restrictions placed on it. Those who had derived benefit from morphia very frequently used it as freely as others who had been taught the use of alcohol. He might mention in connection with that the head of one of the largest medical establishments in Dublin called upon him in reference to a patient of his for whom he had been giving prescriptions. He asked him whether he was aware of the extent to which she was using morphia. He (Dr. Kidd) had never ordered morphia for that lady, but she had been taught the use of morphia so much that she had been in the habit of going to this establishment and ordering from six to twelve dozen grain and half-grain suppositories of morphia at a time. So that that showed that the desire for other stimulants might be the effect of uterine disease as well as alcoholic stimulants, and that had certainly taught him a lesson to be very careful as to ordering frequently the use of morphia where he could possibly avoid doing so.

Dr. DOYLE having replied, the Society shortly afterwards adjourned.

SURGICAL SOCIETY OF PARIS.

LITHOTOMY AND LITHOTRITY IN THE FEMALE.

Discussion.

M. PERIER (at the sitting of the Society, March 7th, under the presidency of M. Panas) read a report on a paper of M. Lemée (St. Saviour's), relative to an operation of urethral lithotomy performed on a little child nine years old, for the extraction of a calculus, formed round a pin.

The commission appointed approved of the procedure adopted by M. Lemée, and of the considerations which induced him to prefer lithotomy to lithotrity.

As the subject is of considerable importance to the profession this side of the Channel, we furnish a *resumé* of the opinions of several well-known French surgeons.

M. AUGER had performed urethral lithotomy twice, but the results were different; one patient recovered without any inconvenience, the other suffered some time from incontinence of urine, caused by the incision in the urethral canal.

M. PAULET thought, though incontinence of urine was a grave complication, yet in many cases no other operation was possible, as in young subjects, the small size of the vagina did not allow scarcely the entrance of a finger, thus obviating vaginal lithotomy. He had performed this operation on a young girl of twelve years, and the incontinence of urine followed; it only lasted fifteen days.

M. VERNEUIL was of opinion the first operation that ought to be tried with a woman was lithotrity. When that was impossible, resort should be had to a vaginal incision, provided the dimensions were sufficient; and if these two procedures were impracticable, sub-pubic section should be performed. Urethral lithotomy should be only their last resort.

M. TILLAUX reminded them that Malgaigne, in his treatise on surgical anatomy, was strongly opposed to the urethral method, owing to this incontinence of urine; whilst, on the other hand, M. Reliquet was as strongly in favour of it, and was of opinion that incontinence of urine after urethral lithotomy was an accident of much more frequent occurrence formerly than in the present day, as chloroform allows dilatation of the neck of the bladder without solution of continuity. Without it there is not resolution of the vesical sphincter, and incontinence of urine is thus much more easily produced. The verification of this hypothesis was very important and interesting. He would like to ask M. Verneuil whether he really thought lithotrity was easier with women than men, for such was not the opinion of many surgeons who were in the habit of performing this operation. The reason was simple. To manipulate a lithotrite easily the bladder must contain a certain quantity of liquid. Now in women the urethra was very short, the bladder was more irritable; and as soon as an instrument was introduced into the vesical cavity, the fluid quickly ran out along its side.

M. LANNELONGUE thought the presence of fluid in the bladder was not indispensable, as it was often performed *à sec*. As regards M. Tilleaux's opinion on the intolerance of the female bladder, he was not quite correct. The work of M. Hybord might assist in establishing the relative value of lithotomy and lithotrity in the female. M. Hybord maintained a high opinion of the harmlessness and facility of lithotrity, and in women affected with stone in the bladder the lithotrite might be used, if only to ascertain the volume, form, and consistency of the calculus.

M. DUPLAY informed the members that the vaginal incision was much used in America. He believed, with M. Tillaux, that the presence of urine in the bladder rendered the operation easier.

M. DESPRIS said urethral lithotomy is an unfortunate operation, as it gave rise to incontinence of urine, and does not produce any better effect than simple dilatation of the urethra. Lithotrity (according to the statistics of Giraldi) has been followed by more deaths than lithotomy. The movement of the lithotrite in the bladder often caused severe accidents, particularly peritonitis.

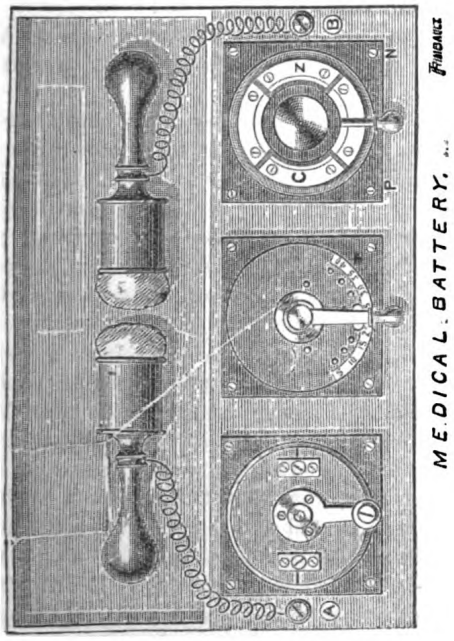
M. LEFORT recalled to their minds the recommendation of Sir Henry Thompson to inject water into the bladder when about to operate, as thus the instrument was more easily manipulated, and the fluid prevented the splinters of the stone from injuring the walls of the bladder.

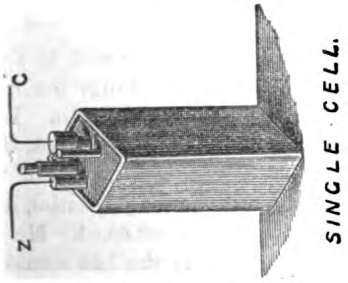
In reply, M. VERNEUIL said he had that morning made an exploration of the bladder of a woman, and he manipulated with much more ease than in a man. M. Lennelongue said he did not wish to convey that to operate *à sec* it was necessary to empty the bladder, but water need not be injected; and M. Tillaux reverted to his original appreciation of the method. If this operation is not so good in women as in men, it is because the bladder does not hold its natural or non-natural fluid, and consequently the lithotrite and the fragments of stone thrown off by its action have more chance of injuring its mucous membrane.

Novelties.

THE LECLANCHE MEDICAL BATTERY.

The Leclanché battery, possessing many advantages over others, is, undoubtedly, the most convenient and simple of all batteries for the use of medical practitioners. The cells are made of ebonite, pitched and covered in, so that the fluid can neither escape nor evaporate, and they do not require any attention for about two years, a fact proved in railway telegraph offices, where the battery has been in constant working. Such an arrangement renders it at once clearly reliable and inexpensive, and gives it a value beyond measure compared with all other known medical batteries which, from some cause not understood by the practitioner, are continually getting out of order, and require, at some considerable expense, to be re-arranged by the maker. For the same reason this form of battery can be carried about or sent by train, without danger of being injured. The connection is in series of five cells, and the consumption of material in direct proportion to the amount of work done, for when the series of cells are not connected, no chemical action takes place, and there is consequently no waste of material.





The diagram shows three small handles, the one on the left breaks the current, and is to be turned continuously when it is desired to apply an intermittent current; the central hand connects and brings into action the cells in series of five to twenty, forty, or sixty, according to the strength of the battery, and the one on the right reverses the current if changed from the P to N, or *vice versâ*, according to whether a positive or negative current is desired.

To sum up, the patent Leclanché cell battery, the exclusive license for which, in Great Britain and the Colonies, is held by the India Rubber, Gutta Percha, and Telegraph Works Company, of 106 Cannon Street, London, and Silvertown, Essex, is one of the simplest in application, whilst for cheapness, convenience, cleanliness, and durability it is unequalled.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 4, 1877.

VISCERAL SYPHILIS.—IV.

In concluding this subject, we have first to make a few remarks on syphilitic disease of the *lung*.

The forms of lung disease which were ascribed to syphilis consisted of well marked gummata, extension of syphilitic disease from the larynx and trachea, certain fibroid changes, or a form of chronic interstitial pneumonia, and the syphilitic pneumonia of new-born children. With regard to the specific nature and origin of pulmonary gummata, and of the white epithelial induration or white hepatisation that has been noticed in syphilitic infants, very little doubt is entertained. The great question is, as to the nature of those forms of fibroid phthisis which some attribute to syphilis. With respect, however, to gummata, there appears to be much uncertainty about the frequency or not of their occurrence. Dr. Wilson Fox said that his knowledge of demonstrable syphilitic disease of the lung was limited to two cases of gummata only; and in Dr. Goodhart's statement of 147 cases of visceral syphilis, culled from the *post-mortem* records of Guy's Hospital, no mention is made of gummata in the lung. On the other hand, these growths played such a large part in the returns of phthisis in the Army Medical Service, that out of forty-one cases dying of syphilis in 1870, no fewer than thirty-one per cent. presented gummata in the lung. It is certainly difficult to account for this discrepancy between the records of military and civil hospitals in any other way than by supposing that, in the former case, certain lesions were classed as gummata, which had no affinity to them, and that in that case, different lesions had been called by the same name.

Of much greater importance is the consideration of the real nature of those fibroid changes described by Drs.

Goodhart, Green, and Pye-Smith, inasmuch as it raises the very grave question as to what extent we may look upon syphilis as a *vera causa* of pulmonary phthisis. It seems to us that the question must be settled on similar principles to those which we suggested when speaking of the arterial lesions.

If there be any microscopical features specially characteristic of syphilitic lesions, which we very much doubt, then there would be little difficulty in determining the nature of these fibroid changes in the lungs. But this does not appear to be the case. Dr. Wilson Fox contended that, beyond a larger proportion of interstitial growth than is usually met with in ordinary phthisis, no distinction could be made between the two kinds of affection. In histological characters, said Dr. Goodhart, these fibroid lungs did not differ from those of the more chronic forms of tubercular phthisis, chronic pneumonia, or miners' phthisis; and in the opinion of Dr. Green, naked-eye appearances should have more weight than histological characters, in determining the syphilitic nature of these indurated lungs. Are there, then, any other data on which we can form a correct judgment on the matter? According to some pathologists there are other factors, which, taken together, give conclusive evidence of the syphilitic nature of the lesions in question. They say that it is the naked-eye appearances of the fibroid growths which is most characteristic. These growths are prominently fibrous and not tubercular. They show no softening or caseous change, nor alveoli stuffed with catarrhal cells, nor peri-bronchial tubercles. They attack the base or root of the lung in preference to the apex, and are associated with puckerings of the pleura. They are less evenly distributed or diffused than chronic pneumonia. They are most frequently symmetrical and not unilateral. They are associated with syphilitic lesions of other viscera; and they are more amenable to treatment. It must be admitted that the distinctions above-mentioned have still to be verified by further experience. Some of them, moreover, are beside the question. No one would deny that this fibroid disease of the lung is quite different from the other forms met with in phthisical subjects, such as tubercular deposits in the apex of the lung, chronic catarrhal or pneumonic phthisis, and acute tuberculosis. The point in dispute is, whether the fibroid indurations of the lung found in connection with syphilis differ in any respect from fibroid induration, originating in other causes, and whether the puckering of the pleura, the narrowing of the bronchi, the vascularity of the diseased tissues, &c., are, as alleged, indicative of their specific character. Now, fibroid phthisis is by no means a common form of that disease, and yet it is totally distinct in its morbid appearance, and clinical history from the other forms of phthisis. It is clearly possible, therefore, by carefully recording most of the cases and *post-mortem* examinations of fibroid degeneration of the lung that come under observation, to settle pretty accurately the relation which the fibroid affection bears to syphilis, to show whether the distinctions above specified are well grounded ones, or whether the combination of the local and constitutional affections is not after all a mere coincidence, there being no causal connection between them. There can be no doubt that the absence of any marked histological features is an obstacle in the way of a satisfactory inquiry into this subject, for if out of 1,000 cases of fibroid phthisis an almost equal number were found associated with syphilis, and disassociated from it, it would, in the absence of anatomical distinctions be difficult to determine the share which the constitutional disease had in the causation of the local mischief. In such a case the probability would be that the association of the pulmonary lesion with syphilis was a mere coincidence. But this is a contingency which is not likely to happen. Either these fibroid changes in the lung are, or are not, connected with syphilis. If connected, then we shall surely find in the course of future investigations that a very large percentage of them occur in persons who had contracted syphilis. If, on the other hand, they are not of specific origin, we shall then find them as frequently, or more frequently, in patients who have never contracted that disease, and who are perfectly free from syphilitic taint. It is to be hoped, therefore, that the question as to how far fibroid phthisis may be due to syphilis will soon receive satisfactory solution from investigations based on a much larger mass of evidence than that which is at present at our disposal.

Syphilitic affections of the *brain* need not detain us long, as the frequency of their occurrence is very generally admitted. We may, however, draw attention to the judicious remarks of Mr. Hutchinson with respect to the differential nomenclature and diagnosis of these affections. "It is time," he says, "we should attempt some distinction between the different forms of what is often so vaguely called cerebral syphilis. The occlusion of an artery, with its consequence, is one thing; a gumma of the dura mater is another. In one there is little hope of recovery or of benefit from treatment, in the other the hopefulness of treatment is indefinite," and the triumphs of the remedy a matter of every-day experience, and with respect to diagnosis, if we allow three forms of cerebral disease—one from arterial occlusion, one from the irritation of gummata, and one from periosteal thickening—we may, observes Mr. Hutchinson, assume that sudden attacks of paralysis denote the one; that the second has all the symptoms characteristic of tumours; and that severe pain and headache go with the last.

It must not, as we have already said, be forgotton that the arteries, the brain, and the lungs are not the only organs open to the invasion of syphilis. Indeed, if we may trust recent authorities on the subject, there are few parts that are exempt from the ravages of this disease. The spinal cord, the veins, the lymphatics, and even the vaso-motor ganglia are often attacked. Mr. Hutchinson drew particular attention to the less common seats of visceral or tertiary syphilis, although his observations were supported more by cliuical evidence and the history of his cases than by *post-mortem* examinations. He made some interesting observations on two forms of syphilitic disease of the choroid (one depending upon the existence of small separate gummata, the other upon atrophy of the choroid and retina)—on certain cases of obscure nerve disorder "unattended by any of the violent accidents and symptoms which usually accompany gummata and arte-

rial disease"—and on certain cases of temporary enlargement of the liver, of phlebitis, and of inflammation and plugging of the lymphatic trunks, which he thought were of a specific nature. He also drew attention to a group of cases in which immobility of the eyes is apt to occur, all their muscles becoming paralysed, while, with regard to a supposed implication of the vaso-motor ganglia he stated that a motionless condition of the pupil (which can neither contract nor dilate) with loss loss of accomodation, but with no defect of the orbital muscles might be attributed to disease of the lenticular ganglion, and generally occurred in patients who had suffered from syphilis. Altogether, his remarks on the probably specific nature of certain affections of the eye and of vision are well worthy of attention; and although based upon somewhat insufficient data and imperfect evidence, are at all events suggestive of further inquiry.

We must now draw the consideration of this subject to close, a subject the importance of which cannot be exaggerated, whether we view it from a social or purely professional aspect. We have dwelt on it at more than usual length, because of the valuable lessons to be derived from a careful attention to it, in the diagnosis, prognosis, and treatment of many obscure and troublesome affections; and because there is not a single practitioner who may not have the opportunity of throwing some fresh light upon it.

BIOLOGY AT THE SCHOOLS.—I.

We lately gave a "Note" on one of the "topics" touched upon in Dr. Moxon's excellent and practical Hunterian Oration—namely, on certain fallacious methods of experimental inquiry. But the burden of his oration was a very different subject, and one that should attract the attention of all who are interested in the cause of medical education. There is every evidence of medical students being invited to give a great deal more attention to the study of the collateral sciences than their limited time will permit of, and more than is compatible with that due acquaintance with the practical department of medicine which every student is expected to have at the end of his hospital career. A few months ago, in some remarks we made on the "Study of Physiology,' we dwelt somewhat fully on this subject, and now we are glad to see that it has been taken up by one who is both an influential teacher, and a hospital physician, and who, moreover, speaks because he is convinced of the harm likely to result from certain faults in the present system of medical education, and not because he is at all prejudiced against the study of natural science. The indictment which Dr. Moxon brings against the biologist runs through the greater part of his long but able discourse, but we shall endeavour to state the gist of his argument as briefly as possible. The rise of "the species biologist," who knows nature for the sake of knowing, and is "nobly superior to mere utility, nobly useless," influences the cause of medical education in several serious ways. In that enthusiasm which thinks it the highest glory to know perfectly the common frog, he pursues facts without due regard to their utility on principle, and thus the science of physiology is fast becoming very like that Chinese philosophy of facts which Hunter ridiculed. As he knows for knowing's sake, he does not estimate the smallness of the time the student has to devote to inapplicable fact-heaps, and exacts more of that student's time in which the latter has to learn his professional duties. In short, physiology is made too large and too loose for the student's grasp, and if it be true that the zoological biologist is to bring in a law that at the London University no one shall join Hunter's profession unless he previously dissects some frogs and snails, this is not only contrary to common sense, but contrary to the analogies of the biologist's own field of inquiry. What we now observe is that the enthusiastic young minds of the profession are so apt to be drawn aside to professional biology, a practice which deprives our ranks of some of the best workers, or causes modest workers to gather knowledge along lines which have not the practical bearing Hunter maintained.

The great fallacy of the age is the vulgar notion that knowledge is power. But, only the knowledge we have faith and aim to use is power. Any fourth year's student knows much that Hunter did not, and could not, know. But where is the power of Hunter? Power arises by training in the use of knowledge. While the average pupil is for usually two years or more in the hands of the teacher of more or less aimless scientific knowledge, the average pupil is only nine months in the hands of trainers in skill. The trainer in medicine has him three months, and the trainer in surgery has him six months. And now, by publishing the pass-lists of the schools, a pressure is put upon every school, compelling it to devote itself more and more to the teaching of fact-heaps, because fact-heaps show in examinations, and training cannot obtain credit in examinations.

Nothing, however, is to be said against science itself. It is only claimed that the right teaching be given at the right time, so that each student may have a chance of being trained adequately in the practice of recognising the kinds and varieties of diseases and accidents, and learning to use the means of relief. This is the proper aim of medical education, and matters of knowledge that do not help men to do this should have a moderated proportion to the training in the use of matters that do help to recognise and meet disease.

Such are the main points in the earnest protest that Dr. Moxon has urged against a great and growing evil in the medical education of the present day. The limits, however, at our disposal have not allowed us to show in what a forcible and elaborate manner he has inveighed against the pretensions of the professional biologist, the intrusion of their studies among the more practical pursuits of the medical student, and the acquisition by the latter of a lot of superficial knowledge that is of very little use to him. The frequent occurrence of such phrases as "dry-dust fact-heap of modern biology," "the species biologist who is nobly useless," and "the cramming of young men with biology," is enough to show that the Hunterian orator has no wish to "conceal his thoughts," and would almost imply that he is at war not only with the abuses of which he very reasonably complains, but with biology and biologists altogether.

It must be admitted that Dr. Moxon has struck at a

very vulnerable point in our present system of medical education, and that his animadversions are perfectly justifiable, so far as they are confined to medical education. But further than that we do not feel inclined to go. We admit that the most promising of our medical students are too much encouraged to devote to some subjects an amount of time altogether disproportionate to their importance from a professional point of view. Men are invited to pursue the study of physiology in as laborious and practical a manner as they do their anatomy; to gain both by reading and dissection, a fair knowledge of comparative anatomy; to be good botanists; and to be well grounded in all the mysteries of organic and practical chemistry. Our natural science teachers seem to forget that the object of medical education is not to make men great chemists, or great biologists, or great physiologists, but to give them a sound and practical knowledge of their profession. The advancement which has been made in all departments of medicine is so great, and the knowledge which is now indispensable to the practitioner is so much more extensive than it formerly was, that the period of three or four years is scarcely long enough for his medical education, even were that confined to the most practical subjects. It is therefore questionable whether too great inducement should be held out to the student, and still more questionable whether he should be compelled, to devote much of his attention to biological studies, or even to acquire as thorough and as practical a knowledge of physiology as he should have of anatomy, surgery, and medicine. The more we raise the standard of medical education with respect to the collateral sciences, by so much we lessen the student's opportunity of acquiring a thorough and practical knowledge of his profession.

Notes on Current Topics.

Physical Training in the Army.

About nine months ago we drew attention to the necessity of maintaining some system of physical education in the army. The remarks we then made on the subject were suggested by a great military athletic meeting which was inaugurated at Lillie Bridge last June, and we are now sorry to learn that this meeting will not be held this year. In the editorial article to which we refer we showed how the general physique of our soldiers, their health in general, and their power of endurance, as tested by long marches, would be improved by regular and systematic physical exercises; and we contrasted the great apathy which exists on the subject among our military authorities when compared with the great and serious attention that was given to it by the commanders of the fine and powerful armies which raised and kept up the extensive and formidable empire of the ancient Romans. And what can be more paltry than the reason assigned for not even doing so little as that of keeping up an annual military meeting? Because in this country, which is famous all over the world for its wealth and resources, the national finances are said not to admit of the expenditure needed for these athletic sports. Because the State grudges the small sum of £150 to keep up a movement of great and even national importance. We certainly agree with our able and patriotic contemporary, the *Globe*, in trusting that "if this impoverished country cannot afford the outlay the required sum will be forthcoming from some other source," not, however, that we should be satisfied with a mere annual spectacle that would afford some amusement to the London sightseers and some emulation among the different regiments. It would probably lead to the voluntary and more general practice of physical exercise by the rank and file, and wean them away from demoralising and unhealthy pursuits. The regular and almost daily indulgence in various physical exercises and athletic sports is all the more needed in an army in which there is so much enforced idleness, and the soldiers of which are not, like those of ancient Rome, made to fill up part of their leisure time in the construction of works of public utility.

The Royal College of Physicians.

At the last meeting of the College a brief report of the leprosy committee was read and adopted. The committee had examined a memorandum containing certain statistics of the leper establishments in Norway prepared by Dr. Hansen, as well as the comments of Dr. Vandyke Carter thereon. From this memorandum it appears that there has been a remarkable diminution of leprosy in Norway since the practice of segregation has been carried out, and the committee think that the statistics of Dr. Hansen furnish an additional argument in favour of a practice which they had recommended in their last report. They differed, however, from Dr. Hansen with regard to the manner in which segregation operates, and Dr. Vandyke Brown has shown that this system in Norway is entirely voluntary and amounts to little more than the establishment of special hospitals for the reception of such patients, and which they can leave whenever they choose. The following bye-law was also enacted for the first time:—

"Any candidate for the College licence who shall have obtained a degree in medicine or surgery at either a British, colonial, or foreign university recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as the Censors' Board shall in each case consider necessary."

The Artificial Colouring of Wine.

M. Gauthier has devoted some attention to this subject, and asserts that $\frac{100}{1000}$ parts of fuchsine are sufficient to materially affect the colour of wine.

The question arises, whether the small quantity employed is hurtful, or not, and whether we should allow the artificial falsification of such an article of luxury.

Impure fuchsine often contains a small proportion of *arsenic*, and some dealers are not particular in selecting the form of fuchsine they employ. It has not yet been proved that symptoms of arsenical poisoning have followed from the use of this substance.

Numerous facts testify that the daily absorption of infinitesimal doses of arsenic, have not the same injurious effect as repeated infinitesimal doses of *lead*. We have heard of a peculiar effect following the use of Chablis.

Several patients have complained of a nervous twitching of muscles, tremor of hands, &c., the morning after drinking

a moderate quantity of this pleasant wine, and we know of one French gentleman upon whom it always has produced this effect, and who consequently scrupulously avoids it greatly to his own regret.

We have heard, that lead is employed for fining purposes, in its manufacture, but we know not whether there is any truth in the report.

We have no doubt, many of our readers will have noticed, or may have heard of analogous symptoms, resulting from the use or abuse of Chablis, and those who have not had their attention hitherto directed to this peculiarity of the wine, may have an opportunity of verifying the accuracy of this statement.

Enteric Fever in India.

Surgeon-Major F. R. Hogg, M.D., while moving up the country from Meerut on leave, occupied himself very profitably, jotting down information obtained at various sources or outbreaks of enteric, or as it is more commonly called in India, "typho-malarial" fever, which we have now before us in a small pamphlet entitled, "Notes on Enteric Fever." He noted striking departures from the more ordinary etiology of the disease. At one time it broke out among a battery of Horse artillery, in 1873. All the men were fresh from home, and apparently in good health; and the disease was not so clearly traced. A detachment of the 85th was attacked with fever whilst marching from Futtyghur to Meerut, unwisely selecting for its camping ground a spot near a fever-stricken village, and suffered accordingly. It turned out that the district was badly drained, and the water could only be obtained from shallow wells, all seriously contaminated. Again, from causes which were not far to seek, in December 1874, and in January 1875, nineteen or twenty cases of fever occurred with four deaths. With a single exception, all those affected were over 25 years of age, and fairly acclimatised; a rather unusual circumstance, as the fatal age is 22, and it is the young unseasoned new arrivals, that, as a rule, fall victims to fever and other diseases of India. Sanitary precautions, however, are much neglected in spite of the care and trouble taken by the medical officers of regiments. The natives defile the ground in every direction, and it is not until the hand of the prophet, or some other religious symbol is painted up, that they can be made to keep further a-field. Camping grounds are too often found literally saturated by fæcal matters, and the contents of numerous old cess-pools, partially or wholly concealed, percolate into the wells and poison all the drinking water of the country. It is, therefore, almost unnecessary to look to other sources for the outbreaks of enteric fever amongst bodies of men marching up to hill stations, where of course the disease is comparatively little known, and rarely proves fatal. It is noteworthy that hill stations are nearly always supplied with spring water, brisk sparkling water as it gushes out of the rock, or flows rapidly down the precipitous hill-side.

The French medical papers contain the obituary of a rising member of the profession, M. Anthelme Richeraud, son of Baron de Richeraud, a name celebrated in the annals of French surgery. He died at the early age of twenty-seven, from meningitis.

Technicalities in the Adulteration Act.

Last week, a curious case was brought by Dr. Campbell Brown, the public analyst for Liverpool, against a provision dealer, of Leece Street, Liverpool, for selling a ham coated with a substance containing chromate of lead. The ham was called "sugar-cured American," and the object of the covering was to keep off flies and insects. Dr. Brown stated that if the powder were partaken of it would cause inflammation and ulceration of the stomach and bowels, and the prosecuting solicitor said that in cutting the ham there would be great danger of portions of the outer crust falling upon the inside. The magistrate held that the cover not being "an article of food" did not come under the Act of Parliament, and the summons was therefore dismissed. Technically, the decision is correct but to press the point a little closer it established a rather dangerous precedent. The skins of hams, and of hundreds of other edibles, are not considered articles of food, yet many persons, especially the poor, consume them, and would be poisoned if the strict letter of the law were adhered to, and common sense altogther ignored in the definition of an article of food.

Small-pox in the House of Correction, Coldbath Fields.

Last Thursday Dr. Hardwicke held an important inquiry at the above prison on the body of a prisoner who had been committed for felony on the 15th ult. Thomas Lynch, sub-warder and nurse in the prison small-pox hospital, said deceased, who was by trade a coach-builder, came under his care on the 18th inst, and was seen by the prison surgeon twice a day up to the time of death, which occurred on Sunday last. He had four patients at present, and had had eight. Mr. Smiles, the surgeon, said deceased was well on admission, and he only heard of the rash indicating small-pox on the Sunday week. Deceased was removed to the small-pox hospital of the prison immediately, with his bedding and clothes, which were all destroyed, his cell having been unoccupied since, although it had been thoroughly disinfected. Since December there had been eleven cases and three deaths from small-pox, some of the patients having recovered. The patients were advised not to send for their friends. In fact every precaution was taken. It appears, however, that the warders in the prison hospital had been in the habit of going home to dinner and to sleep. We certainly think that these men should not be allowed to leave the prison while the disease lasted; and we should also like to know whether all the prisoners are re-vaccinated immediately on their admission into the prison.

Opposition to Small-pox Hospitals.

A panic has been caused at Isleworth, owing to the guardians of the Brentford Union having, after a long consideration of the subject, resolved to build a small-pox and fever hospital, with accommodation for twenty patients, in the garden of the union workhouse, upon a site approved of by Mr. Henley, the inspector of the Local Government Board, for the use of pauper cases of the union. Meetings have been held to protest against it, and a memorial drawn up, signed by the inhabitants, for presentation to the Local Government Board.

The recent opposition to similar erections at Limehouse, Hampstead, Wandsworth, Deptford, and Fulham are but illustrations of the dread which is associated in the public mind of contagion from the presence of these Institutions, albeit unfounded, and the opposition unwise.

Delhi Boil.

An appendix to the twelfth annual Report of the Sanitary Commissioner with the Government of India has just made its appearance. It treats of a most interesting subject, the prevalence of "Delhi Boil," or "Oriental Sore." From the report we gather that an inquiry into the geographical distribution and prevalence of Delhi sore—an allied affection—was entrusted to the able hands of Drs. Lewis and Cunningham, and which extended over several years, and the report is the outcome of their investigations. The disease was studied first at Delhi, where it is known to prevail endemically, and to a greater extent than in any other part of India. It was not, however, until 1857 that any special investigation was thought necessary, and this was brought about by the larger amount of invaliding which occurred amongst European troops stationed there after the mutiny. "Delhi sore" has constantly demanded the constant and careful attention of the Government of India, and its ravages have been regarded with much apprehension, so much so, that in 1864 it was thought advisable to appoint a special commission to report upon its nature and origin, and many valuable papers have been printed and published on the disease. The latest, which gives the best account—and, indeed, all of value on "Delhi Boil,"—is by Sir Joseph Fayrer, and appeared in *The Practitioner*, October, 1875. Drs. Lewis and Cunningham have in their Report furnished us with an exhaustive treatise on the disease. The value of the monograph is enhanced by the illustrations, microscopic and others, which accompany the text, and the conclusions arrived at are briefly summarised, for the benefit of those who may not care to go through the report. It is satisfactory to find that owing to the better attention bestowed on sanitary matters in India, "Delhi Boil" is rapidly diminishing amongst the European troops. This is believed to be owing to the fact whereas, at one time, both European and native troops stationed in Delhi derived their water supply from wells, latterly all troops in the fort are supplied with water from the river Jumna, drawn some miles distance away from the station. The wells about are all much contaminated and largely impregnated with chemical and organic constituents. There is no evidence whatever of a parasitic origin in the production of the disease, it appears to be due to the deleterious nature of the water. This, probably, would have been most conclusively established had Drs. Lewis and Cunningham been in a position to speak definitely with regard to the character of the well-water of other military stations where "Oriental Sore" prevails; but owing to the want of facilities and the lack of analyses of assured accuracy this could not be done. The well-waters, however, in many places where the disease is quite common—in Egypt, Asia Minor, Syria, &c.—are notoriously unwholesome and more or less brackish.

Drs. Lewis and Cunningham have no hesitation in suggesting that the disease, as commonly observed at Delhi, setting aside all cases which are manifestly due to syphilis, scrofula, and the like, is in no way distinguishable from one or other of the various forms of lupus; its clinical history is similar, as is also its morbid anatomy; and the treatment which has proved the most satisfactory is that which is employed in lupus. It is undoubtedly modified by climatic influences, as is suggested by its being limited to particular districts, and from its tendency to become endemic; and it is proposed, therefore, that it should in future be designated *Lupus endemicus*.

Plant Growth.

Mr. W. T. Thisleton Dyer, M.A., Assistant-Director, Royal Gardens, Kew, lectured on Monday week, at the London Institution, on "Plant-Growth and its Present Problems." Mr. Dyer pointed out the distinction between the mere accretion exhibited by a crystal and the "intussusception" of new material which was characteristic of plants and animals. This was the result of what was known as their cellular structure, our present knowledge of which was due, in the first place, to two former secretaries of the Royal Society—Robert Hooke and Nehemiah Grew—who in the latter part of the 17th century clearly made out the fact that plants were made up of units of structure, which they called bladders or utricles, and which are now called cells. After narrating the history of the cell-theory, most of which is already familiar to our readers, the lecturer observed that Von Mohl gave to this theory its present complete form by discovering the manner in which cells were multiplied by repeated division, thus laying bare the mode by which growth was actually effected. He also first detected the importance of the peculiar living matter which is contained in cells and which is their really essential part. To this he gave the name of protoplasm. The lecturer then proceeded to show that in the green parts of plants minute portions of this protoplasm are separated from the rest and assume a green colour. In these chlorophyll-corpuscles, as they are called, starch is manufactured during the day from the carbonic acid drawn from the air, and the water which ascends from the plant roots. During the night the starch is dissolved and "wanders" over the plant to be accumulated in stores or employed for growth. The influence in these and other processes of the different constituents of sunlight was then considered. It was shown that the red rays had to do with chemical, the blue rays with mechanical, activity. The blue rays in sunlight actually had a retarding effect on growth. Consequently it could be demonstrated that plants grew faster by night than by day. During the former they used the building material they manufactured during the latter. Plants grown in the dark were said to be "drawn;" but, in point of fact, they were only taller because they were removed from the repressive action of light. So the movement of plants towards light was probably due to the curvature of the stems, in consequence of the illuminated side growing more slowly than that which was shaded. The repressive action of light was confined to its blue portion. Although sunlight was necessary to the activity of chlorophyll, in excessive amount it destroyed it. An instance of this was afforded

by the change of colour in ripening fruit. Plants appear to have various contrivances for shielding their chlorophyll from this injury. The thick epidermis of leaves and their hairy investments were some of these. Young leaves were also, at first, often turned edgeways to protect the nascent chlorophyll grains from undue exposure. Finally, the protoplasm, which possessed powers of movement of its own, actually even dragged the chlorophyll grains from the illuminated sides of the cells, allowing them to return again during darkness.

Vaccination from the Calf.

We are sorry, but not surprised, that Dr. George Wyld has found obstacles in the way of his introducing into the metropolis a good supply of calf lymph.

Referring to his letter that appeared in the *Daily Telegraph* recently, he writes to state that it has drawn upon him more than three hundred letters and visits from medical men, all begging for information or for calf lymph. Dr. Wyld further states that he is sorry he has been unable to fulfil his promise to endeavour to supply the profession with lymph in points taken from English calves, having, after much trouble and anxiety, failed to vaccinate five calves. Dr. Worlomont, director of the Institut Vaccinal de l'Etat at Brussels, had written respecting the difficulty and anxiety attendant on calf vaccination; but Dr. Wyld adds that English doctors are not disposed to submit to defeat, and that one of their body may probably shortly proceed to Brussels to investigate the entire process. In the meantime calf lymph will still be imported from that city. Having been warned by some medical men that vaccination direct from the calf is apt to produce serious erysipelas, Dr. Wyld asserts, in reply, that he has used the Brussels lymph extensively in re-vaccination, and has succeeded in every instance without a single case of "bad arm."

The Anti-Tobacconists in France.

Holding that smoking amongst boys is pernicious to their health, the Paris Society for Suppressing the Abuse of Tobacco has prepared a petition to be presented to Parliament, asking them to prohibit youths under sixteen from using the weed in public places.

We question the propriety of such a movement, and the success that it is likely to meet with. At the same time, whatever difference of opinion there may be about the habit of smoking in grown-up people, few will dispute both the moral and physical evils it entails when indulged in by mere children and boys who have scarcely left school. Independently of disturbance of the digestive organs and of the heart's action, there is a general opinion that the practice of smoking at a premature age tends to check growth. At all events, the habit under these circumstances is a bad one, and we hope that members of our profession will take every opportunity of discouraging it, although they may not go the length of petitioning Parliament on the subject.

Medico-Pharmaceutical Harmony.

A pharmaceutical contemporary says that some time ago the medical and pharmaceutical practitioners of the city of Antwerp appointed a committee of six delegates—three from each body—for the purpose of arranging a compromise between the two professions in the matter of certain mutual dissensions which had arisen between them. The differences seem to have been very much of the same kind as those with which we are only too familiar in this country. The committee has drafted a treaty: these are the clauses of the prepared contract:—

"That each body should henceforth abstain from every interference with the other's functions, the physician furnishing no medicine to his patients and the pharmacien not giving medical advice; pharmaciens, however, to be allowed to furnish within the limits of the law those medicaments which may be called for from them, as, for instance, a sedative potion, a pectoral potion, a purgative, copaiva capsules, &c., but not to be at liberty to recommend a preparation which might appear to them more suitable.

"The physician and the pharmacien to behave towards each other with those sentiments of friendliness and good fellowship which should unite members of the same family, and to avoid before their clients every sort of reflection or disparaging remark. A council of conciliation to be charged with the settlement of all differences occurring between them in reference to medical matters.

"Lastly, the physicians to prescribe only as rarely as possible secret remedies and pharmaceutical specialities, pharmaciens, on their side, abstaining from advertising these."

Our contemporary remarks that "One interested section seems to have been clean forgotten in this pretty little compact. The public might at least have been represented on the committee which so sweetly settled how profit might be best made out of the illness and suffering of their mutual clients."

Japanese Hydropathy.

One of the most remarkable national transformations of modern times has doubtless been that which has resulted from the introduction of the civilisation of the West into Japan, and prompted her sons to compete for wranglerships at Cambridge. Already (says the *Pharmaceutical Journal*), there has been created in Yeddo a Faculty of Medicine, where the science is taught to native pupils according to European notions by professors drawn from Germany, and more recently help has been requested from France to assist in the establishment of a Faculty of Law, and the organisation of a system of superior education in the capital of Japan. In aid of this movement MM. Mangeot and Berson have been charged with a scientific mission by the French Government, at whose request the Academy of Medicine has presented a scheme drawn up by M. Jules Lefroy, to assist them in the systematic investigation of the geology, mineralogy, volcanoes, and mineral waters of the country. From this report we borrow a few details.

The mineral and thermal springs of Japan are known to be very numerous and many of them of a high temperature; in fact, it is asserted that only Japanese, who are accustomed to very hot water from their infancy, are able to bathe in some of them, and it is probable that their virtues are occasionally entirely due to their elevated temperature. But most of the springs may be included in one of two classes, the sulphurous and the chlorinated, the ferruginous waters being very few. One of the most frequented, that of Kourats, about fifty leagues from Yeddo, was found upon analysis to contain per litre

1·34 grm. of free sulphuric acid, 2·20 grms. of sulphates (mostly aluminum), 0·85 grm. of free hydrochloric acid, and an abundance of sulphydric acid.

The methods of using the waters appear to be very primitive. For applying the *douche* the water is conducted in troughs to a point from which it has a fall of several metres upon the bather, who receives it upon the part of his body affected, the duration of the operation being limited only by the patience of the patient. When the water is too hot for this method, and in one case it reaches 91° C., instead of lowering the temperature, as in Europe, by the addition of fresh water or exposure to the air, a number of attendants beat the water with flat boards, scattering about a plentiful spray and disengaging volumes of sulphurous vapour which envelope the bathers in a semi-transparent cloud.

Incompatibility of Iodide of Potassium and Chlorate of Potass.

Dr. Melsens believes the employment of iodide of potassium is dangerous, if used at the same time with the chlorate. These two bodies, which only act on one another at boiling point, still combine in the stomach, forming iodate of potassium, a tonic substance. The experiments were made on dogs.

Essence of Santal in Blennorrhagia.

Sanitatum album, from which the essence is made, as introduced in 1865, by M. Penas. About the same time, Dr. T. Henderson, and more recently by Dr. Durand, as a remedy for this disease, owing to its action on the genito-urinary organs. Dr. Lober (Lille) has published in the *Bulletin General de Thérapeutique* four observations on the treatment of blennorrhagia with essence of *santal* and essence *menthe*, in the following formula :—℞. Essence of santal, 4 grms. 50 ; essence of menthe, 12 drops ; simple syrup, 60 grains ; to be taken three times a day. He claims an antispasmodic action for the menthe against the painful erections and acute pain felt in this complaint. Hippocrates pointed out this anaphrodisiac action ; Dioscorides denied it, and at the present day it is very problematical. Yet, M. Lober, at the conclusion of his paper, says, "The nocturnal erections disappeared immediately upon the administration of the essence of menthe."

Return of the Lacteal Secretion under the influence of Faradization.

The *Gazetta Medica Italiana* records the case of a young woman, aged twenty-three, who suddenly felt her breasts decrease, and the secretion of milk stop. She consulted Dr. Ancona, who employed electrisation, by means of a galvanic battery, applying the reophores in such a manner that the current traversed the gland both vertically and horizontally. The application was not painful, and only gave rise to a slight tingling sensation. On the third day the breasts slightly swelled ; on the fourth they secreted a small quantity of milk ; on the fifth the nurse was able to put the child to the breast, and, after that, lactation was regularly performed. This is an addition to the facts already recorded by Aubert, Becquerel, Debout, Fournier.

The mortality from small-pox throughout the United Kingdom, last week, was 87, being a decline of 27 from the previous week ; of these, 76 occurred in London, against 110 the previous week.

The death-rate in the four principal cities of the United Kingdom last week, per 1,000 of the population was, 23 in Edinburgh, 27 in London, 37 in Glasgow, and 40 in Dublin ; the two latter being terribly in excess of the average.

Mr. Gladstone will, in all probability, be elected without opposition Lord Rector of the University of Glasgow, a request to the right honourable gentleman having been signed by more than half the Glasgow students.

The late J. C. Tufnell, Esq., has bequeathed £5,000 to University College, London, for the purpose of establishing two scholarships, one in analytical and practical chemistry, the other in general chemistry. Candidates must be undergraduates of the University of London.

The Metropolitan Asylum District Hospitals contained 959 small-pox patients on Saturday last, including 150 convalescents at Fulham and Limehouse, against numbers increasing steadily from 898 to 952 at the end of the four previous weeks. The new Metropolitan Asylum District Hospital at Deptford was brought into use during the week, and contained 58 small-pox patients on Saturday night.

Bronchitis and pneumonia have during the last four weeks, since the night temperature fell below the freezing point, been the prevailing fatal diseases in London. The deaths referred to diseases of the respiratory organs, which in the four previous weeks had increased from 303 to 498, further rose last week to 575, and exceeded the corrected average by 164.

At a coroner's inquest held in Islington on Thursday last, the parochial medical officer gave an instance of the utter disregard of spreading disease evinced by laundresses. He was called in to see a family, lodging in the house of a laundress ; two children were suffering from small-pox, and the mother, while nursing them, suddenly died of the disease in its suppressed form. The laundry work was still carried on, and at the time of his visit clothes were being sent from the house to all parts of the neighbourhood.

The Mortality of Foreign Cities.—The most recent official statistics give the annual rates of mortality in the principal foreign cities as—in Calcutta 30, Bombay 47, Madras 133 ; Paris 28 ; Geneva 30 ; Brussels 27 ; Amsterdam 30, Rotterdam 26, The Hague 22 ; Copenhagen 26 ; Stockholm 28 ; Christiana 30 ; Berlin 24, Hamburg 30, Dresden 26, Breslau 32, Munich 34 ; Vienna 30, Buda-Pesth 45 ; Naples 37, Turin 32 ; Venice 25, Alexandria 41 ; New York 22, Brooklyn 23, Philadelphia 19, and Boston 21. The fatal cases of cholera in Madras were 383 in the week ending 9th February, against 275 and 543 in the two preceding weeks ; 119 deaths were also referred to small-pox.

Literature.

ON FERMENTATION. (a)

This interesting contribution to "King's International Series" furnishes a complete history of fermentation. Ferments and fungi date from the time of Needham, a century and a half ago. Needham's investigations with the microscope did for infusorial life what had previously been accomplished for the higher organisms by his predecessors with this instrument. It was he, in fact, who first showed that animal and vegetable infusions produced life, but if subjected to the boiling temperature and hermetically sealed could be kept free from change for an almost unlimited period. The grave question which has since then so much agitated rival theorists, heterogenists and panspemists, is that very difficult one of preventing germs from without, or pre-existing germs from within, disturbing experiment by setting up action in the liquid.

To the question, what is fermentation? Professor Schützenberger replies, "it is only a particular instance, selected from the chemical phenomena of which living organisms are the field, and like other biological reactions, comes before us as a manifestation of the special force residing in these organisms." This definition is not quite in accord with that of Willis and Stahl, who tell us "that fermentation is due to a peculiar motion communicated from a decaying body to another substance by which a similar degrading action is set up, so that complex molecules become less complex." This explanation has received the sanction of many eminent chemists, who also maintain in words somewhat differing that in fitting liquids molecular disturbance is induced by decay of nitrogenous matter, and in this way the lactic, butyric, and other chemical changes are brought about. Pasteur's researches have tended towards definite results in the same direction, and go far to prove that every degenerative alteration in the quality of saccharine fluids, beer in particular, coincides with the development of microscopic organisms foreign to the nature of the liquid. But that the nature of the disease depends chiefly upon the temperature employed, and as to what course the putrefactive (fermentative) changes shall follow; in this chemist's opinion we may have at one moment, and in the same menstruum, alcoholic, lactic, and butyric ferment, and then there necessarily follows three distinct reactions, one of which splits up the sugar into alcohol and carbon dioxide, another into lactic, and a third into butyric acid. It would appear that there must be a difference, for wine-growers who formerly supposed that they were solely trusting to spontaneous fermentation in the conversion of the sugar of the grape into wine, are now fully aware of the fact that it is the bloom or dust on the skin of the grape that sets up the vinous ferment, and should this be removed no fermentation takes place.

Alcoholic ferment, according to Pasteur, is a chemical act attendant upon the life of a minute vegetable cell, submerged in a saccharine liquid capable of yielding oxygen. The nature of the result varies with the power of the cell to reproduce its kind under these submerged conditions. And for a continuance of similar conversions, we are dependent upon this remarkable organism, which we recognise under the name of yeast. The life history of the yeast plant and the many curious changes it is capable of producing, are clearly explained by the Sorbonne professor. As to whether the same living organism originates certain diseases in the human being, the author says: "During ten years skilful experimentalists, guided by the same ideas, and among whom I may mention Pasteur himself, have studied this subject with great care, and yet I must admit that there has been no result from these inquiries. The question of the etiology of infectious diseases has made no important advance." The student will undoubtedly find much interesting and useful information in Professor Schützenberger's volume on "Fermentation."

(a) "On Fermentation." By P. Schützenberger, Director of the Chemical Laboratory at the Sorbonne. London: Henry S. King and Co.

THE FIVE SENSES OF MAN. (a)

Professor Bernstein's position as a teacher of physiology in every way qualifies him for the task of producing a somewhat popular form of treatise on "The Five Senses of Man." In a brief introductory chapter he discusses the nature of a sensation, the nature of pain, and other subjective symptoms, and then proceeds to explain how the senses are impressed, and the special sensations of which the mind is made cognisant. In the next chapter the sense of touch, and the many interesting phenomena connected therewith are lucidly explained and illustrated. The author then proceeds to treat of the sense of sight. He points out that although modern means of research have much extended our knowledge of the organ of vision, that there is still much more to be accomplished. What, for instance, he asks, do we positively know of the nature and action of light upon the rods and cones? Are the images and pictures of external objects actually received, as some physiologists would have us believe, in inverted position upon the retina? And do we trust entirely to education to correct this? Or is it as some suppose, that the object is impressed on the pigmental coat of the choroid and thence sent back to the rods to be by them conveyed to the brain? Light, it is true, possesses the property of decomposing substances, setting up a chemical change: for instance, in a delicate film of chloride of silver a picture, it is well known, can be produced when a surface covered by this substance is exposed for a short time to the actinic rays; when possible similar results are brought about nerve irritation takes place and the perception of objects occurs.

The anatomy and physiology of the sense of hearing is interestingly treated of. Sound is explained as a tone or note, and then as a simple impression of a sound, which may be more correctly characterised as a noise. This leads to a discussion on the theory of musical sounds, and the marvellous accuracy with which the human ear detects and separates numbers of musical notes emitted at the same moment. Many of Helmholtz's more recent experiments in this department of physics are explained, as well as his interesting method of producing by the aid of a mechanical arrangement a tone free from harmonics. The quality of a note depends upon the form of the sound wave, while the variety of forms the sound wave can be made to assume is immense. This can be demonstrated by spreading out a thin layer of sand over a metal surface and striking a note with the bow of the violincello. The explanations given of the histological anatomy of the ear are rendered more easy of comprehension by a number of carefully executed woodcuts which eccompany the text. The author having exhaustively treated the senses of sight and hearing, is unable to do more than furnish a brief account of the senses of smell and taste. Nevertheless, Professor Bernstein deserves great credit for having furnished the student with a terse treatise on the five senses of man.

(a) "The Five Senses of Man." By Julius Bernstein, Professor of Physiology in the University of Halle. With 91 Woodcuts. London: Henry S. King and Co.

Correspondence.

ERYSIPELAS AND THE PUERPERAL STATE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—*Apropos* of some remarks made by Drs. Atthill, M'Clintock, and others at the meeting of the Dublin Obstetrical Society on the 10th ult. regarding the communicability of infectious and contagious disease to puerperal patients, I find the following particulars recorded in my note-book—viz.:—

"Jan. 13th.—Visited D———, suffering from a sharp attack of facial erysipelas. Found patient in the same bed with his wife, just then *four days after her labour*. Had them at once separated. He recovered after a fortnight's illness, and in the wife's case no bad symptom whatever manifested itself during the puerperal month."

If puerperal fever be as readily generated by the poison of erysipelas, &c., as Braxton Hicks, Barnes, and others assert, there was ample reason in this case for grave apprehension. One would be apprehensive of evil consequences if the lying-in patient occupied, not to say the same bed or same room, but even slept under the same roof with a person in erysipelas. Here was a case under conditions apparently most favourable for the reception of the zymotic poison, yet the patient escaped. It might have been that the danger was comparatively slight on the fourth day, though this is questionable; or it might have been through insusceptibility to its influence.

Whatever be the explanation the fact remains that this patient unknowingly subjected herself to the danger of contracting a terrible malady and escaped from it.

Dear Sir, very truly yours,

CHAS. W. M'CARTHY, L.K.Q.C.P.I., L.R.C.S.I., &c.

Clonmel, March 25th, 1877.

THE PUBLIC HEALTH (IRELAND) BILL.

THE Irish Medical Association has been active in the consideration of the Bill which Sir Michael Beach is now pushing in hot haste through the House of Commons, and has taken energetic measures to have it modified, in order to make it more efficient as a sanitary enactment, and to secure for the sanitary officers their proper position under it. The Council of the Association has accordingly adopted the following petition, and has forwarded it to every sanitary officer in Ireland, with an urgent request for its immediate return with signature attached :—

To the Lords Spiritual and Temporal, the Knights, Burgesses, and Commons, in Parliament assembled.

THE HUMBLE PETITION OF THE DISPENSARY MEDICAL OFFICERS OF IRELAND.

Humbly Sheweth—That your petitioners are the Dispensary Medical Officers of Ireland, a body of members of the medical profession, exceeding 800 in number, entrusted with responsible and onerous duties under the Medical Charities, the Adulteration of Food and Drugs, the various Vaccination and Registration Acts :

That, under section 10 of the Public Health (Ireland) Act of 1874, your petitioners were, by virtue of their office as dispensary medical officers, without option or power of appeal, constituted sanitary officers for their several districts, with such additional salary as the sanitary authorities thereof might determine, with the approval of the Local Government Board, and were obliged to undertake such duties and functions as the Local Government Board assigned to them.

That your petitioners undertook the duties imposed on them by the Act without protest, believing that the spirit of the Act would be adhered to, and that in return for faithful and efficient services due recognition of their professional position, a careful definition of their duties, and adequate remuneration for the same, would have been secured in the administration of the Act.

That shortly after the Act was put in force, the Local Government Board, contrary to the spirit of the tenth section, themselves fixed a maximal scale of salaries to be paid by the local authorities to the medical officers for their skilled services under the Act; such scale of salaries being, in the opinion of your petitioners, quite inadequate remuneration for the duties required to be performed by them, as specified in an order of the Local Government Board, bearing date September 9th, 1874.

That, with very few exceptions, even the scanty maximal salary fixed by the Local Government Board has not been awarded.

Your petitioners therefore pray that the designation applied to them in clause 10 of the Public Health (Ireland) Bill, 1877, may be altered from "sanitary officer" to "medical officer of health," as in the corresponding Public Health Act for England.

They also respectfully, but firmly, ask that security should be given them for the payment of such salaries or fees as shall be commensurate with the onerous and responsible nature of their duties as medical officers of health; or failing the granting of such security, that the acceptance of office under the Public Health Act should not any longer be made compulsory on them as dispensary medical officers.

Further, that with a view of protecting them in the performance of their duties, the Bill should provide for the appointment of district medical inspectors, who shall be officers of the Local Government Board.

That adequate remuneration should be secured to the medical officer of health for attending and assisting in all legal proceedings in which their attendance and assistance may be required.

That a fixed and proper fee, not less than one guinea, should be secured under clause 150 of the Public Health (Ireland) Bill, 1877, for medical attendance on board ship; and under clause 154, for certifying for the removal of a body dead of any contagious or infectious disease.

And lastly, your petitioners pray your honourable House that the Bill be referred to a Select Committee, who shall also inquire into the working of the Sanitary Acts at present in force in Ireland.

And your petitioners will ever pray.

The requests of the petitioners are most reasonable, and entirely consistent with the efficiency and the reasonable economy of the public service; and having the claims of justice to officers and common sense in sanitary matters to back them, ought to receive not only the unanimous approval of the sanitary officers, but the support of the Irish Government and of the House of Commons. It is contrary to every principle of professional liberty that medical men should be forced to accept offices which, in many instances, they would rather not have; and, having been forced, should be paid almost nothing for their duties, and given to understand that their functions are but a sham.

If Sir Michael Beach cannot see his way to a thorough reform of the whole sanitary system of Ireland, he had better refrain from identifying himself with so discreditable a pretence of legislation, and let Irish sanitation be allowed to sleep until a Government takes the reins strong enough to do what is right in the matter.

We urge, in the most earnest manner, upon the sanitary officers to undertake a little inconvenience and trouble for a great public object, and a considerable private gain. Their whole influence will be required to obtain an amendment of the Bill, and that influence will be little regarded by the Government if it be seen that they are lethargic or self-interested in the matter.

THE DUBLIN INCURABLE HOSPITAL.

BY the death of Dr. C. F. Percival, the office of physician to the Incurable Hospital, Dublin, has become vacant. The candidates for the office are numerous, and amongst those named are Drs. Grimshaw, Mapother, Chapman, Peele, Fitzgibbon, and Finny. The duties of the office are, we believe, not very *exigeant*, and for them Dr. Percival received a salary of £140 a year. We understand that a *caucus* of a section of the Board of Governors

was held at the instigation of one of its most active members last week, at which the names of three candidates were selected as deserving of the votes of the governors present. It was also decided, we are informed, to support a reduction of the salary of the physician of the institution to £60, and to advance that of the surgeon to £100 a-year.

OFFICIAL UTTERANCES OF THE MEDICAL COUNCIL.

THE President and the Executive Committee of the Medical Council consider themselves—it would seem—authorised to fulminate on behalf of the Council at large, and—having done so—have brought upon themselves the reprehension of some members of the Council, who consider, with great reason, that *ex cathedra* utterances ought to proceed from the Council itself, and not from the President, or the Managing Committee. The dispute arose first at the Irish Branch Council on the 12th of March, in reference to a statement of Mr. Bourke in the House of Commons, that "a suggestion for the settlement of the question (*i.e.*, respecting foreign diplomas) had been made by the Medical Council of Education," and a resolution was proposed, "that this Branch Council beg to draw the attention of the President to the statement of Mr. Bourke, and to suggest to him the propriety of informing Mr. Bourke that he labours under an erroneous impression, inasmuch as the question has not yet come under the consideration of the Medical Council." Considering that Mr. Bourke's information was derived from the President himself, the hint given in this resolution was obvious. The resolution itself was defeated by the casting vote of the chairman, Dr. Apjohn. Immediately after the meeting of the Branch Council, the minutes of the Executive Committee reached the members, in which was contained a letter of the Registrar to the Board of Trade, in reference to the recognition of Canadian diplomas on board American ships. This letter stated officially, on behalf of the Medical Council, that the subject "is already under the consideration of the Medical Council." To such a statement certain members of the Irish Branch Council demurred, inasmuch as the subject was never heard of in the Medical Council, nor even in the Executive Committee, which met nearly three weeks after the letter was penned. Accordingly, a special meeting of the Irish Branch Council was called by requisition of two councillors, and a disclaimer of responsibility for the statement was submitted as a resolution. Sir Dominic Corrigan being absent through indisposition, there was again an even division of the Branch Council, and the chairman, Dr. Apjohn, decided, by his casting vote, that the protest of the councillors should not be forwarded as an adopted resolution.

The principle involved in these discussions is more important than may at first sight appear. The Government may be said, without disrespect, to know nothing of medical matters; indeed it has evinced its innocence of such subjects by notable bungling whenever it has attempted legislation without the advice of the profession. Naturally it looks to the Medical Council for this advice, and having a confidence which medical men do not share in the opinion of that body, it may probably take for medical gospel the official pronouncements emanating from it. If the President or Registrar venture to speak officially for the Council, every word they say will have its weight with those who do not know the Council as well as doctors do, and not only may great mischief be done thereby, but the Council may be pledged to the consideration of questions and the adoption of principles before they have any opportunity of forming an opinion on the subject. Although the Irish Branch Council has not actually sent forward deprecatory resolutions, the hint given to the President is opportune, and we hope will be acted on. The President ought to be the first to see the force of it, and to keep close guard upon his own pen and that of the Executive Committee.

SERIOUS MORTALITY IN DUBLIN.

THE death-rate of Dublin, which has been for many consecutive months almost uniformly above that of all the English and Scotch cities, has at length culminated this week in an advance of 58 in the mortality, and a jump of the death-rate up to 40·3 per 1,000 of the population. The increase has become so marked that the Registrar-General thinks an apology for the mortality necessary. In his report he says:—

With reference to the high death-rate it should be stated that the week was the coldest of the winter: the mean temperature (37·8°) was 6·2° under that for the preceding week, and 5·4° less than the average for the 12th week of the ten years 1867-76. As a consequence deaths of old people and of persons suffering from pulmonary affections were unusually numerous, 73 of the 244 deaths registered being those of persons aged 60 years or upwards, including 41 of persons who had passed the 70th year, 13 of whom were octogenarians. The mortality from diseases of the respiratory organs was excessive at all ages, 66 deaths having been caused by bronchitis. In London the death-rate was 26·6 in every 1,000 of the estimated population; in Glasgow, 37·2; and in Edinburgh, 23·1.

The observations of the Registrar-General may satisfy some persons as to the excessive mortality of the week, but it does not explain the persistent excess of the death-rate of Dublin over that of cities which have no pretension to an equally salubrious situation or an equally healthy population. The real fact is that Dublin pays a heavy penalty for its dirt. No sanitation is administered by a committee of the corporation, which tolerates everything except sanitary zeal. It is not too much to say that the executive authority of sanitation in Dublin is the patron of foulness and laziness in sanitary matters, and that patronage undoubtedly costs the citizens of "the secondcity in the empire" many hundreds of lives each year.

Royal Orthopædic Hospital.—The annual meeting of this institution, which was founded in 1838, for the treatment of club-foot, spinal, and other deformities, was held on Thursday, at the hospital. The Secretary read the report, which stated that the funds contributed towards the support of the hospital during the past year were not adequate to cover the necessary outlay for the year, there being a deficiency in the income and expenses account of £236. The number of patients admitted during the year was 1,349, making the total number admitted since the opening of the hospital 54,994. Two years ago the free beds were increased to thirty, in the hope that the public would support the institution liberally enough to warrant the increased expenditure. In the first year that hope was fully realised, and the additional patients were maintained gratuitously. The endeavour thus to obviate in some degree the disadvantages to which these afflicted patients had hitherto been subjected, in having to wait their turn for admission, had been steadily persevered in. The results for the past year was a perceptible diminution of the number of patients waiting for admission into the wards, but there was a serious deficit in the financial account for the year. The report concluded with an earnest appeal for increased support.

Analytical Reports.

By CHARLES R. C. TICHBORNE, PH.D., F.C.S., M.R.I.A.,
Lecturer on Chemistry, Carmichael School of Medicine; Chemist to the Apothecaries Hall of Ireland; Gas Examiner (Board of Trade); Honorary and Corresponding Member of the Philadelphia College of Pharmacy; Honorary Member of the Chicago College of Pharmacy, &c.

REPORT OF AN ANALYSIS OF RAKOCZY BITTERWATER. (OFEN).

(Imported by Messrs. E. GALLAIS and Co., London.)

THIS Rákóczy Bitterwater is imported from Ofen, in Hungary, the spring being situated a little south of that city. The water has been repeatedly analysed, and the present analysis was performed to determine, in the first instance how far the bottled water now in this country

agreed with the analysis of the original spring water, and also to determine what change, if any, had taken place, as all mineral waters are subject to considerable fluctuations in their composition.

The water is very complicated as regards the variety of salts present, and is extremely rich in mineral constituents. We have, for convenience of reference, given the composition in grains per 10,000 parts. It contains:

Sulphate of magnesium	250·37
,, sodium	208·23
,, calcium	66·76
,, lithium	2·07
,, potassium	0·67
,, ammonia	0·703
Chloride of sodium	23·14
Bromide of sodium	·074
Carbonate of sodium	4·34
,, lime	7·00
,, iron	·539
Silica	·516
Alumina	·27
Fluorine	Trace.
Carbonic acid gas	Not Determined.
Total Solids	564

The specific gravity at 60° F. was 1·0524.

It has been stated that one of the great points about this Ofen Rákóczy water is its great concentration—in fact, that it is the strongest magnesian mineral water known, and from our analysis this statement is perfectly correct, as we know of no spring giving 3948 grains per gallon. We make out this water to contain 32 grains per 10,000 more than the highest previous analysis, so that it seems to increase in strength. The celebrated Pullna spring only contains 327·7 grains per 10,000; the Rákóczy 564. Two points observed in this analysis and not given in any previous report is the presence of a small quantity of ammonium sulphate, and a trace of fluorine. Although it contains an ammonium salt, there is not a trace of albuminoid ammonia, which is of very considerable importance, because many of the mineral waters are intimately connected with surface changes in which organic matter plays an important part, and we have no hesitation in saying that if a number of the well-known German springs, were re-examined with our present knowledge of water analysis considerable indications would be observed of surface contamination. The iron was chiefly in the ferrous condition, and was held in suspension by the carbonic acid gas, and although it was partially deposited, on boiling for some time, no change could be observed in this water after standing for twenty-four hours in an open vessel. Another point of interest is the large amount of lithia. The water is a very strong aperient magnesian water, and is pure as regards arsenic and metallic impurities of a similar character. The irritating effects of the saline aperient will be greatly modified and combated by the large amount of alkaline bi-carbonates, whilst the carbonate of iron renders the water slightly tonic without being astringent.

REPORT ON THE MINERAL WATERS OF MESSRS. O'BRIEN AND CO., DUBLIN.

LEMONADE.

This effervescing beverage gave 38 grains of solid residue per fluid ounce, which chiefly consisted of ingredients procurable from the lemon, viz., citric acid, essential oil of lemon, sugar. It contained a small quantity of tartaric acid. It was highly aërated, and was perfectly free from lead and other metallic impurities frequently found in lemonade.

GINGER-BEER.

The residue of evaporation in this case gave very similar results to the above. It contained 48 grains per fluid ounce, consisting chiefly of tartaric acid, sugar, ginger, and a trace of capsicum. It is perfectly free from metallic impurities, and is highly carbonated.

SODA WATER.

This water contained 20 grains of bicarbonate of soda to each pint of aërated water. It was quite free from metallic impurities. So-called soda waters are very frequently simply aërated water, without containing any soda. It is evident that this is a genuine soda water, possessing antacid properties.

KALI WATER.

This was a similar water to the previous one, but in place of the bicarbonate of soda it contained 30 grains of bicarbonate of potash.

SELTZER WATER.

This preparation contained 12·3 grains of salts in the ten ounces. This residue consisted mainly of chloride of sodium, carbonate of magnesia, lime, and soda, with traces of sulphate of soda and potash. It, in fact, very much resembles the original spring in composition, except that the chloride of sodium is not present in the artificial water in such quantities as is stated to be found in the natural spring. It is extremely agreeable to the taste, and is highly aërated.

We consider all these waters remarkably good, not only as regards their purity, but what is also a very important point, they are well-made and palatable.

CHAMPAGNE CIDER.

The term "Champagne Cider" is a name applied by the same firm to an aërated beverage brought out by them. It resembles, in some respects, lemonade, but we cannot recommend it. It mainly consists of acetic acid and sugar, flavoured with amyl compounds (acetate and nitrite). Now, although these amyl ethers may be used in such very small quantities as to be harmless, on principle we must discourage the use of such deleterious compounds. Nor do we consider that the inventors have arrived at any particular success in this, to us, ugly concoction which would justify its recommendation on the score of pleasing fastidious palates.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Notice to Subscribers—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

Erratum.—In the abstract printed in our last issue of the second Lumleian lecture for the words in the diagram to illustrate triple pericardial friction

Ru 6, read Rub
Ru 6, ,, Rub
Ru 6, ,, Rub

To the Editor of the Medical Press and Circular.

Sir,—I shall feel much obliged if you kindly inform me through the medium of your columns what the cost of outfit to be borne by surgeons on appointment to the Army Medical Service (Indian), Army Medical Service (home), and Navy respectively.

Your obedient servant,
W. G. K.

[The cost of outfit in either case is about the same, £40, as the candidate for both services, when commissioned, or shortly afterwards, proceeds abroad.—Ed. M. P. & C.]

Harveian Society.—On Thursday, at 8 p.m., Mr. Carr Jackson, "On a Case of Traumatic Meningitis."—Dr. Farquharson, "On the Diagnosis and Treatment of some forms of Dyspepsia."

How to make Doctors Christians.—*The Christian Union*, which has, according to its own statements, an influential circulation amongst the leading families of all christian denominations, and which is anxious to obtain the patronage of the doctors and to make them constant readers, has expressed a willingness to insert a lengthy advertisement of medical works, &c., in each issue until the end of the year for the moderate sum of £2 10s. (*prepaid*). We might advise our contemporary that there are some excellent works on spermatorrhœa and other similar interesting medical subjects whose authors would be probably very willing to accept the handsome offer, and should the directors of the periodical be fortunate enough to receive an order to insert these advertisements more than one good end would be gained by it, for, in addition to christianising the authors of these little works, a thing by the way very much to be desired, it would inform lay readers where and how they may be cured of troublesome diseases, whilst at the same time the long technical terms so constantly occurring in the advertisements would be a never ending source of amusement and instruction to the readers, most of whom, we believe, are ladies, and who will then never be at a loss for a puzzling word in the "drawing-room spelling game."

VACANCIES.

Gravesend and Milton Union.—District and Workhouse Medical Officer. Salary, £85 per annum, with extra fees. (See Advt.)

Cork South Charitable Infirmary.—One Surgeon and two Assistant Surgeons. Applications to the Secretary. (See Advt.)

Limavady Union.—Medical Officer for the Belluvena District. Salary, £100, with £15 extra as Sanitary Officer. (See Advt.)

Bristol Lunatic Asylum.—Assistant Medical Superintendent. Salary, £100, with board and residence. Applications to the Chairman of Committee, at Stapleton.

Buckingham General Infirmary.—Resident Surgeon and Apothecary. Salary, £100, with board. Testimonials to Mr. G. Fell, Solicitor, Aylesbury.

Manchester Clinical Hospital for Children.—House Surgeon. Salary, £80, with board. Applications to the Medical Board at the Hospital.

Bethlem Hospital.—Two Resident Medical Students. Board, &c., provided. Applications, with testimonials, to Mr. Jeaffreson, at the Hospital, Blackfriars, S.E.

Carmarthen County Infirmary.—House Surgeon. Salary, £125. A knowledge of the Welsh language desirable. Address the Secretary, 58 King Street, Carmarthen.

Deaths.

Alexander.—On March 20, at Longbenton, Northumberland, James Alexander, M.D., aged 84.

Barnes.—On March 26, at Gower Street, Bedford Square, W.C., John Wickham Barnes, sen., Surgeon, late of Bath, aged 83.

Brady.—On March 15, at Falcaragh, co. Donegal, Geo. Frazer Brady, F.R.C.S.E., aged 57.

Brookes.—On March 28, at 7 Red Lion Square, London, W.C., Benjamin Brookes, M.R.C.S.

Cocks.—On March 25, at Eastbourne, Thomas Cocks, M.R.C.S.E., aged 59.

Cranke.—On March 28, at Fountain Street, Ulverstone, the wife of John Cranke, M.R.C.S.

Dorward.—On March 12, at Blackford, Perthshire, Arthur Wellesley Dorward, L.F.P.S.G., aged 36.

Ede.—On March 24, at Avenue Road, Bexley Heath, John Robt. Ede, M.D., late of Islington, aged 62.

Henderson.—On March 28, at 53 Albemarle Street, London, Charles W. Henderson, M.D., late Bengal Medical Service, aged 65.

Richards.—On Feb. 14, at George Town, Demerara, of dysentery, H. E. Richards, M.D., M.R.C.S., late of Dawley Magna, Shropshire.

Scholfield.—On March 22, at Bath, Henry Daniel Scholfield, M.D., aged 60.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 11, 1877.

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Original Communications.

ON PHARMACOLOGY AND ITS RELATIONS TO THERAPEUTICS. (a)

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The lecturer divided his subject into four sections—1st. The reasons why therapeutics has made such slow progress in the past, as shown by the history of medicine. 2. The methods by which it is at present advancing. 3. Some of the most important results obtained by the use of these methods. 4. The prospects of therapeutics in the future.

In the first section the lecturer began by comparing ancient with modern medicine, and showing that in some points little advance had been made upon the practice of the Greeks and Egyptians. The sciences of astronomy, chemistry, and physics, on the other hand, have made great progress. The reasons for the slow progress of medicine are two. The first is that it is complicated and difficult. It depends upon pathology and pharmacology, which, in their turn, depend upon physiology, and it again depends upon chemistry and physics. Until chemistry and physics advanced to a certain degree, physiology could not go on, and medicine was therefore kept back.

The second reason for the slow advance of medicine is that for many centuries it has been studied by wrong methods. These methods are of three kinds—1. Where the disease has been attributed to unseen powers, gods or spirits and means have been sought to influence them. 2. Where disease has been attributed to some disturbance of the mechanism of the body, but where the physician's ideas regarding that mechanism, as well as regarding the action of his curative measures upon it, have been erroneous. 3. Where disease has been attributed to some disturbance in the mechanism of the body, and where the physician's ideas regarding that mechanism as well as the action of his curative measures upon it have been rendered more or less correct by means of experiment.

The last method is a right one, but the first two may be compared to the childish practice of making believe. This practice consists in forming a conception in the mind and acting upon it as if it were true, when there may be not the slightest accordance between it and the real condition of things. The child "makes believe" that its doll is good and pets it, naughty and punishes it, or sick and nurses it. For centuries physicians have followed the practice of the child and "made believe" regarding the anatomy and physiology of the body, the nature of disease, and the properties of drugs. The early Christians, and also the Church in the Middle Ages, following the doctrines of the Greek philosophers and the Jewish Kabbalah, "made believe" that diseases were caused by evil spirits. They "made believe" that these spirits could be driven away and the disease cured by amulets, relics, and prayers to saints. They also supposed that various undefined sympathies, relations, and powers existed between man and the stars, lower animals, plants, and metals. A man's fortune in life depended on the star under which he was born. The result of an undertaking could be foretold from the position of the planets. It was most important that medicines should be prepared and administered exactly at the time of a particular planetary conjunction. A sympathy was also supposed to exist between a wound and the sword or other weapon with which it had been inflicted, so that, by applying a salve to the sword and carefully leaving the wound alone it would heal. But if an enemy became possessed of the weapon, he could so treat the weapon as to cause the wounded man to suffer

(a) Abstract of the Goulstonian Lectures.

intolerable pain. A similar belief is not quite extinct even yet, for many persons still think that if a dog go mad after it has bitten a man he runs a risk of getting hydrophobia, and they, therefore, kill it to avert the danger. It is not much more than a year ago that a man in the Midland Counties killed a poor woman by whom he thought himself bewitched. Nay, more, we daily use in our prescriptions a sign which, although now intended, for recipe, was formerly the sign of the planet Jupiter the cross in its tail bearing witness to its origin.

The doctrine of relations received a new impetus from Paracelsus, who, in particular, gave prominence to the imaginary virtues of magnets, and applied them to the body as a means of cure. He supposed that the body itself also possessed a kind of magnetic power by which the sick could infect the healthy. His follower, Van Helmont, also believed in a magnetic power of the body, capable of such external action that he himself was often able by his mere presence to cure the sick and to impart peculiar virtues to medicines by his will. These ideas were adopted by various authors, but received their full development at the hands of Mesmer and Hahnemann. The former, by the application of magnets, afterwards by passes of the hands, and latterly by mere contact through a rod, was able to produce many extraordinary effects upon his patients, which he attributed to magnetism, but which we now ascribe simply to suggestion. The latter propounded the doctrine that diseases may be cured by small doses of those drugs which, in the healthy man, produce symptoms similar to those of his disease.

This principle, *similia similibus curantur*, is recognised by Hippocrates, who remarks that, under certain circumstances, purgatives will bind the bowels, astringents will loosen them, and substances which cause cough and strangury will also cure them. But the Father of Medicine also admitted the other doctrine, *contraria contrariis curantur*, and Hahnemann not merely rejected this, but launched out into the wildest vagaries. He was not content with making his doses so small as to obviate the slightest risk of producing symptoms like those they were intended to cure, but reduced them to an infinitesimal amount; imagining, however, that what he lost in quantity he gained in quality, by imparting to the drugs through repeated trituration a mysterious potency which Van Helmont had fancied he could do by the simple exercise of his will.

The fancies of physicians regarding the nature of composition of the body and the alterations in it which cause disease may be divided into three classes, according as disease has been ascribed to alterations in (*a*) the liquids, (*b*) the solids of the body, or (*c*) a formative power or spirit, which modifies both the solids and liquids.

Alterations in the fluids of the body were regarded as the causes of disease in the humoral pathology, with which, in later times, the chemical pathology became closely connected. Alterations in the solids took the place of the liquids in the solidist and mechanical schools; and changes in the formative principle, under the various names of nature, pneuma, vital spirit, Archæus, vis medicatrix, &c., were regarded as the essential of disease by the pneumatic school and vitalists. In the writings of Hippocrates we find the humoral pathology well illustrated, and accompanied by the germ at least of the vitalistic pathology, although Hippocrates seems only to have received them from his predecessors, to have himself been but little influenced by theory, and to have practised chiefly by the light of experience. Adopting the idea of Empedocles, that there are four elements, fire, air, earth, and water, he considers that there are four corresponding qualities, heat, cold, dryness, and moisture, and four corresponding juices or humours, blood, phlegm, yellow bile, and black bile. The heart is the seat of the blood, the brain of the phlegm, the liver of the yellow, and the spleen of the black bile. Besides these, there is a principle pervading and modifying them all, which he calls nature, and which he regards as the healer of diseases. So long as the juices remain in their proper places and are in due proportion to one another there is a condition of health; but when they become disproportioned to one another, or leave their proper places, disease is the result. It is curious that the bile, which even in the present day has more sins laid to its charge than any other secretion of the body, was the first to be accused of causing disease. According to Anaxoras, it left its proper place, and, passing into the lungs, pleura, and blood-vessels, gave rise to all acute maladies. The successors of Hippocrates gave less heed than he to the teachings of experience, and allowed themselves to be carried away by theories. Some confined their attention to the fluids as the chief cause of disease, and, teaching their speculations as facts, founded the dogmatic school. Others regarded the formative principle as the most important agent, and from them issued the pneumatic school. This principle or spirit was considered to be something apart from matter, but underlying it and determining its form and condition. The successors of Hippocrates regarded this principle, which they termed pneuma, as the motor power of the body and identical with the soul. Plato supposed it to come from the air, and assigned certain ways by which it could get to the heart. Erasistratus divided this spirit into two: the psychical soul, *spiritus animus*, and the vital soul, *spiritus vitalis*. To these Athenæus, the founder of the so-called pneumatic school, added a third, the physical spirit, and alterations in them he considered to be the causes of disease. These terms are still in daily use, though few of us suspect when we say that some one is full of or has an excess of animal spirits, that we are using an expression more than fifteen centuries old.

Alterations in the solids of the body were little regarded as causes of disease until the time of Asclepiades, 300 years after Hippocrates. Following Democritus and Epicurus, he regarded the world as composed of atoms of different sizes, which never came quite close together, but left between them pores of various widths, in which finer atoms played freely about, and in the free and unembarrassed movements of which the condition of health consisted. Disease was due either to stoppage of the atoms or variations in the size of the pores. The simplicity of this doctrine gained it ready acceptance, and led to a method of cure equally simple, the adherents of which formed the methodic school. Diseases depending on contraction of the pores were to be cured by relaxants, and those depending on contraction by astringents. This doctrine also has survived to our own day, and I have heard a Turkish bath regarded as beneficial, and a purgative as rendering one liable to catch cold, because they opened the pores, the person who employed the phrase seeming to be quite unaware that he was talking not so much of anatomical facts as of the fanciful doctrines of two Greek philosophers promulgated before the Christian era.

Many physicians selected from each school what they considered best in it, and, uniting the practices of all, founded another school—that of the eclectics. The opinions of the methodic school were rejected by Galen, but, nevertheless, seem to have affected his pathology. This was, however, chiefly based on the humoral system, and partly on the vitalistic. Like Hippocrates, he attributed most diseases to the four juices of the body, and, like him, used emetics, laxatives, and revulsives to remove the offending humours or change the direction of their current. These revulsives were intended to draw out the offending humours from the body, or at least away from the part of the body into which it was supposed to have wandered and to be doing harm. Purgatives were used for this purpose; but the most powerful revulsive was venesection, the blood being regarded as a more usual cause of disease than the other juices. In spring its quantity was supposed by Galen to be increased, and it is in all probability to his ideas that we may trace the custom which prevailed in some parts of this country until a few years ago, of all adults indiscriminately submitting to the loss of several ounces of blood every spring, often by the hands of the farrier or barber. Galen was the last

founder of a system of medicine before the fall of the Roman empire, and his doctrines and practice, modified by the mysticism and magic of the Middle Ages, were regarded as of almost Divine authority until about the time of the Reformation. At the end of the fifteenth century the Turks conferred an inestimable benefit on Europe by taking Constantinople and driving the Greeks to take refuge among the Western races. One consequence of this was that the banished Greeks brought with them the original Greek versions of those ancient medical writings so much reverenced by the Westerns, although known to them only through corrupted Latin versions. On comparing these translations, previously so venerated, with the originals, many discrepancies were discovered, and men were thus led to doubt the correctness of the statements made in either the originals or the copies, and to appeal to nature to settle the dispute. The most noted opponent of the Galenical doctrines was Paracelsus, who, in the course of a wandering life, had consorted with alchemists, miners and metal workers, fortune-tellers, and wise women. In his writings the doctrines of the early Greeks are to be found, modified, apparently, by the influence of his strange associates. In place of the fire, air, earth, water, and nature of Hippocrates, Paracelsus puts sulphur, salts, mercury, and a vital spirit. He regarded fermentation, or, as he terms it, putrefaction, as important both in the generation of new beings and the digestion of food. Both the spiritual and chemical element in his doctrines were developed by his successors, the *spiritus vita* being found again in the archæus of Van Helmont, and the anima of Stahl, while notions of fermentation and chemical processes are prominent in the writings of Van Helmont, Sylvius de la Boe, and Willis. The chemical system was for a while displaced by the mechanical one, which was founded by Asclepiades and Themison, but having been rejected by Galen had few or no adherents during the Middle Ages. It was revived in another form by Borelli, who discarded the atoms, but retained the pores, and fancied disease to be due to stoppage of the openings of nerves in the skin and glands by a glutinous matter, so that nervous juices, which he supposed to exist were retained. These retained juices underwent fermentation, and caused fever. Boerhaave combined the humoral and solidist pathology, and regarded changes in the circulation, produced by alterations in the solids, as the causes of disease. The mechanical notions regarding rigidity and relaxation of the fibres became modified by Haller's demonstration of the irritability and inherent contractile power of muscular fibre, apart from the nervous system, but influenced by it; and Hoffmann, consequently, divided diseases into those due to spasm and those due to atony. A great advance was made by Brown, who recognised the vital functions as the result of the reaction against stimuli, and divided diseases into sthenic and asthenic, according as the reaction was defective or excessive. His doctrines were adopted and somewhat modified by Rasori, who replaced the terms sthenic and asthenic by *diathesis de stimulo* and *diathesis de contra-stimulo*. These were not to be recognised entirely by symptoms, but by the reaction of the body to certain drugs, and especially to venesection. If venesection did good the disease belonged to the *diathesis de stimulo*, if not, to the other. The excessive or defective reaction, which Brown regarded as a character of the whole body, was limited by Broussais to parts, and stimulants were considered by him to have a different action according as they were applied to the part affected or another. In the first case they were stimulants, in the second revulsives. Brown regarded the asthenic as the common type of disease, but Rasori and Broussais took the other side, and contra-stimulants (such as large doses of tartar-emetic and bleeding) were their favourite remedies—remedies so destructive that it has been computed that Brown's doctrines have, through the hands of his followers, directly or indirectly, cost more lives than the French Revolution.

(To be continued.)

Pathological Anatomy of the Brain.

LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Chapter XVIII.

Gentlemen,—We must here introduce some particulars relative to the symptom *hemiopia* and the presumed anatomical cause of its production.

You know that the existence of this singular phenomenon, so many times observed clinically, has for a very long time suggested an anatomical hypothesis, viz., that, in man, the optic nerve did not completely cross at the chiasma, but *semi decussated*. This is an old idea, generally attributed to Wollaston, but the truth is that Newton had started it in 1704, and that in 1723, Vater had in this manner explained three cases of hemiopia which he had observed. Let me remind you in what it consists.

Among the nerve tubes constituting the optic tracts and nerves, we have to distinguish those which crossed in the chiasma and those which did *not* cross. These last *non*-crossing nerve tubes occupied the outer side of the tract—of the commissure, of the nerve, of the retina, and of the same parts, the crossing fibres occupied the inner side. The result of this disposition is that the *non*-crossing fasciculi of the *left* tract, would supply the *left* side of the *left retina;* while the crossing fasciculi of the same tract would supply the left retina of the right eye, the distribution of the fasciculi in the right optic tract taking place, you see, on the same plan but reversed.

In other words the fasciculi composing the left optic tract would be directed to the left side of each retina, and the reverse for the nervous fasciculi coming from the right optic tract.

We must remember that all this is (anatomically) pure hypothesis. If many authors, Hannover, Longet, Cruveilhier, Henle, and Gudden, have thought that they could support it by anatomical proofs; there are others, as Biesiadecki, Mandelstamm, and Michel who contradict, and appealing to arguments of the same kind, have endeavoured to show that the nerve fibres of the optic nerves *cross completely* in the commissure. At present, the question is far from being settled.

The *semi-decussation*, then, is only suppositional, but it is the best theory, by far, for accounting for clinical facts. If you look at a diagram of the commissure representing the supposed mode of decussation, you will see how well it interprets different forms of hemiopia.

Now let us at once enter upon *unilateral homologous hemiopia*, the only form which (the authors say) could arise as the direct result of a cerebral intra-cerebral lesion. It is clear that, according to the theory, a lesion seated in the left optic tract in such a manner as to interrupt the fasciculi (those *crossing* and those *not* crossing in the commissure) would have the effect of affecting the left half of each retina; it would either impair, or completely suppress the extent of the visual field of the *right side* (right lateral hemiopia).

Left lateral hemiopia would occur (on the other hand) as a sequence of a lesion affecting in the same way the *right* optic tract.

Thus, *theory:* in *fact*, there are numerous instances to show that in reality lateral hemiopia is the result of a lesion affecting one of the optic tracts. The result is the same wherever the lesion may be—from the origin of the tract in the corpora geniculata to the termination in the chiasma. Lateral hemiopia should be otherwise produced not only by the fact of a lesion of the tract itself, but also by right of vicinage, in consequence of lesions, tumours, or hæmorrhages developed in parts which are in, more or less immediate relation with the tract, such as the inferior layer of the peduncle.

The other forms of hemiopia are not more difficult to interpret—a lesion, a tumour, for instance, situate on the middle of the commissure, in such a was as only to affect the

crossing fibres, should paralyse the left half of the right retina, and the right half of left retina, and thus produce what is called *temporal* hemiopia. M. Saemisch has been able to make this diagnosis in a case during life, and to prove its correctness *post-mortem*.

On the other hand, *nasal* hemiopia characterised by the suppression of the middle part of the visual field, is produced if the course of the direct fibres are alone interrupted at the level of the commissure, for instance, in consequence of lesions occupying symmetrically the opposite sides of the chiasma. You would imagine that to be a very rare lesion, but there are some recorded instances, one carefully described by M. Knapp. The case was one of compression at the points mentioned, by enlargement and induration of the anterior cerebral and posterior communicating arteries, caused by atheromatous disease.

I shall not dwell longer on these forms of hemiopia which only concern us indirectly, but shall return to *lateral hemiopia*.

This kind of visual trouble, a well-established disorder, is the necessary result of lesion of one of the optic tracts; it is also, as is generally stated, the necessary consequence of a lesion touching the optic nerve fibres, in their deep course within the substance of the brain? In my opinion, clinical and pathological knowledge are opposed to that assertion; I can only repeat what I have said, viz., I do not believe that at present any evidence exists, to show

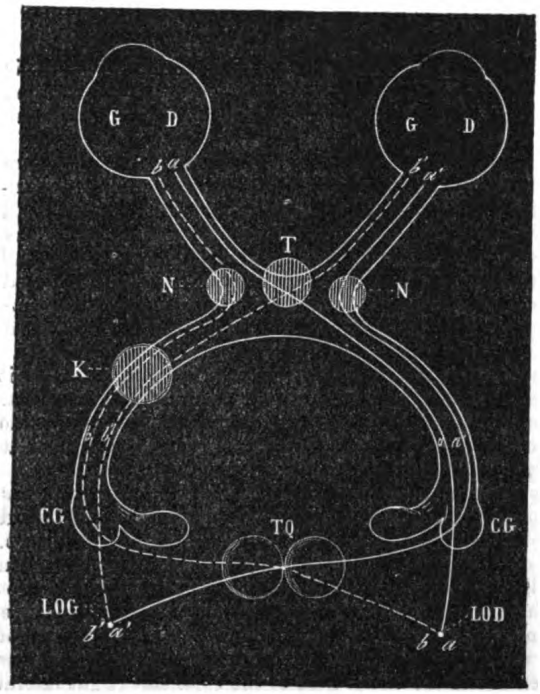

Diagram to explain the phenomena of lateral hemiopia and of crossed amblyopia.—T. Semi-decussation in the commissure. T Q. Decussation behind the corpora geniculata. C G. Corpora geniculata. a' b. Non-decussating fibres in the commissure; b' a. Fibres decussating in the commissure; b' a'. Fibres proceeding from the right eye to a point in the left hemisphere. L O G—L O D. Right hemisphere. K. Lesion of the left optic tract, producing right lateral hemiopia. L O G. A lesion at this point would produce right crossed amblyopia. T. Lesion producing temporal hemiopia. N N. Lesion producing nasal hemiopia.

that lateral hemiopia has been developed by an intra-cerebral lesion, *without any involvement of the optic tracts;* although cases are recorded in which lesions of the posterior part of the internal capsule or of the foot of the corona radiata have, with hemi-anæsthesia, produced crossed *amblyopia*, a very different thing from *hemiopia*.

As this is so, how are we to understand from the diagrams (of the optic tracts, commissure, &c.), this as a *cerebral* lesion, while recognising that hemiopia is an *optic tract* lesion?

To reach this result, it is enough to make a slight alteration in the common diagram of semi-decussation. It is commonly admitted that the nerve fibres coming from the right and from the left eye, composing each of the optic tracts, continue their course beyond the corpora geniculata, without any reinforcement, until deep in the hemisphere of that side; and this view agrees with the prevalent idea that a lesion of the optic nerve fibres, in their intra-cerebral course, is tantamount to a lesion of the optic tract, and consequently produces hemiopia.

I propose to admit, on the other hand, that only those fasciculi of the tracts which cross in the chiasma, carry out their course in the substance of the brain indifferently, without any fresh crossing, while the direct fasciculi undergo a complete crossing, beyond the corpora geniculata (before penetrating the substance of the brain), at an intermediate point in the median line, perhaps, in the corpora quadrigemina.

It results from this arrangement that the fasciculi (a' b') joined, let us say at some point in the cerebral hemisphere, represent the whole of the fibres coming from the retina of the right eye, and that the fasciculi (a b) represent the whole of the fibres from the left eye. The course of the optic nerve fibres thus, as far as their deep course is concerned, is in some sort conformed to the type of complete decussation, and one can understand that in an apparatus so constructed, while a lesion of the *tract* causes lateral hemiopia; a deep lesion in the substance of the hemisphere will produce crossed amblyopia.

I put forward this hypothesis for what it is worth; at present it rests on no anatomical data. It furnishes, if I am not mistaken, an easy means for presenting in a simple manner, most complex facts revealed by clinical medicine.

NOTES OF CASES
OF
GONORRHŒAL OPHTHALMIA IN A NEWLY-BORN INFANT,
WITH REMARKS ON THE RELATIONS OF
GONORRHŒA TO SYPHILIS. (a)

By Frank Thorp Porter, L.R.C.S.I., L K.Q.C.P.I.,
Demonstrator of Anatomy Ledwich School of Medicine.

The subject of Gonorrhœal Ophthalmia is at any time pregnant with surgical interest, but is still more so, when it seeks its victim in the newly-born infant.

I will be brief in stating the history of the case, from which I will deduce certain conclusions open to discussion.

My object is to elicit opinions on the diagnosis and treatment of gonorrhœa, its relation to syphilis, and on the merits, or more properly speaking, the demerits, of the mercurial treatment of the latter affection.

The following facts, which I have observed with the utmost diligence and exactness as to details, constitute the history of the case.

On the afternoon of the 25th of January last, I was summoned to attend the wife of a well-to-do artisan. She had completed the full period of her second pregnancy, and, after a tedious labour, gave birth to a daughter. On examining the face of the little stranger, I noticed that the lids of both eyes were tense, agglutinated, and extremely tender to the touch. The child seemed to be otherwise in sound health. I ordered warm stupes to the eyelids, and a small dose of castor-oil internally, looking at the time on the case as one of ordinary "Ophthalmia neonatorum." I was soon undeceived; both eye-balls became one mass of inflammation, accompanied by copious suppuration. I applied a weak solution (2 grs. ad. $\bar{3}$j.) of nitrate of silver, and administered a little grey powder as an alterative. The strength was maintained with chicken broth, and three-drop doses of brandy every two hours. This treatment was followed up by the application of tinc. of opium, alum, and oak-bark to the eyes, which recovered in five weeks, although the child still suffers from occasional photophobia.

Suspecting that there was some cause to account for

(a) Read before the Surgical Society of Ireland. The debate will be found on page 286.

the severity of the symptoms, I questioned the mother, who gave me to understand that she had been diseased by her husband some weeks prior to her delivery. On close examination I detected seven sores near the orifice of the vagina, and there were a couple of indurated glands in the left groin. A slight roseolar rash set in after delivery, but was of an evanescent character; the tonsils were healthy, but there was superficial excoriation along mesial line of pharynx.

The treatment consisted in the application of 40 grs. ad. ℥j. solution of nitrate of silver to the chancre, bark and chlorate of potass internally; generous diet was allowed, the parts being at the same time constantly bathed with blackwash. The woman has made a fair recovery, but suffers from the effects of an intercurrent attack of cellulitis.

The husband fully admitted the truth of his wife's statement to me, but said that he had only contracted a clap, which got well in a week. At all events, there was no syphilitic appearance about him.

I know of no disease more difficult to diagnose with accuracy, and to treat with success, than that obstinate affection, gonorrhœal ophthalmia, when it occurs in an infant. It is readily enough detected in the adult, but not in the case of a little being who can tell no previous history, and whose parents may be too abashed to tell the truth. It is certainly of some importance to be able to diagnose so contagious a malady, and I am particularly anxious to elicit opinion on this point.

If there is no deception or oversight on the part of the husband, the fact of a man with gonorrhœa infecting his wife with syphilis, and she in her turn infecting her child with gonorrhœal ophthalmia, many would consider a strong proof of Hunter's doctrine of the identity of the two diseases. Dr. Labatt, however, in his work on "Venereal Diseases," explains the conclusions arrived at by John Hunter, by assuming the existence of urethral chancre. I met one well-marked case, which apparently corroborated Hunter's view. About two years ago a young man consulted me for an ordinary attack of balanitis; there was no trace of an ulcer at his first visit. I dressed the part so as to keep the discharge *constantly in contact with the surface.* An ulcer, followed by buboes and constitutional syphilis, rapidly supervened. The longer I study the subject, the more I am inclined to consider the views of John Hunter and the late Mr. Wallace most plausible in regarding gonorrhœa as catarrhal syphilis.

The circumstance of the child's escaping from any syphilitic infection, notwithstanding its exposure to contagion, is another point of interest, which might perhaps be accounted for by assuming that the more advanced period of utero-gestation afforded a protective influence not exerted in the earlier months.

The late appearance of the rash in the mother, and its evanescent character, would tend to strengthen the view that pregnancy lessens the force of secondary symptoms, owing to the vascular and nervous energies being for the time concentrated on the uterus.

I am opposed to the use of mercury for the following reasons, viz.: 1. It is bad practice to treat one poison by introducing a far worse one. 2. Mercury has, probably, through causes acting on generations, lost any influence for good that it ever had possessed. 3. The benefit of the treatment is dearly bought, when we reflect that we must run the almost certain risk of defibrinating the blood, and thereby paving the way for many diseases. 4. Even admitting that mercury is beneficial, it must be conceded that a remedy which requires so much precaution in its exhibition is ill adapted to persons exposed to the effects of damp, intemperance, bad drainage, and insufficient nourishment. Its use in general practice, with the working classes especially, should be rigidly avoided by any practitioner of discretion. The only rational treatment of syphilis must be based solely on a knowledge of its natural history. I think, therefore, it would be a wise course to isolate a number of select cases of syphilis, which manifested a tendency to self-cure, and to observe the course taken by nature in her curative efforts. Such an experiment would be invaluable as a basis for future guidance. I once made an attempt on this principle in connection with the treatment of bubo. Two young men came under my observation, both having chancres, followed by buboes; in both cases the buboes evinced a natural tendency to suppurate. I encouraged suppuration in one case, and retarded suppuration in the second. In the first case no secondary symptoms set in; in the second case there were very severe secondary symptoms. Cases like these lead to the conclusion that the suppuration of a bubo is an effort on the part of nature to eliminate to some degree the poison, and that we ought not to retard such suppuration. In the treatment of syphilis we should bear ever in mind that its force may be modified by its being engrafted on other diseases. As an illustration of this the following case may be of interest. About four years ago I was consulted by a young man who went through all the stereotyped treatment of syphilis. I noticed, however, that in addition to syphilitic taint, there was a tendency to gôitre and other well-marked scrofulous appearances. I at once caused him to give up all special syphilitic treatment; put him on generous diet, cod-liver oil, and iron, and sent him to the country; in three months all trace of syphilis and scrofula were gone. I have no doubt that many cases of syphilitic phthisis are caused by mercurial treatment, in cases where syphilis is engrafted on scrofula. The same evil may no doubt be induced by the prolonged stay of patients in an overcrowded hospital.

Clinical Records.

THE MATERNITY HOSPITAL, PARIS.

Spontaneous Rotation of the Head during Labour, such rotation not being followed by a similar movement of the Body.

By P. BUDIN.

(Translated from *Le Progrès Medical* by T. M. DOLAN, L.R.C.P.E.)

I RECENTLY communicated to the Biological Society a circumstance observed by me whilst resident at the Maternity, and which seems to present some points of interest in connection with the physiology and practice of labour. In the majority of cases, happily, the child presents with the vertex; thus the occiput may be directed forward and to the left, or it may be termed backwards and to the right. When the latter position exists, as a general rule, labour takes place in the following manner:

The occiput, by a mechanism which is not yet completely explained, executes from behind forwards a rotatory movement, so that it is placed under the symphysis pubis, thus describing almost a half circle. Thus, in the last generation, an English accoucheur, a great observer, Smellie, recommended when an occipito-posterior presentation labour did not terminate spontaneously the application of the forceps, and by its aid to cause the head to execute artificially this rotatory movement. This practice, neglected after his time, has been revived in France by P. Debois, Danyard, De Paul Blot, Tarnier, Bailly, &c., &c. Other accoucheurs, Stollry, Chassaguy, Villeneuve—only to speak of Frenchmen—protest on the contrary against this operative procedure and consider it dangerous. They fear that if the membranes were ruptured some time the trunk would not follow the rotatory movement impressed on the head, and that luxation of the vertebral column and consequent death of the child might be produced. This accident, so formidable in theory, has never been here signalised in practice.

The following circumstance, very carefully observed, will, perhaps, throw some light on the point in dispute:

On Oct. 15, 1875, at 8.15 a.m., I entered the confine-

ment ward of the Maternity where many women were in labour. The first I examined was named G. A. B——, æt. 23, second pregnancy. At 1 o'clock, a.m., she was awakened by a portion of the discharge of the fluid amniotic, and since then had pains at moderate intervals. By palpebral examination I found the head in the hollow, the breech above, the back behind and to the right, and the members in front. On auscultation I heard the fœtal *bruit* most marked behind and on the right. By touch I found the os open to a less size than the palm of the hand, the sagittal suture was placed following the oblique left diameter of the pelvis, and the occiput was felt behind and to the right.

I had then a vertex presentation. The pupil in charge assured me that the pains appeared very regularly and strong every four or five minutes. I left the woman to examine another, when in a few moments he called out "come quickly, the patient is about to be confined." To my astonishment I found the head was emerging under the symphysis pubis. I examined and found at that point the occiput. Thus, dilatation of the os was achieved, the head had descended and executed its rotatory movement with extreme rapidity. As soon as the pains had gone and the abdominal walls were relaxed I again made a palmar examination. The members of the fœtus were in relation with the anterior abdominal walls, the back remained behind. Fresh pain came on, the head disengaged itself completely, following its sub-occipital diameter, the sub-occipital region taking a point of support—on the inferior border of the symphysis pubis. But scarcely had the head completely advanced when it turned on the right side and described suddenly a complete half circle and placed itself in relation with the anus, remaining in this position.

Some minutes later a new pain came on, the occiput turning like a top always to the right, accomplished at first from behind forward the arc of a circle, which placed it in an oblique anterior position. Then a new movement from before backwards placed it transversely in direct relation with the right thigh, whilst the left shoulder was placed under the symphysis pubis. Two minutes afterwards another contraction took place, the shoulders disengaged themselves and the trunk came out. Evidently in this case the head, having arrived on the perineal plane, had executed a rotatory movement which had brought the occiput under the symphysis pubis. But this rotation did not cause a similar movement of the body, since, on the one hand I felt by palpitation the members of the fœtus directed forward, and, on the other hand, the head having emerged from the genital parts and become free, the occiput, in consequence of a veritable movement of detorsion, had placed itself directly behind in relation with the anus.

The new motion which had thus brought the occiput in relation with the right thigh was consecutive to the rotation of the body, the left shoulder being engaged under the symphysis pubis. I tied and divided the cord and took away the child.

On examination I saw that the head was very movable, and that it was easy to impress on it a rotatory movement, so that the face, directed backwards, had the chin almost on the same line as the vertebral column. This motion was induced slowly and at different times to the astonishment and terror of the pupil midwives who saw me thus twist the neck of the child. As for it, it experienced, without doubt, neither inconvenience nor pain, for it breathed freely and did not cry. It was well formed and of normal size, weighing 3,500 *grms.* When it was taken to the nursery five days afterwards it was in an excellent state of health.

Here, then, we have an indisputable fact in which was observed complete spontaneous rotation of the head without similar rotation of the body.

The consequences so formidable to certain accoucheurs, and deemed so fatal, did not occur; in fact, there has never been a single case cited in practice in which an accident has been the consequence of the movement of rotation being impressed on the head by the forceps. Besides, Prof. M. Tarnier has demonstrated by experiment—

1st. That the movement of rotation does not pass only into the antho-axoid articulation but into a great part of the spinal column.

2nd. That this rotation does not compress the spinal cord ("Nouveau Dict. de Med. et de Chirurg.," Pratique Article Forceps, t. xv., page 384). "It follows," says he, "from numerous experiments I have made on the bodies of children newly-born that when we make the head execute a rotation of half a circle, bringing the chin on a level with the back, and consequently the occiput on a level with the sternum—keeping the shoulders immovable—this movement not only acts on the antho-axoid articulation but also on the cervical and part of the dorsal vertebræ.

"This experiment cannot be made but by the employment of great force, and, nevertheless, minute dissection has not revealed any appreciable lesions of the membranes or spinal marrow. But some may say if the vertebræ are twisted the canal ought to flatten and compress spinal marrow.

"To meet this objection I have performed other experiments in which I substituted for the spinal marrow a column of liquid which could overflow into a glass-tube placed in the interior. Compression of the canal caused the liquid to mount into the tube, but in making the head execute a half rotation the liquid remained still As counterproof I bent the head very forcibly and the fluid immediately overflowed into the tube.

"I confess that I did not expect this last result, but it has convinced me that exaggerated rotation exposes us less to the danger of compression than the considerable flection resorted to to disengage the occiput in occipito-posterior position."

We cannot of course draw definite conclusions from one fact. Yet, from the experiments of M. Tarnier, we may conclude "that torsion of the neck is not so formidable as certain authors believe, whilst my case shows that rotation of the head is not always the consequence of primary rotation of the shoulders."

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

Continued from page 268.

A MEETING of this Society was held on Friday, March 16th, 1877, Mr. RAWDON MACNAMARA, senior member f Council of the Society present, in the Chair.

Dr. F. T. PORTER read a paper entitled

NOTES OF A CASE OF GONORRHŒAL OPHTHALMIA IN A NEWLY-BORN INFANT, WITH REMARKS ON THE RELATIONS OF GONORRHŒA TO SYPHILIS.

which will be found on page 284.

The CHAIRMAN said he thought it only justice to the Society to say that their silence was not to be attributed to their acquiescence in the doctrines stated in the paper read by Dr. Porter. He believed the members of the Society were so intimately acquainted with the views that had been enunciated by the great Hunter—viewst o which he (Dr. Macnamara) thought Hunter was, to a great extent, a victim; views which were, to a certain extent, shared by Wallace; but which had been so completely subverted by the unanimous opinion of the profession at large, and by the more extended experience of every surgeon of any practical knowledge, that he thought it was only just on behalf of the members of the Society to repeat that their silence was not to be attributed to acquiescence in some of the views propagated by the author of the paper.

RAPID GROWING ENCHONDROMA.

Mr. B. WILLS RICHARDSON exhibited, under the College

microscopes, some aniline blue-stained sections of a very rapid growing enchondroma, the so-called osteo-sarcoma of the older writers, and indeed of many recent ones also, particularly of some of the German school.

The case occurred in the Adelaide Hospital under the care of his colleague, Dr. Barton, and was one of the most rapid in its development he had seen. It sprang from the surface of the head of the left tibia in a young man eighteen years of age, and was of only a few months' standing—in fact, under a year. In this time it grew to a little more than seven inches in its long diameter, and six in its short. It was remarkably firm to the feel, and had not undergone any sensible myxomatous alteration. The sections exhibited (three in number) Mr. Richardson described as follows :—

No. 1 was a typical example of cartilage, the capsules being, as a rule, remarkably large, many of them having very large round nuclei, several of which were granular. A few had stellate nuclei. The matrix was fibrous rather than hyaline, and the batches of the capsules were closely set together.

No. 2 chiefly showed an alveolar stroma, with large alveoli. On some portion of the walls of many of these a large nucleus was observed, which appeared to form part of the wall. These nuclei varied in shape, some being round, others oval, and a relatively small number having pointed processes, as if undergoing the stellar metamorphosis.

No. 3.—In this section the process of ossification had commenced, ossific grains being closely deposited in patches.

Mr. Richardson further observed that he suspected there were malignant sarcomatous elements in some portion of the tumour which had eluded his observation. Possibly a few small, closely-set, round cells he had seen in one section were of this nature, and were sufficient to account for the malignant history of the growth. At all events, he dreaded its recurrence, but whether in the form of enchondromatous sarcoma, or of pure malignant sarcoma, he would not venture to predict.

The Society then adjourned.

Medico-Parliamentary.

CORONERS IN IRELAND.

In the House of Commons last week, Mr. Errington asked the Chief Secretary for Ireland whether there is any such immediate prospect of legislation with regard to the office of coroner in Ireland as to render it inexpedient that elections to that office should for the present take place ; if not, whether he would direct that such elections should be held as usual ?

Sir M. H. Beach replied as follows :—I cannot say that there is any immediate prospect of legislation in reference to the office of coroner in Ireland. Still, I have not any power to interfere with the election of coroners ; neither is it my duty to give any directions on the subject. If the vacancy in the office is reported to the Lord Chancellor, a new election is ordered. I am informed that a vacancy recently occurred in the county represented by the hon. gentleman, and that the appointment was signed by the Commissioners of the Great Seal in the temporary absence of the Lord Chancellor in London.

[We regret to read this reply of the Chief Secretary, especially as the Irish Government had pledged itself to Messrs. Vance, M.P., and Gray, M.P., to take the question in hand, if they would withdraw their Bill. The Irish inquest system is effete and objectionable, and ought to be reformed at once, and as the Chief Secretary promises nothing, it will be well for some private member to apply himself to it.]

MEDICAL ADMINISTRATIVE APPOINTMENTS IN INDIA.

On Monday, April 9th, in the House of Commons, Mr G. Hardy, in reply to Dr. Playfair, stated that paragraph 25 of the British Medical Department Code of India was not made general until the issue of the warrant of 1876, but it must have been quite understood throughout India that it was in operation. There were medical administrative officers now holding appointments who had not complied with the general conditions of paragraph 25 The publication of a local rule which had now been made general did not set aside the Royal warrant of 1876.

SANITARY CONDITION OF PORTSMOUTH.

On Monday, April 9th, Mr. Sclater-Booth, in reply to a question by Mr. Macdonald, said :—In Dr. Thorne's report as to the outbreak of scarlet fever at Portsmouth, he stated that he had put himself in communication with the authorities, and had recommended that they should provide hospital accommodation for the reception and treatment of persons affected with the disease, and that they had stated in reply that they were taking steps to provide proper accommodation for that purpose.

Subscriptions for France are received by Messrs. Bailliere, Rue Hautefeuille, Paris—post free in advance, £1 5s. per annum.

Subscriptions for the United States are received in New York, by Messrs. Willmer and Rogers ; Baltimore, by Messrs. Kelly and Piet ; Philadelphia, at the *Medical and Surgical Reporter* Office, post free in advance, £1 5s., about six and a-half dollars ; or direct from the Offices in this country for the same amount, by International Post-office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 11, 1877.

HOSPITALS FOR THE MIDDLE CLASSES.

The establishment of hospitals for the middle classes is a question in which the profession should be deeply interested, and a project which it should do all in its power to support. Mr. Henry C. Burdett has written a letter to the *Standard* on the subject, and his remarks are well worthy the consideration of all those who are charitably disposed. The necessity of providing hospital accommodation for those who naturally dislike to enter an ordinary hospital, and are yet not in the position to have proper attention at home, has long been felt. There are thousands among the middle classes, thousands of the "genteel poor," as they are sometimes called, who would willingly pay from one to two guineas a week, if during their illness they could be received into a hospital where they would have the benefit of the same good nursing and medical treatment that are to be obtained at the general hospitals, and where, at the same time, the character of their associates, and the accommodation provided for them, would be more in accordance with their usual habits and position in society. The class of people who would gladly avail themselves of such institutions would consist of clerks, commercial *employés*, bachelor members of the different arts and professions, schoolmasters, governesses, and unmarried women or widows of limited income. There can be no doubt that one or two self-supporting hospitals, established in or near London, for the treatment of such persons as we have just mentioned, would be a great success ; and even if there were two or three such institutions, we very much question whether they would ever lack patients. As Mr. Burdett reminds us, such places as we are now advocating are to be found in other countries. In many of the Dublin hospitals, including the Rotunda, "paywards," as they are called, are provided. In New York and in Baltimore the same system is in force. But the

most striking example, says Mr. Burdett, of the "Private Hospital" to be found in the world, is the "Maison Municipale de Santé," Paris. Here "all ideas of hospital efficiency, with home comforts, are skilfully combined;" every comfort and requisite which could be suggested are to be found, while special nurses and separate apartments are provided when required. And yet, as most of us are aware of, we have scarcely any places of the kind in London. Certainly, the London Fever Hospital admits patients on payment: and there are the Establishment for Gentlewomen in Harley Street, and the Women's Hospital in Soho Square; but in neither of these places is the accommodation at all adequate to the great demand there is for such institutions. With regard to this demand, no one can be more sensible of it than medical men themselves. There is scarcely one of us engaged in practice who has not repeatedly felt the want of one of these private hospitals, to which he could send any patient who is not able to receive at home that attention which his case requires. How often, indeed, are our intentions thwarted, our directions neglected, our resources limited, and our own credit injured, through the peculiar position in which our poorer patients are often placed, especially through the want of good nursing. Here it is that the hydropathists have an advantage over us. Considering the cheerful and oft good society provided for their patients—the regular hours, the enforced temperance in eating and drinking—the excellent cooking, the good nursing, and all kinds of exercise in a place where the surrounding scenery is as pleasing to the eye as the air is bracing to the body—is it to be wondered at that the patient, who has perhaps been confined to a room in a fifth-rate London street, should rapidly recruit his shattered health, and for ever afterwards talk of the "marvellous cure" that had been effected? Indeed, there can be no doubt that one of the reasons why patients flock to such establishments is because they can neither find the most necessary conditions of health or recovery at their own homes, nor be received as private patients into any existing public institution. We can readily believe Mr. Burdett when he says: "Over and over again, in the course of ten years' experience, have I been begged to admit a patient to treatment in a general hospital under my management, the friends of whom would have paid handsomely for such a privilege; but in every case I have of course been compelled to refuse the request."

It is even worthy of consideration whether the arrangements of a hospital for the middle classes could not be such as to admit of some of the patients being attended by their own medical men. In fact, the hospital might be established on this principle—a fully qualified and experienced physician, and a skilful surgeon, residing on the premises, in order to act on an emergency, and to take entire charge of some of the patients, while the rest of them were visited by their own medical attendant. Certainly, such a plan might not work very well; but if it was found practicable, it would be the means of increasing the number of inmates of such institutions, as then neither would the fear of the doctor losing his his patient, nor the fear of the patient losing his doctor, act as a check upon patients leaving their homes.

With regard to the best way of establishing one of these private hospitals, Mr. Burdett is strongly of opinion that the right scheme is to form a company, and to erect an entirely new building, specially adapted for the purpose, on the model of the Maison Municipale de Santé, Paris, and to make it replete with every possible comfort and provision for the privacy and proper treatment of the inmates. At all events, and whatever plan is adopted, there can be no denying the urgent need of more than one of these institutions, and we hope we shall soon hear of some enterprising individuals coming forward and promoting a scheme which will not only do them great credit, but be an everlasting boon to a large and respectable class of people who, when overtaken with illness, are in a worse position than the poorest inmate of a general hospital.

THE DECREASE OF THE ARMY MEDICAL DEPARTMENT.

A PARLIAMENTARY return, moved for by Mr. Dunbar on the 22nd of February, shows that from the 1st of January, 1872, to the 1st of January, 1877, the Army Medical Department has been reduced by 143 medical officers of executive rank.

Now as this is equivalent to one-sixth of the whole number at present serving, it is perfectly evident that either the proportion of medical officers hitherto employed must have been culpably excessive, or is now unjustly defective, and we shall endeavour to adduce facts which will lead us to a fair conclusion.

Reviving for the moment the old-fashioned idea that the medical department during peace ought to have some relation to the possibility of war, we need only point to the strain put upon it in 1873, when it was stronger by 120 medical officers than it now is, to meet the demands of the Ashantee campaign, and may reasonably infer therefrom that at present it could not supply the requirements of the most trifling expedition.

However, accepting as the basis of medical administration that "the lion has lain down with the lamb," we have still to learn that the present numbers are sufficient for even the daily wants of peace, and were we, as we suspect has been done by some of those who have advised this wholesale diminution, to take the total strength of the army, divide it by the number of medical officers attached thereto, and compare the result with the proportion of medical men to the population of this country, we should no doubt be struck by the apparently large ratio in favour of the military ranks. Yet there could not be a more shallow deception.

The scattered components of our Imperial Army, located in various degrees of unhealthiness, bear no comparison whatever to the civil classes, nor is there the slightest resemblance in the mode of discharging medical duties in military and civil communities; for while in the latter urgency and convenience, with a right to refuse such as is unacceptable, divide the hours of the medical man's work, in the former "regulation" rules supreme, dictating the moments at which certain acts shall be performed, compelling their completion at a given time, and rendering the medical officer the victim of incessant

queries from innumerable masters, while at the same time removing all power of discretion in the ordering of his daily toil.

Then, again, the practical result of this endeavour to exact from medical officers so much more work than was demanded five years ago, is that almost every *Gazette* contains the names of one or more who are seeking in half-pay a refuge from further injury by overwork to a constitution already broken by the unrequited labours of the cholera camp, the fever station, or the plains of India that leave of absence is become almost an impossibility—that those who have just returned from foreign service are hurried without that indulgence to fill some vacancy in the attenuated ranks—that the duties of all have to be got through in such a way as to preclude the acquisition of experience by the physician or benefit by the patient and that despondency and discontent have taken possession of those who would under just and equitable treatment have been valuable servants to the State.

Whether, under these circumstances, such reduction as that tabulated in Mr. Dunbar's return can be called economy is scarcely an open question.

VACCINATION AMENDMENT IN IRELAND.

If either of the Bills for the Amendment and for the Consolidation and Amendment of the Irish Vaccination Law which have been drafted and submitted to the Government by the Council of the Irish Medical Association should become law, it will be a measure of hardly secondary importance to the Public Health Bill. That some such measure is urgently required is within the knowledge of every public vaccinator in Ireland; while it is, at the same time, well understood that the present system only needs improvement of detail to make it very effectual. The existing arrangements surround with unnecessary difficulty the performance of a very simple duty, they load the vaccinator with unnecessary clerkship, throw upon the wrong person the duty of obtaining the certificate of vaccination, and do not provide such remuneration to the medical officer as will make it worth his while to follow up unvaccinated children, and insist on their being brought in. That these faults in the present law have prejudiced the working of the system, is made evident by the number of cases which now escape vaccination, and the small number of such defaulters who are made amenable for the omission, and every dispensary medical officer is able to lay his finger on the errors of the law which need amendment. In many respects the English system is much better than the Irish, and all the good points of it have been adopted by the Council of the Association, and incorporated in their bills; and these amendments, therefore, come to the Government with all the force of experience in their favour. We have already laid the details of the proposed bills so fully before our readers, that it is unnecessary for us to recapitulate them. Amongst them not the least important is that which provides for an equalisation of the vaccinator's fee in Ireland to that in England, and the introduction of the system of inspection and good service awards for efficiency on the part of the medical officers. We have reason to hope that the Irish Government will adopt either of these bills, and introduce it into the House as a ministerial measure. The Colleges of Surgeons and Physicians, and the Provost and senior Fellows of Trinity College have examined the bills, and passed upon them a verdict of approval, and we look for much benefit to the public service and the profession by the enactment of one of them.

DEATHS FROM CHLOROFORM.

The two last numbers of the *Students' Journal* contain full and interesting details of three cases of death during the induction of anæsthesia which occurred in University College Hospital, which we recommend to the consideration of hospital surgeons, as illustrations of what to avoid in the anæsthetising of their patients. Two of the cases are epitomised as follows:—

Case 1.—A florid patient of robust health, aged 37. Removal of necrosed bone from stump. Had taken ether and nitrous oxide on a former occasion without unpleasant symptoms. Anæsthesia by the gas now attempted, but supply running short, chloroform substituted, "a drachm or two" being given on folded lint. Immediate syncope. Artificial respiration and laryngotomy tried without result. Heart found on *post-mortem* examination to be fairly healthy.

Case 2.—Woman, æt. 43. Aneurism of arch of aorta. *Patient could not lie down without causing severe dyspnœa.* After ineffectual treatment, ligature of left common carotid decided on. "On February 7th patient appeared in the operating theatre, but on placing her in recumbent position severe dyspnœa was induced. *She declared she could not lie down without choking. Two pillows were, however, placed under her head and she was persuaded to recline.*" Chloroform given on lint. Death after four minutes. On autopsy, the whole of the circulating organs in the chest found disorganised and displaced.

The *nonchalant* way in which these cases are recorded impresses us with grave apprehension that familiarity with chloroform deaths has dulled the feeling of some operators and that fatalities have come to be regarded as an unavoidable tribute to convenience, rather than as an evidence of carelessness or incompetency. We often hear chloroform deaths spoken of as simple mischances of which every hospital surgeon must bear his share, and of which a few more or less must be looked upon as a run of bad luck; some surgeons even go further, and talk of occasional chloroform deaths as a sort of penalty which the operator pays for permission to use a rapid and convenient anæsthetic. We speak not only for the profession but for the public when we say that such a view of looking at the sacrifice of life by anæsthetics is worse than inhuman. It is criminal and it is unscientific, and so much so as to justify the stern interference of the law and the summary punishment of those guilty of culpable negligence. We advisedly repeat that the anæsthetist who gives, or the operator who permits to be given, an anæsthetic without the most anxious thought as to the fitness of the patient to receive it, the safety of the agent itself, and the suitability of the means of administration, is responsible in the highest legal and moral senses for the result. We solemnly protest against the "ready method" of anæsthesia by a dash of chloroform on a towel, and without any close examination into the case or careful inquiry as to the safety of the administra-

tion, and we are strongly of opinion that the time has come to put in force all the coercion of which the profession is capable for the purpose of checking the daily sacrifice of life by careless dosing with chloroform. We desire distinctly to state that these observations, though called forth by the cases quoted above, are not specially applied to University College or any hospital in particular, but the cases undoubtedly justify our allusion to them as our text.

Here are three patients. One of them had already encountered ether with perfect safety, the gas supply was exhausted, and he was killed by chloroform. That he was so killed the autopsy places beyond doubt. Why was he not subjected to the anæsthetic which had been proved safe in his case? Is the chance of death from chloroform so remote that it may be disregarded to suit the convenience of the moment or the prejudices of the administrator? As far as we can judge from the report, the man would be alive and well to-day if his operation had been deferred until ether could be got and a supply of gas manufactured, and his death lies at the door of those who substituted a dangerous and untested anæsthetic for a harmless and tried one.

The second was a case obviously hazardous in an extreme degree. The whole circulatory system was known to be involved in disease, and the patient could not even recline without "choking." Nevertheless it was decided to give her chloroform, and she was actually forced against her will to lie down in spite of urgent dyspnœa caused thereby. Who is responsible for the giving of a heart-depressing anæsthetic to which abundant access of air is essential, in place of a heart-stimulant like ether with which but little air is needed, or were there any circumstances to justify the forcing of the patient to lie down when the very act of doing so half-asphyxiated her?

We trust it will be felt by the profession that these cases (which are but specimens of others of too frequent occurrence in great hospitals) demand from surgeons and physiologists that the relative safety of contending anæsthetics shall be settled by competent authority once and for all. At present a vast majority of the profession, we venture to say, believes that ether is, if dangerous at all, very much less so than chloroform, but yet tolerates the use of the latter agent as a matter of convenience and prejudice. We submit that the loss of life which is vastly greater than any of us know, has reached an amount which no longer justifies the inactivity of the profession, but which, as we have said, will force the law to take the question up if medicine does not care to do so. Humanity and morality calls upon the profession to insist on every possible safeguard being afforded to patients against whose safety the prejudices and conveniences of operators are of absolutely no value as a set off. The subject of the relative safety of anæsthetics is one worthy alike of the scientist and the humanitarian, and it is an opprobrium to the profession that it remains unsettled.

THE PUBLIC HEALTH (IRELAND) BILL.

A LENGTHENED Conference was held last week between the Attorney-General for Ireland, Edward Gibson, Esq., Q.C., acting on behalf of the Irish Government, and a deputation of the Irish Medical Association, consisting of Dr. Jacob, Chairman of Council; Dr. Chapman, Hon. Sec.; and Drs. Grimshaw, Purcell, J. W. Moore, Speedy, and Whistler, of Bray; and Pollock, of Blackrock; the subject under discussion being the amendment of the Public Health Bill, which now awaits its second reading in the House of Commons. The subject was discussed in the fullest and most attentive manner by the Attorney-General, and it seemed to be agreed that the most important changes in the present system, suggested by the Irish Medical Association, the Sanitary Association, and the College of Physicians, could be provided for without alteration of the Bill, and depended rather upon the action of the Local Government Board, than that of the Government or of Parliament. On the same day the Committee of the Association held a meeting, and decided upon the following communication to be addressed to the Attorney-General as an epitome of their suggestions:—

TO THE RIGHT HON. THE ATTORNEY-GENERAL.

SIR,—Referring to our interview with you this day on the subject of the Public Health (Ireland) Bill, 1877, I am directed to submit to you the following resolutions which the Council of the Irish Medical Association, at a meeting held since the interview, have drawn out, considering them essential to the effectual working of the Bill, when it becomes law, and to the efficient discharge of their duties by the medical officers of health of Ireland.

1. That adequate provision shall be made for sanitary inspection of districts, by medical officers who shall be independent of the local authorities.

2. That the titles of the various officers employed under the Act shall be assimilated to those of the corresponding officers in England.

3. That the present maximal scale of salaries fixed by the Local Government Board should be withdrawn, and that adequate salaries proportionate to the area and population of the sanitary districts, and to the nature of the duties to be performed, should be provided.

4. That adequate remuneration shall be secured to the medical officers of health for attending and assisting in all legal proceedings in which their attendance and assistance may be required.

5. That a fixed and proper fee, not less than one guinea, shall be secured under clause 150 of the Public Health (Ireland) Bill, 1877, for medical attendance on board ship; and under clause 154, for certifying for the removal of a body dead of any contagious or infectious disease.

I am further directed by the Council to urge upon the consideration of the Government the foregoing suggestions, and to state that should they be adopted, the Irish Medical Association will use every effort to facilitate the progress of the Bill.

I am, Sir,

Your obedient servant,

ARCHIBALD H. JACOB,

Chairman of Council, Irish Medical Association.

It should be recollected that the suppression of the office of Superintendent Medical Officer of Health, and the substitution for it of that of Consulting Sanitary Officer, who has no inspectorial duties, except when put in motion by the Board of Guardians, was the act, and, as we believe, the perfectly illegal act, of the Local Government Board, and might and ought, therefore, to be reversed by them, without alteration in the Bill itself. The imposition upon the sanitary officers of an unremunerated duty as witnesses at prosecutions was also a perfectly illegal act of the Local Government Board, and the fixing of a maximum of salary, which the guardians were forbidden to exceed, was also done by them at the suggestion of the Treasury.

On these three points the medical profession must strain every effort to have amendment effected, and if they saw no certainty that that amendment will be carried out by the Local Government Board, they must endeavour to incorporate the necessary changes in the Bill itself, and have them moved when the Bill is in Committee, or else offer the most strenuous opposition to the passing of the measure.

To be candid, the Sanitary officers cannot trust the Local Government Board, without a specific pledge from the Irish Government.

From the first day that the Public Health Act came before Parliament the Local Government Board has evinced a desire to conciliate guardians and ratepayers by pooh-poohing sanitary activity and by keeping the sanitary officers tightly fettered and badly paid. This policy is not the policy of Parliament, or of the country, who have plainly shown that they wish for sanitary reform, *bonâ fide*, and not as a sham. The medical profession in Ireland does not want, as a matter of gain to themselves, to have anything to say to public health, for their connection with it has always been troublesome, degrading, and unremunerative; but if they are compelled to administer the system, they have the best right to insist that it shall be a genuine effort at sanitary reform, which it has never yet been. Sanitary officers do not desire to escape the work where it is thrust upon them, but they object to be forced to accept it, and at the same moment be discouraged in its performance, and not paid for it.

The truth of the matter lies in a nutshell. The Irish Government, or the Local Government Board, or both of them, have been afraid to force sanitary improvement upon the country ratepayers lest they might raise a breeze by doing so. They have, therefore, applied their remedy with extreme timidity, and have occupied three years in trying, with little result, to coax the thin edge of the wedge into the mass of sanitary rottenness. Their policy has, therefore, been to avoid any over-energy, and they have done that very effectually by leaving the sanitary authorities to themselves, well knowing that an Irish board of guardians may be safely trusted not to excite itself about the existence of dung-heaps, bad water, or typhoid epidemics.

Following out this policy, the Local Government Board emasculated the Act by striking out of it the machinery for inspection, and by ordering the boards of guardians not to pay their sanitary officers such a salary as might induce them to work. The boards and the majority of the sanitary officers perfectly understood the hint, and the former, therefore, appointed the latter at sham salaries, and the latter, as a rule, did not trouble themselves with much more than sham work. If, perchance, any officer was carried away by philanthropic energy, his activity was nicely neutralised by the serene indifference with which his reports of nuisances were treated, both by the guardians and the Local Government Board.

The fact is, that the Government took the spring out of the clock when they struck the inspecting medical officer of health out of the system. In England the inspecting officers are double. There are, firstly, the medical superintendent officers, who are appointed and paid by sanitary authorities who combine together for the purpose, and who are, therefore, to a certain degree, independent of their board of guardians; secondly, there are the inspectors who are appointed by the Local Government Board and paid by the Treasury, who are sent down to institute inquiry into any matter on which they may be specially required. Neither of these officials seem to us to suit the wants of Ireland. Perfect independence of these officers, as regards the sanitary authorities, is the one thing necessary, and this is only partially attained by the English system. It seems to us that the best arrangement would be that the Local Government Board for Ireland should be authorised to appoint medical practitioners of seven years' standing to be inspecting medical officers of health for districts formed by the combination of numerous sanitary authorities, to make up a certain area of inspection. These officers should be appointed by the Local Government Board, and their salaries might be levied off the combined sanitary authorities in proportion to the population and extent of each district, and it should be insisted on that the officers should not be allowed private practice, but required to devote their whole time to their duties.

At this moment the Local Government Board has not the least idea whether any particular sanitary authority is or is not doing its duty, or whether any one of the officers does his. Sources of disease and death may and do exist without number, and no one knows anything about them, because the sanitary officer—the only person who could give information about them—is given to understand that he had better hold his tongue; and the guardians, who should deal with the matter, are left to their own inclination and interest, both of which lie very decidedly on the side of inaction.

If sanitation is ever to be achieved in Ireland, independent inspection *must* be provided, and with it will come all the other reforms which are necessary. If an inspector who is not in personal fear of the sanitary authority is in the position of detecting and making evident a source of disease, then the sanitary officer will be compelled to be watchful and to do his duty, and he will acquire a claim to adequate pay, which in many instances he does not now possess. On the other hand, the sanitary authority will be under control, and can no longer shut its eyes and do nothing; and all parties will be relieved of the personal responsibility of acting, and will be the more ready to move when they can plead that they have no option.

We counsel the profession to energetic action in connection with the present Bill. If they insist on making sanitation a reality, it will be so made because it is not likely that so large a Bill can be carried against their opposition; but we trust that the subject will not be regarded from a selfish point of view, and that it will be recollected that the profession must gain more by an extension of its functions and an advance in its position than by any petty increase in emoluments.

LEPROSY IN INDIA.

We last week directed the attention of our readers to Drs. Lewis and Cunningham's able report on a disease prevalent in certain parts of India—"Delhi boil." We turn with equal pleasure to an appendix, and in which we find much information of value—"On Leprosy in India." As

this appears simultaneously with a report "On Leprosy in Norway" by Dr. Hansen, it will, on this account, possess greater interest for those specially engaged in the treatment of skin affections. The latter report had previously been referred by the Secretary of State for the Colonies to the Royal College of Physicians for an opinion of its worth. We gather from Drs. Lewis and Cunningham's monograph, which is accompanied by a carefully compiled map representing the distribution of the disease, that although leprosy prevailed in Hindostan centuries before the Christian era, comparatively little was known regarding its precise localisation in the different provinces until the general census of 1872 was taken. According to these census returns, there were then upwards of 90,000 lepers in the territories under British rule, or 54 lepers to every 100,000 of the entire population, that is, 1 leper to every 1,845 persons. Of the aggregate number about one-eighth is contributed by certain districts, each of not less than 100,000 in population and furnishing a ratio nearly five times higher than the average of the whole of India. In these districts there is a leper to every 384 persons. Should this statement, on closer observation, be verified an important advance will be made towards solving the question as to the local or hereditary conditions of the disease. One of the leprosy districts, Kumaun, containing about 1,000 lepers—that is, one to every 388 persons, has been furnished by Sir Henry Ramsay, with an asylum affording accommodation for upwards of a hundred patients. Here Drs. Lewis and Cunningham were able to subject the lepers to the closest scrutiny. Of eighty lepers, anæsthesia appeared as the prominent feature in 49 cases; tubercles of the skin as the most marked peculiarity in 12; 15 in which these two conditions were "mixed"; and 4 in which an eruption formed the most prominent symptom. This ratio very nearly agreed with the proportion of the different varieties of the disease as it occurred generally. The average age at which the onset of leprosy was observed, was found to be between 23 and 24 years, and its duration about 14 years; that of the "tuberculated" form being shorter than that of the anæsthetic form by nearly six years.

The history of the cases in the asylum does not support the statement that leprosy is a contagious disease, on the contrary, with reference to its hereditary nature, the facts elicited, and which may be received as perfectly trustworthy, "give forth no uncertain sound.' Taking into consideration the prominent part undoubtedly played by heredity, and the fact that the disease but seldom manifests itself until after puberty, it is evident that any attempt at "stamping out" by the compulsory segregation of leprous persons would prove well-nigh impracticable; especially so when it is remembered that for the most part, time and circumstances are required for the development of the disease. This opinion is entirely borne out by Dr. Profeta, who collected the particulars of 114 cases of leprosy in Sicily, 80 men and 34 women. In three-fourths of the cases he traced the disease to inheritance, in some instances to relatives four times removed. In no instance was there any evidence of contagion, although 22 of the lepers had lived with their families for many years. Children suckled by leprous women had not apparently been infected thereby, nor had re-vaccination with lymph obtained from leprous persons been shown to transmit the disease. These facts are certainly at variance with Dr. Hansen's expressed opinion, that in Norway segregation has tended to diminish the disease in a remarkable manner. The Committee, therefore, entrusted by the College of Physicians to investigate the question, whilst recommending segregation on sanitary and therapeutical grounds, particularly wish it to be understood that it "does not endorse" Dr. Hansen's views; and, indeed, it now appears that even in Norway is segregation strictly enforced, for lepers are allowed to leave the hospital whenever they choose, mix in society, and receive visits from their friends. The diminution of the disease is probably due to other causes, as the tendency towards sterility, and to the greater mortality among the children of lepers, even among such of them as are born before leprosy has manifested itself in the parents. With regard to the pathology of the disease, this portion of the inquiry remains *sub judice*. The blood of 28 cases of anæsthetic leprosy, was, however, microscopically examined, and in 17 of them to all appearance, found normal; in the remaining 11 it was characterised in five instances by a greater or less excess of normal white corpuscles, and bioplastic fragments of small size, in three by such excess combined with a softened gelatinous condition of the red corpuscles, causing them to adhere in irregular masses, and in three by the latter phenomenon only. In most cases the blood was obtained with ease, and in some there was an excessive tendency to hæmorrhage on the slightest provocation.

Notes on Current Topics.

Homes for the Middle Classes.

ALTHOUGH there was something very Utopian and fanciful about Dr. Richardson's scheme for the construction of houses, it has, doubtless, been the means of drawing attention to the necessity of providing the middle classes with better and more healthy residences than those at present within their reach. In the sixth of his series of lectures, delivered at the Royal Academy, Professor Barry made some interesting and practicable suggestions on the subject. In the first place, we entirely agree with him when he says that under our present circumstances it is not for the artisans, but rather for a class just above them in the social scale, that our sympathies are chiefly due. Our artisans have had years of increasing prosperity, and have prospered accordingly, while our clerks and lower middle class have had to encounter, as best they might, the effects of rising markets and practically diminished resources. Now that the provision of healthy houses for the poor is beginning to be recognised as a public obligation, "I am not," says Mr. Barry, "without hope that the principle of co-operation, not in any eleemosynary sense, may be applied to the houses of the middle class."

Now, in order to carry out this principle, he supposes a square of about seventy or eighty houses. Each house would be complete, as at present, in respect of sitting- and bed-rooms; but the kitchen and offices for the use of the inhabitants in common would be placed beneath the

garden, in the square, which, with the exception of a small central space, would be turfed or planted in the usual way. The kitchen would be in this space, and would be surrounded by a conservatory, the plants and flowers of which would utilise the waste heat from the kitchen. From the surrounding offices passages would lead outwards, in four directions, to the four sides of the square. There would be a call-bell and speaking-tube from each house to the office of the controller or officer in charge of the kitchen establishment. In this scheme also special attention is given to the arrangement of all drains and pipes. Any required service of steam, hot and cold water, or hydraulic power, is supplied to the houses from the central establishment. Swimming and other baths could also be constructed in connection with the kitchen office and their stoves and boiler flues. It would be the duty of the controller to execute all orders, and to exercise over the whole establishment the same vigilance and economy which rule our clubs.

There are many other particulars which we cannot here detail, but a general idea of the scheme may be formed from the above outline; and we think it is one well worthy of further consideration.

"It is," says Prof. Barry, "an attempt towards middle-class co-operation in defraying the great and increasing cost of living, and of building operations in our large towns. It is an effort towards combining privacy and comfort with the economical and other advantages of co-operation to a greater extent than appears possible in huge tower-like buildings, laid out in flats, approached by a common staircase."

The advantages of such a plan, in a hygienic point of view, would be very great. All the objections arising from having the kitchens on the basement of each house would be done away with. Each house could be warmed inexpensively by pipes from the central establishment, while the construction of good swimming and other baths would greatly add to the health and comfort of the inhabitants. Moreover, a better style of cuisine would be brought within the reach of those who, in spite of having to give increased wages, find themselves daily more helpless in this respect; so that efficiency, health, and economy would be alike promoted.

Overcrowded Dwellings.

In a characteristic letter to the *Times*, a well-known writer, S. G. O., bitterly inveighs against the neglected condition and want of all sanitary arrangement in the dilapidated and overcrowded dwellings of the labouring population around Sidmouth, and which he says are not only a disgrace to our common humanity, but utterly repugnant to every sense of decency and comfort. The rents are very high, whilst the wretched hovels are wanting in every requirement for the simplest savages amongst human beings. Lately an outbreak of diphtheria in one hamlet belonging to his parish, led to the loss of many lives; naturally so, for the inhabitants had to drink water drawn from a brook close by, and polluted by the sewage of the "latrines." The latter are of a nature too disgusting to bear describing, and used in common. He very truly says, by the neglect of all sanitary precautions we are courting the presence of the "pestilence that walketh in darkness." But the dwellings of the Dorsetshire labourers are not one wit worse than those of very many of the poorest quarters of the Metropolis. In one small tenement at the East-end of London, thirteen human beings are crowded together; the top room or garret of which is occupied by a labouring man, his wife, and three children. A moderately-sized man cannot stand upright in the room, and for which he pays 2s. 6d per week. In another room too small for two beds, lives a mother and a grown up son. This is a specimen of the kind of tenement to be found in scores in Whitechapel. A missionary engaged at the Brackley Street Mission, says, it is not uncommon to find three beds in one room nine feet square, and those residing in it being littered down like pigs; and a minister of religion from America having visited the houses in the street with him, said he could scarcely have believed that such dens existed in London.

Mr. Liddle, the able officer of health for the district, has over and over again complained of the utter neglect of all sanitary conditions, of the overcrowded courts and alleys, all of which are reeking with abominations. The officer of health of the City of London, Dr. Saunders, says, that a very large majority of the houses in Golden Lane are totally unfit for human habitation, and in which sickness and disease are rife, and the death-rate much above the average, especially among children. In sixteen houses, no less than 265 persons are huddled together. At the end of Denmark Court, a *cul-de-sac*, there are eight open privies or water-closets, used in common, and in communication with the *water-butt*, which serves the inhabitants with drinking water. As a rule there is no ventilation, and many of the houses are so rotten as to be quite unsafe, while others are built on the ground level. A commission is now sitting to inquire once more into the terrible state of things, for as usual the "Artisan's Dwellings Act" cannot be made to go, and the law's delay best suits the collector of rents and the landlord. The Metropolitan Board of Works shirk the responsibility, and local bodies find vested interests too strong for them, while magistrates refuse to uphold the officers of health; and the evil day is for a while staved off, for no other purpose than that pestilence and death may without let or hindrance, claim their own.

The "Lancet" and the Apothecaries' Hall.

The *Lancet* has just made a very kind suggestion, which deserves to have greater publicity than would be given to it were it confined to the columns of that journal. In reference to the recent submission of Serjeant's Inn to the auctioneer's hammer, our contemporary asks:—

"Is there any reason for continuing the licensing power of a trading corporation whose charter was granted in 1543, and which (notwithstanding a brilliant career of usefulness to the profession and the public, between the medical corporations on the one hand and the Pharmaceutical Society on the other) must begin to find its sphere of usefulness growing daily narrower? What is the value of land in the neighbourhood of Blackfriar's Bridge? What profit would accrue to the master, warden, and members of the Apothecaries' Society if they made their bow to the world in the graceful manner which has been instituted by serjeants learned in the law?"

We have no doubt that the Apothecaries' Company will

be thankful for the advice which the *Lancet* has been so good as to give to them. We feel, however, a little envious at our contemporary arrogating to itself the honour of giving advice to the Worshipful Masters and Wardens of the Apothecaries' Company, and therefore we shall make bold to throw out the further suggestion—that directly the Company have disposed of their property they should make a handsome present to the *Lancet*, as a "slight token" of their gratitude for the valuable proposition which led to the sale of their estate and "vested interests."

But, to be more serious, we cannot quite fathom the reason why the *Lancet* should be always snapping and barking at the Apothecaries' Hall. When a merchant is on the point of bankruptcy, he generally receives some very good offers from his friends, but if they told him to shut up his warehouse while his credit and reputation were at their highest point, he would probably tell them to mind their own business, and not interfere with his. Nor is our contemporary at all happy in its allusion to the other corporations, and to the Pharmaceutical Society, considering that ninety per cent. of the general practitioners still receive their certificate to practice medicine from the Hall, and considering that even the dignity and prestige of the College of Physicians have failed to attract many candidates for its licence.

Altogether these petty attacks of the *Lancet* appear to us mean and paltry; although we do not for a moment suppose they will disturb the equanimity of the authorities at Blackfriars. The mastiff usually regards with profound indifference the bark of the spaniel, and we have no doubt that the ill-natured remarks to which we have drawn attention will do little more than raise a laugh at the next quarterly dinner of the Apothecaries' Company.

Condensed Milk.

THERE has been lately much talk about the value of the Swiss condensed milk, as an article of diet for young infants, and therefore it may not be out of place to mention some interesting facts to which the *Boston Medical Journal* has recently drawn the attention of their readers. It appears that in the Foundling Asylum at Bonn, under the direction of Professor Binz, condensed milk from Switzerland was found to possess advantages over fresh cow's milk, without being in any way inferior in point of nutritious qualities. The Swiss animals, which pass much of the time in the open air, were thought to give milk of better quality than cows shut up in narrow, dark, ill-ventilated stalls, and the condensed milk was found to be less liable to spoil than ordinary milk, even if exposed for a considerable time to the action of the air. The results bear out these suppositions to a great degree, as during the previous hot summer, among twelve children fed exclusively on condensed milk, there was no digestive disturbance of importance, a fact more noticeable when it is considered that many of them had been neglected and were in a bad state of nutrition on entrance. One portion of condensed milk to twenty-two of water was given during the first three months; from then until the eighth month one part to eighteen, and later one part to twelve.

One objection, however, to the use of condensed milk alone, was the liability of infants so fed to a slight degree of rachitis. This was thought to be due to the great amount of sugar in the milk, which generated an excess of lactates, these in turn acting as solvents of the lime salts. The preparation called "leguminose," which is probably nothing more than finely pulverised lentils, was found to counteract this tendency to bone degeneration as well as to improve the general nutrition of the children, inasmuch as it supplies the salts necessary to healthy bone formation. The above observations quite accord with our own experience of the value of the condensed milk, but every practitioner will agree with us in saying that no hard and fast line can be drawn with respect to the feeding of infants. So much depends upon the peculiar constitution or idiosyncrasy of the infant, that what will do well for one child will entirely disagree with another. In the majority of cases the Swiss milk, corrected perhaps with a little lime water, will be found to be an excellent and nutritious food for infants, while, in other instances, cow's milk, or some other kind of food, is more suitable still.

Teetotalism in Westminster Abbey.

THE total abstinence movement has just had another airing. This time, too, within the sacred precincts of Westminster Abbey, and under the patronage of such able and liberal-minded dignitaries of the church as Dean Stanley and Canon Farrar. Of course Dr. Richardson was present dealing blows right and left at the wine-bibbers of this generation. We remark, however, that the Dean, in his introductory address, entirely avoided the subject of temperance or total abstinence, but told instead an interesting tale in connection with the Abbey, and in illustration of the importance of self-help and self-reliance. But Canon Farrar was more indulgent to his guests, and made some apposite remarks on the evil effects of drunkenness. The subject, indeed, had been forced upon his attention in a very objectionable manner. The first time he preached he was interrupted by a drunken man; the first time his wife visited Westminster Hospital she was almost knocked down by a drunken man on the steps; and his first pastoral visit was to a woman who was so poor as not to be able to pay for the education of her son, but who was unable to stand alone during his visit. He did not say much on total abstinence except that it gave him a stronger standing point in dealing with those who drank, for his glass of wine at dinner was quite the same as the workman's glass of beer. The course he had taken involved upon his part no self-denial, and he was perfectly convinced that if any of them would try total abstinence for six months they would feel no decrease of mental or physical power.

We think it is a great mistake for the National Temperance League to say so much as they do about total abstinence. All of us are agreed upon the necessity of repressing the large and disgraceful amount of drunkenness that prevails in this country, but for a thousand persons who would gladly second the endeavours of the temperance leaguers in this good cause, not one will be found who will agree with them on the question of total abstinence. Let us first make our countrymen sober, it will be time enough

then to consider the propriety or not of totally abstaining from all kinds of wine, spirits, or beer.

Effect of Sun-Light upon Health.

In our last issue we drew attention to an interesting lecture by Mr. Thistleton Dyer on "Plant Growths," in which he said that light (through the medium of its blue rays) had a repressive action upon the growth of plants, that plants grew faster by night than by day, that plants grown in the dark were said to be "drawn," or grew taller because they were removed from the repressive action of light, and that the movement of plants towards the light was probably due to the curvature of the stems, in consequence of the illuminated side growing more slowly than the one which was shaded. Should the truth of this statement be confirmed by other observers it will be an interesting speculation whether the same facts hold good with respect to the human frame. But whatever influence sun-light may have upon the growth of the human body its beneficial influence upon the health is well known, although too frequently lost sight of. The late Mr. N. B. Ward, a medical man who had given much attention to the influence of air and light upon the growth of animals and plants, insists strongly upon the necessity of sunlight to the health and existence of children. In his evidence, observes Dr. John Liddle, before a Government commission, Mr. Ward stated that, as a result of his experience, the influence of light is a matter of the highest importance to the proper physical development of the human species, that the amount of disease among persons occupying light rooms is infinitely less than as compared with that among the occupants of dark rooms, and that the influence of light, especially solar light, in preventing the fatal termination of disease is a fact well known to him. In further illustration of this subject, Mr. Ward quotes a fact, stated on the authority of Sir James Wylie, "that the cases of disease on the dark side of an extensive barrack at St. Petersburg have been uniformly, for many years, in the proportion of 3 to 1 to those on the side exposed to strong light."

Paradoxical Humanitarianism.

In some observations we recently made on "Cruelty to Animals," our readers may have thought we were rather too hard upon the anti-vivisectionists and their *confréres* the members of the Society for the Prevention of Cruelty to Animals. In the course of our remarks we said that "they might even stand by, as some people have, and see a man drowning, or a woman half-murdered, without giving any assistance; but let them hear of some young enthusiast vivisecting a frog without a licence, or let them hear of such an incident as that which has been recently paraded in all the newspapers, then their indignation will know no bounds."

Now a few days ago, an inquest was held at Sheffield on the body of a baker, named Harrison, who was burned to death by the upsetting of some boiling pitch. The evidence showed a lamentable want of humanity and presence of mind on the part of those who witnessed the accident. When the deceased was in flames some of the bystanders recommended him to jump into a water butt, and when his clothes were almost burned off some one suggested that he should throw off what remained, which he did, and then lay down on some bricks to put out the flames which had been blazing on him for ten or fifteen minutes. The coroner remarked that it was almost incredible that a fellow-creature should have been allowed to be literally roasted to death when stringent measures would probably have extinguished the flames.

We wonder that the coroner should have expressed any surprise at such a trifling incident as this. In the first place he should have remembered that the poor creature who was being roasted alive was neither a cat, nor a dog, nor a donkey, but only a human being! He should also have recollected that none of the gentlemen above-mentioned happened to be present as doubtless they would have acted with that humanity and promptitude which always distinguish them on such occasions.

Fatal Administration of Nitrous Oxide Gas.

Want of space will prevent us making more than a few remarks on the recent death of Dr. Morley Harrison while under the administration of this gas. It has been the subject of very general comment in the newspapers, and the very rarity of such an accident has been the means of attracting particular attention to it. We need, however, scarcely remind our readers, who are acquainted with the physiological conditions involved in the production of anæsthesia by this gas, that it is an operation by no means free from danger. Notwithstanding the great success and safety which have hitherto attended the use of the gas in practical dentistry, there are circumstances under which such an accident may occur again. With a little care it may always be given without the least risk; but if it is carelessly administered to a person the action of whose heart is very weak, or also is supposed to be labouring under fatty degeneration, or if its inhalation is carried to an extreme point, serious or even fatal results are not at all unlikely. In the Lumleian Lectures before the Royal College of Physicians Dr. Johnson called attention to an element of danger which was possibly attached to the use of this gas. Considering the great tension of the left cavities of the heart at the commencement, and the engorgement of the right side, towards the end of the operation, its administration would be attended with some risk in the event of the heart being diseased. It follows, therefore, that this gas should always be given either by a medical man or by a qualified surgeon-dentist, that the heart should be carefully examined previous to the inhalation, and that the inhalation should be stopped directly stertorous breathing, or any other dangerous symptom, makes its appearance.

The Dublin Mortality.

The alarming report which we made last week has become even worse since then. The death-rate for the week ending March 31—the last issued by the Registrar-General—shows a death-rate as high as 41 per 1,000 of the population, that for the same week in London being 30·2, for Glasgow 30·7, and for Edinburgh only 26·2. The Registrar-General attempts to improve these very serious figures by

the following statement:—"The high death-rate is principally attributable to the effects of the recent harsh weather: deaths from diseases of the respiratory organs and from the diseases incident to old age continue to be very numerous: the mortality from zymotic diseases is very much (20 deaths) under the average." A reference to the registration returns will show that the mortality of Dublin is inexplicable on any such grounds as these. The death-rate is habitually much higher than that of other cities which are much less fortunately situated as to locality, and we quite believe that the citizens of Dublin are paying annually a toll of hundreds of lives to the incompetency of the Corporation and its Health Committee.

Medical Experiments in Paris.

I HAD, says the Paris correspondent of the *Daily News*, the advantage of seeing this morning some experiments in the Salpétrière Hospital of Dr. Burq's curative system, which consists simply in applying metals to the human body. There were present Professor Ferrier and Mr. Hart, of London; Dr. Faure Miller, of Paris; Professor Beclard, of Paris; an English lady doctor, and several physicians. The experiments were conducted by Professor Charcot and Dr. Burq. Three patients, one cataleptic the others hysterical, were operated upon. While their eyes were bandaged Dr. Charcot passed pins through the flesh of their paralysed arms and legs without their being aware of it, and without drawing blood. Subsequently, on Dr. Burq's metallic plates of copper or gold being applied for a few minutes, sensibility returned, and the slightest prick made them scream. The doctors present admitted the highly interesting nature of the experiments, which to many of them were quite new, but reserved for more mature consideration their opinions as to the practical value of the treatment of which Dr. Burq is already convinced.

Vivisection.

A BILL has been printed, which has been introduced by Mr. Holt, Mr. Hardcastle, and Mr. C. H. Wilson, to make more effectual provision for the prevention of cruelty to animals. It proposes to enact that "it shall not be lawful to perform any experiment causing, or being in itself of a nature to cause, pain or disease in any vertebrate animal, except for the purpose of alleviating or curing any disease from which such animal is suffering; and any person except as aforesaid performing or taking part in any such experiment, or permitting such experiment to be performed upon any premises over which he has control, shall be deemed guilty of an offence against this Act. Infirmaries for animals or physiological laboratories are to be registered and subject to inspection, and the bill provides that premises may be entered by warrant of a justice of the peace if there is reasonable ground to believe that an offence against the act has been or is about to be committed. The bill also proposes the repeal of the Vivisection Act of last session.

EDWARD PEELE, L.K.Q.C.P.I., has been appointed Physician to the Hospital for Incurables, Dublin.

Remarkable Precocity.

IN the *Union Medicale* Dr. Lostalot, a French naval surgeon, publishes a note on a case of remarkable precocity. It is that of a girl, born at Lindoré, in January 1872, who, at first sight, has all the appearance of a fully developed woman, though only five years of age. She is robust and well formed, her shoulders and thighs being well developed, her limbs sturdy, and her breasts large. She weighs fifty-five pounds. From twenty-two months of age menstruation appeared regularly each month, she shows a more serious character than children of her age. She does not mix in the games of other children, but devotes herself on all occasions to the *rôle* of a nurse.

Compatibility of Physic with Long Life.

IN a recent breach of promise of marriage case (Florence Sarah Dean *v.* the Rev. Thomas Oldacres) lately tried at the Leicester Assizes, Mr. Mellor, for the defendant, contended that such an old man could never have thought of marriage. He suffered from rheumatism, lumbago, and a number of other physical ailments, for which he took five pills a day. In fact, during the last thirty years he had been so afflicted, that he had taken no less than 54,750 pills.

Diagnosis of Paralysis of the Muscles of the Forearm.

To distinguish saturnine paralysis from parlaysis produced by an affection of the radial nerve, M. Hardy points out one characteristic sign. In radial paralysis the *supinator muscles* are affected as well as the *extensors*, while in lead paralysis the extensors only are affected, and this explains why the patient can carry the hand supine.

M. RAYNAUD recently set himself to inquire what, in a vaccinated person is the agent of transmission which conveys into the system the principle conferring immunity for the future. To test whether blood is the vehicle, he made a number of inoculations with blood from children that had been recently vaccinated. The result was always negative; there was never any appearance of vaccinal pimples. He made a second vaccination *with virus* on five of those who had been inoculated with blood. The usual pustules were developed. Under such conditions, then, it may be inferred that vaccination is not produced by inoculation with vaccinal blood, nor is future immunity secured. M. Raynaud, however, further experimented with transfusion of blood from heifers, and afterwards inoculated the latter with vaccine matter, which, however, produced no pustule. Here the transfusion was found to have produced immunity in the receiving animal, and that without causing any eruption. Thus the blood may be regarded as, under certain conditions, a very powerful vehicle of vaccinal virus, or at least a principle capable of transmitting immunity.

MR. T. W. MOFFETT, Professor of History, English Literature, and Mental Science at the Queen's College, Galway, has been appointed President of the institution, in succession to the late President Berwick.

THE board of Trinity College, Dublin, have just completed an additional chemical laboratory which, with their usual liberality, they have erected in the Medical School, as the existing accommodation proved insufficient for the number of students attending the course of practical medical chemistry last year. The New Building which has a handsome granite front, serves to connect the two other large laboratories and to form therewith a fine suite of lofty, well ventilated rooms, which will accommodate one hundred students, working independently at chemical testing, in compartments fully supplied with all the necessary apparatus and tests.

ANOTHER serious outbreak of cattle plague occurred on Saturday at Willesden, a few miles north of London, amongst a herd of 157 cows. Upon receipt of the information a Government inspector was sent to the scene, and found 15 suffering from the disease, which were immediately slaughtered and buried, and the remainder were ordered to be slaughtered on the premises, the meat only being taken to market, and the hides and offal buried in quick lime. As a further precaution, every person engaged on the premises was ordered to have his clothes disinfected before leaving.

THE mortality among persons aged upwards of 60 years during the past four weeks has exceeded, according to the Registrar-General's return, by 29 per cent. that which prevailed in the preceding four weeks, owing principally to the extreme and sudden variations of temperature, the largest excess, however, occurred among children aged between one and five years, among whom it was equal to 36 per cent., and was due in some measure to the greater fatality of measles.

THE Cremation Society of Milan has obtained permission from the Minister of the Interior to test the respective merits of two processes of incineration, and the Minister has appointed a committee to report to him thereupon. He has also empowered the prefects of provinces to grant permission to carry out a cremation on the joint request of the Cremation Society and the relatives of the deceased—a regulation which will materially facilitate the carrying out of the process.

DR. H. W. ACLAND, Regius Professor of Medicine in the University of Oxford, has consented to preside at a meeting convened by the Charity Organisation Society to be held next month at the Society of Arts for the purpose of considering the subject of "Metropolitan Medical Charity."

THE death-rate in the four principal cities of the United Kingdom last week, per 1,000 of the population, was 26 in Edinburgh, 30 in London, 31 in Glasgow, and 41 in Dublin; the latter being terribly in excess of the average.

THE mortality from small-pox throughout the United Kingdom, last week, was 93, being slightly in excess of the previous week; of this number, 86 occurred in London, against 76 the previous week.

Correspondence.

DISHONOURABLE CONDUCT TOWARDS A PROFESSIONAL BROTHER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is with much reluctance that I feel compelled to bring under the notice of the profession an act of unparalleled treachery on the part of a professional man in this county, which I shall lay before your readers in as few words as possible.

The dispensary of Quin in this union became vacant last September by the resignation of the former medical officer, and an election for the office was to take place on the 2nd of October.

It was well known that I had a good deal of influence in the locality, and that my son was about going in for his final examinations for the M.D. and M.Ch. of the Queen's University, and that if qualified in time for the election he would be certain of the appointment. Under the circumstances I looked out for a person to hold the dispensary for a few weeks as *locum tenens*, and Dr. Patrick McDonnell, of Broadford, consented to act as such, giving me a letter to show my friends on the committee, of which the following is a copy:—

Broadford, September 9th, 1876.

MY DEAR DOCTOR,—I am quite willing to act as *locum tenens* in Quin until such time as your son Henry is fully qualified, and shall then resign at any moment you call on me to do so. Yours faithfully,

P. MCDONNELL.

This letter was handed to me by the brother of the writer, through whom the negociation was all through carried on. On the understanding conveyed in this communication Dr. Pat. McDonnell was elected, he declaring to every member of the committee who voted for him that he would only hold the dispensary until my son was ready to take up the appointment.

The medical examinations of the Queen's University were actually over, and the result known on the day of the Quin election, but as the degrees were not conferred for a fortnight after my son could not stand in person for the appointment.

Of course the slightest suspicion that any treachery was intended never crossed my mind. I knew of two instances in this county where, under exactly similar circumstances, persons were elected to hold appointments for a short time and fulfilled their engagements by resigning when called on to do so. Moreover, to act otherwise would entail such an utter loss of character that I could not imagine such a thing occurring in the ranks of our profession.

Immediately on the conferring of my son's degrees I expressed a wish that Dr. Pat. McDonnell should resign and to have a new election, but was asked as a favour to let him keep the appointment for a month, to which I consented.

From a conversation I had with Dr. Pat. McDonnell in the month of November I feared that he had some intention of acting dishonourably, and this was placed beyond doubt by the receipt of the following letter:—

Quin, December 1st, 1876.

DEAR DOCTOR,—Since my conversation with you on Monday, I have made up my mind firmly to satisfy none but myself. I shall do so by holding Quin until such time as I am compelled to resign. I remain, yours faithfully,

P. MCDONNELL.

To which I sent the following reply:—

Tulla, December 2nd, 1876.

DEAR SIR,—On the 18th of September last I received from you, by the hand of your brother (Dr. William Mcdonnell), a letter, which now lies before me, of which the following is a copy. [*Here follows the note quoted above.*]

In accordance with your letter, I now formally call on you to resign, and I hope that your reply will be such as might be expected from anyone having the slightest regard for his character. Your letter of yesterday may have been written hastily, without fully considering the consequences; and I write this in a friendly spirit, to give you an opportunity of reconsidering the whole matter, before taking a step which will certainly affect your character for life.

Yours,

JAMES MOLONY.

I have now given in detail the history of a transaction which has been much commented on in this county, and which, I regret to say, has reflected unmerited disgrace on the profession generally, and I appeal with confidence to the judgment of the profession of the United Kingdom on the matter.

Yours faithfully,

Tulla, co. Clare. JAMES MOLONY, F.R.C.S., &c.

[ON the 17th of January, and again on the 31st of the same month, we asked the attention of our readers to the conduct of Dr. Patrick McDonnell, to which the attention of the Irish Medical Association had already been called. We appealed on these occasions to him for an explanation of his conduct, and to his feeling as a man of honour and a member of our profession, to relieve us and the Irish Medical Association of the necessity of referring further to the matter. Our appeals have been disregarded, and Dr. McDonnell has shown no intention to withdraw from the very discreditable position which he occupies, nor has any disposition to offer explanation or apology for his conduct been evinced by him; and it, therefore, becomes our unpleasant duty to make the facts public and to leave them to the judgment of his professional brethren.

We cannot doubt that the judgment of the profession upon Dr. McDonnell's conduct will be one of indignant censure and disapproval. There are no conceivable circumstances which would justify a medical man in deliberately falsifying his word of honour, pledged to his professional brother; and if Dr. McDonnell regards so lightly his credit for veracity or honourable dealing, it is our plain duty to afford the profession an opportunity of avoiding contact with him.]

ERGOT IN THE TREATMENT OF RHEUMATIC FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As salicin seems to be used everywhere in the treatment of rheumatic fever because of its novelty in some instances, and in others to test its properties as a curative agent to the exclusion of other remedies, and as cases have been published from time to time in the various medical papers endeavouring to show its superiority over certain drugs of well-known efficacy, as if salicin were the palladium of rheumatic fever; I should like to make a few observations on a certain drug which has been almost discarded and placed on the shelf by the somewhat questionable advantages accruing from the use of salicin, which, when it has had its day, like various other exploded therapeutic agents, will lapse and pass out of use, and we shall be beating about as before seeking for a remedy and finding none.

I refer to none other than ergot, which I know from experience has a marked effect in decreasing the temperature. increasing the perspiration, and modifying the heart symptoms which, in my opinion, are very great advantages in the treatment of rheumatic fever.

I do not wish to impugn the efficacy of salicin, nor is it my intention to endeavour to prove the superior excellence of ergot in the treatment of this disease, but simply to place on record certain facts which have come under my own observation, and which, doubtless, will interest many now that rheumatic fever is more on the *tapis* through the instrumentality of salicin as a new curative agent.

When I was a student at the hospital nearly every case was treated either with *lime* (lemon-juice) or ergot; the greater number were, however, put on a course of the latter, for the practice of giving *lime* (lemon-juice) was gradually dying out, and ergot just then was beginning to attract some notice, though in a small way compared with the salicin of to-day.

It struck me from what I noticed that those patients who were treated with ergot, irrespective of sex, recovered from the attack rapidly, and left the hospital completely cured and free from any symptom of morbus cordis; and I noticed further that those who had any heart complication or lesion previous to being admitted, experienced marked relief after having taken the ergot. I thought this strange at the time, and accordingly made notes of the same.

The theory, too, is very feasible and reasonable, not being *too* fine drawn like many are; it is well known that ergot acts on unstriated muscular fibre, and, consequently, if it causes contraction of the uterus, which is the largest mass of that kind of muscle, it certainly can act in a similar way on the middle (muscular) coat of the arteries, which consists of the same kind of tissue. And as in any inflamed part the arteries are dilated, allowing an increased flow of blood thence, ergot must, as a consequence, counteract this, by contracting the muscular coat and decreasing the flow. It is also an indirect sudorific, and consequently helps the elimination of lactic acid. I suppose we can account for *this* by its acting somehow or other on the vasi vasorum. It is supposed by some authorities to diminish the frequency and fulness of the pulse. Why should it not act on the heart in the same way? This alone, supposing the theory to be correct, is a sufficient proof of its excellence as a curative agent in rheumatic fever. I have noticed this diminution of the pulse many a time, so am inclined to think the above hypothesis is correct.

Now, if ergot helps to eliminate lactic acid, if it diminishes the action of the heart and obviates the chances of any lesion of that organ, if it diminishes the flow of blood to any inflamed joints, if, after giving it, the patient's urine ceases to deposit on cooling the usual lithates, &c., and this all accomplished in a short space of time comparatively, we cannot help coming to the conclusion that it is next to useless, unless it is for experiment, to employ a drug of doubtful efficacy when we have one quite, if not more efficient, and which has been proved to have a marked beneficial effect in the treatment of this disease. I have given ergot almost invariably in rheumatic fever both in the West Indies and also in many parts of England, and it has acted as beneficially in one climate as in the other, and in every case it seemed to act like a charm, and, in my opinion, it is a specific against morbus cordis resulting from rheumatic fever.

I am, Sir, yours obediently,

EVAN M. BODDY, F.R.C.S., L.R.C.P.

Camberwell, March, 1877.

Obituary.

FRANCIS CRUMPE, M.D., OF TRALEE.

DR. CRUMPE expired at his residence in Tralee on last Sunday week, after having attained the patriarchal age of 80 years. In 1822 Dr. Crumpe was appointed successor to his father as surgeon to our county hospital, and after a few years got into general practice and attained eminence as a surgeon. Dr. Crumpe amassed a large fortune; he was for many years a widower, and left no issue. For the last years he seldom left his house, but up to very lately he was consulted at his own house by numbers of medical and surgical patients, many of them coming from the counties of Cork, Clare, and Limerick—even by Americans, who, we are informed by one well acquainted with the fact, crossed the Atlantic to seek his advice.—*Tralee Chronicle.*

Literature.

ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. (a)

THE first portion of this volume is written by Professor Rosenstein, of Leyden, and is translated by Dr. Geoghegan. It includes an introduction to the diseases of the heart and the diseases of the endocardium, which embraces the diseases of the valves. This portion is well written. In

(a) "Ziemssen's Cyclopædia of the Practice of Medicine." Vol. VI. Diseases of the Circulatory System: and the Diseases of the Lips and Palate.

speaking of the consequences of heart disease upon other organs, it is stated that the inner coat of the finer pulmonary vessels undergo degeneration as well as a dilatation, which makes them really varicose, and their shoots project far into the lumen of the alveoli. The consequence is that the thoracic space is diminished, and a persistent dyspnœa induced. The diseases of the mitral valve are well treated, but those of the aorta are not well handled. In speaking of the consequences of insufficiency of the aortic valves it is written, "Most worthy of mention among the symptoms of disturbed circulation in the internal organs are the dizzy fits which express venous hyperæmia of the brain, and albuminuria, indicating renal cyanosis," that is, when the heart is failing. "It is erroneous to look for the origin of albuminaria, as some have done, in active congestion, since mere increase of pressure in the aortic system never produces albumen in the urine," is a sensible remark. The favourable prognosis in aortic insufficiency is not, however, in accordance with British experience. As to the treatment of valvular lesions, the great indication is "to advance the development of compensation when already in existence, to maintain it as long as possible, and to moderate over-compensation." This last only occurs early in aortic insufficiency, when really the tremendous hypertrophy is calling out to limit the dilatation which would otherwise result from the distending force of the backward current through the impaired valves, rather than to overcome any obstruction offered to the onward flow of the blood. To control the exciting action of the heart under these circumstances the application of cold externally may be advisable, as it is in nervous palpitation. But under other circumstances heat, rather than cold, is indicated. Rosenstein condemns "the English practice" of blisters, issues, and irritants considering them "injurious." Of remedial agents, "the sovereign remedy, which may be used in every stage of valvular disease, with merely variations in the doses, is digitalis." An equally truthful statement is this: "The greatest caution should be taken in administering chloral to patients with heart disease."

The next section, on "Changes in the Position of the Heart, and Diseases of the Heart Substance," is by Prof. Schroetter, of Vienna, and translated by Dr. Wheelock. The portion on the production of hypertrophy of the heart walls is simply indescribably bad and utterly misleading, and is a disgrace to the book: while that on fatty degeneration of the heart is scarcely better. In fact this, perhaps the most important matter in the whole range of diseases of the heart, viz., the relations of hypertrophy to ultimate fatty degeneration, seems but very imperfectly understood by Schroetter, who is so favourably known for his laryngoscopic work.

Analytical Reports.

By Charles R. C. Tichborne, Ph.D., F.C.S., M.R.I.A.,

Lecturer on Chemistry, Carmichael School of Medicine; Chemist to the Apothecaries Hall of Ireland; Honorary and Corresponding Member of the Philadelphia College of Pharmacy; Honorary Member of the Chicago College of Pharmacy, &c.

GUYOT'S LAXORA LOZENGES.

Some considerable popularity has lately been obtained by aperient medicines made up in the form of confectionery. These palatable compounds chiefly emanate from France. The cook *par excellence* is the Frenchman; and, as a nation, they carry this peculiarity into their medicines. The Laxora lozenges of M. Guyot are of this confectionery class. They are efficacious and are nicely made; but, as their formula is a secret, it becomes a matter of question how far a medical man would be justified in prescribing them when he is not acquainted with their composition. It is to fill up this *hiatus* that the following examination was undertaken:—

The lozenge is enclosed in a crystalline envelope, which consists of sugar and chocolate. We then come to the true lozenge. It is a soft mass, easily worked down to a smooth paste with a little water, and, therefore, easily dissolved in the stomach. It weighs 68 grains, and the dose given on the wrapper is for an adult—two or three before bed-time, and to be followed up by one or half a lozenge in confirmed constipation. For delicate persons, or young children, one is stated to be sufficient. It is said that it does not purge nor irritate the intestines. The lozenge itself consists of—

Vegetable matter insoluble in spirit ...	51·54	per cent.
Alcohol extractive (containing resin 1·05)	20·41	,,
Ash	4·20	,,
Moisture	23·85	,,
	100·0	

The main ingredients seem to be senna (in an extractive form), manna, tamarinds, and probably a little cassia pulp. It is just possible that a little scammony or podophyllin resin has been used in the composition of the Laxora lozenge; but if so, in very small quantities, as evidenced in the analysis. This lozenge has been carefully examined for mineral purgatives, and for mercurious chloride or calomel in particular; but it proved to be perfectly free from these substances, and can, therefore, be safely administered as a mild and agreeable laxative medicine.

NOTICES TO CORRESPONDENTS.

Hospital for Incurables.—We stated by mistake that Dr. Mapother was a candidate for the physiciancy of this Institution. He happens to be one of the governors, and is, as our readers know, in surgical practice.

Hunterian Society of London.—This (Wednesday) evening, at 7½, Council.—8 p.m., Mr. Jacobson, "On Incision of Hydrocele Antiseptically as a means of Radical Cure in certain cases."

Epidemiological Society.—This evening, at 8½, Discussion on Mr. Lawson's and Dr. Ely M'Clellan's papers on "Cholera."

Clinical Society of London.—On Friday next, at 8½ p.m., Mr. Maunder, "On Double Valvular Osteotomy as a substitute for Excision of the Knee-joint" (living subject).—Mr. Christopher Heath, "On a Case of Subperiosteal Resection of the Shaft of the Tibia;" "On a Case of badly-united Fracture of the Leg treated by the Excision of a Wedge by Linhart's Chisel."—Mr. Clement Lucas, "On Excision of the Lower Half of the Ulna for a Myeloid Tumour" (living subject).—Dr. Cayley for Mr. Henry Morris, "On Excision of the Lower Ends of the Radius and Ulna for a Myeloid Tumour."

Mr. W. Parker, M.R.C.S., Bath.—We hope this gentleman will not carry out the threat on his last post-card "To be continued," we would rather be excused reading more nonsense than is absolutely necessary.

Sanitas.—*The Sanitarian* is a monthly publication and hails from New York. The subscription is three dollars annually.

T. R. H.—The gentleman named died in December last; you will find an obituary notice in one of our December numbers.

"THE MEDICAL PRESS" DEFENCE FUND.

Although this Fund is now closed we continue to receive many gratifying proofs of sympathy from our readers, of which the following letter may be taken as a type:—

Sir,—I beg to enclose you P.O.O. for my subscription to your valuable paper for the year '7, and to congratulate you at the same time upon your *defeat* in the action you so nobly defended in supporting the *status* of the medical profession, this may seem a paradox, but it has been the means of showing you the number of friends who rallied round you when they were called to the fore, and it must have been most gratifying to you to find how many noble names were added to your numerous friends who endorsed everything you said with regard to the medical cheap jacks.

Yours very truly,

Pailton, Rugby. Geo. M. Dickinson.

Communications, Enclosures, &c., have been received from—Dr. Gibson, Broughton-in-Furness. Dr. Winn, London. Dr. Gillespie, St. Thomas's Hospital. Dr. Wise, Norwood. Dr. Dolan, Halifax. Dr. Francesco Ghiglia, Rome. Surgeon-Major F. R. Hogg, Meerut, India. Dr. Wyckoff, Brooklyn, New York. Mr. Lennox Browne, London. Dr. Heagerty Bellingham, North Tyne. Mr. Lowther Kemp, Hospital for Diseases of the Chest. Dr. Martin, Dronfield, Sheffield. Dr. W. H. Day, London. Dr. Ryder, Nailsworth. Dr. Thorowgood, London. Dr. Cunningham, Calcutta. Dr. Kirby, London. Dr. Piffard, Charleston, United States. Dr. McNaughton Jones, Cork. Dr. Griffiths, Pimlico. Dr. Carey, Taunton. Mr. Swann, Newark. Mr. Pomfret, Hollingsworth. Mr. Mathew Francis, Sunderland. Mr. Lunn, Edgbaston. Mr. Prescott Hewett, London. Mr. Wilder, Sulham, Reading. Dr. Agar, Ponder's End. Mr. Glynn, London. Dr. Winslow, London. Dr. Johnson, Kukenny. Dr. Lory Marsh, London. Mr. Evans, Wimbledon. Dr. Cowling, Louisville, America. Dr. James, Kensington. Mr. Turney, London. Dr. Bourneville, Paris. Major Bolton, London. Mr. Jabez Hogg, London. Mr. Boddy, Kennington. Dr. Fisher, H.M.S. *Cruiser*, Mediterranean Squadron. Dr. Joyce, Falcarragh. Dr. Byson, Limavady. Dr. Barry, Thurles. Dr. Clarke, Drogheda. Dr. Callanan, Kilbrittain. Dr. Cronin, Queenstown. Dr. Cooke, Enniscorthy. Dr. McIntire, Cobraine. Dr. Brodie, Lismany. Dr. Carleton, Delvin. Dr. Casey, Bruff. Dr. Beamish, Passage West. Dr. Connolly, Waterford. Dr. Andrews, Cloughjordan. Dr. Boyce, Stillorgan. Dr. Bourke, Limerick. Dr. Anthony, Dungarvan. Dr. Browne, Belfast. Dr. Adams, Shercock. Dr. Dundas, Moynalty. Dr. Robinson, Benagh. Dr. Fisher, Mountrath. Mr. Robert Sers, Epperstone, Notts. Dr. Milner Fothergill, London. Dr. McDowell, Dublin. Dr. Mackesy, Waterford. Dr. Dolan, Halifax. Dr. Martin, Portlaw.

Dr. Hawtrey Benson, Dublin. Mr. Tichborne, Dublin. Dr. Collard, Sunderland. Mr. Tyler, London. The Registrar-General. Dr. Dickinson, Pailton. Dr. Blackett, Southwold. Dr. Burchardt, Manchester. Dr. Wolfenden, Tutbury, Burton-on-Trent. Mr. Parker, Bath. Mr. Warden, Charity Voting Reform Association. Dr. Burder, Bristol. Mr. A. T. Hawkins, London. Dr. Bell, New York. Dr. Dickson, London. Dr. Dill, Manchester. Dr. Bridge, Wellington, Somerset. Mr. Coumbie, London. Dr. McCarthy, Clonmel. Dr. George Wyld, London. Dr. W. Berry, Holmkirk, Yorks. Dr. Azam, Bordeaux. Dr. Loewenberg, Paris. Mr. Critchett, London. Mr. Hird, London. Dr. Pollock, London. Mr. Yewsham, Oldham. Mrs. Baines, London. Dr. Blackett, Wangford, Suffolk. Dr. Andrew Clark, London, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Biographical Sketch of Sir Wm. Fergusson. By Hy. Smith, F.R C.S. London: J. and A. Churchill.

Cancer, Tumours, and Minor Operations. By T. Gurney, M.D. London: H. K. Lewis.

Gout: its Nature and Treatment. By J. Parkin, F.R.C.P. London: Hardwicke and Bogue.

Notes on the Surgical Treatment of Aortic Aneurism. By J. Cockle, M.D. London: J. and A. Churchill.

The Journal of Psychological Medicine. Vol. III. Part I.

British Journal of Dental Science. The Medical Temperance Journal. The Monthly Microscopical Journal. New York Medical Journal. The Practitioner. The Obstetrical Journal. The Sanitarian. The Veterinary Journal. La Gazetta di Roma. Le Progrès Medical, &c., &c.

VACANCIES.

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence provided. Applications to the Secretary. (See Advt.)

Clayton Hospital.—House Surgeon. Salary, £120. Applications to the Hon. Sec. at the Hospital, Wakefield.

Gloucester County Infirmary.—House Surgeon. Salary, £80, with board. Testimonials to Dr. Batten, Gloucester.

Macclesfield Infirmary.—House Surgeon. Salary, £100, with board. Applications to Mr. Cooper at the Infirmary.

Teignmouth Infirmary.—House Surgeon. Salary, £50, with board. Applications to the Chairman of Committee.

Reeth Union, Yorks.—Medical Officer for the Muker District. Salary, £45, with £25 additional as Health Officer. Address the Clerk to the Guardians, Richmond.

APPOINTMENTS.

Burnett, W. E. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for No. 8 District of the Ashton-under-Lyne Union.

Crocker, Dr. H. Radcliffe, Assistant Physician to the East London Hospital for Children, Shadwell.

Denning, J., V.C., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer for the Stainland District of the Halifax Union.

Donkin, Dr. D. D., Physician to the East London Hospital for Children, Shadwell.

Hurst, H. F., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the South Longbenton District of the Tynemouth Union.

Lawson, R., M.B., C.M., Senior Assistant Medical Officer to the Third Middlesex Asylum, Banstead Downs, Surrey.

Maginnis, R. M., M.B., Medical Officer for No. 2 District, First Division, and No. 9 District of the Honiton Union.

Palmer, E. T., L.R.C.S.Ed., L.A.H.D., Apothecary to the No. 2 South City Dispensary District of the South Dublin Union.

Rumboll, W., M.R.C.S.E., Medical Officer for the No. 9 District of the St. Saviour Union, Surrey.

Scoresby-Jackson, T., M.D., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 4 District of the Devizes Union, and Medical Officer of Health for the No. 4 Sub-district of the Devizes Rural Sanitary District.

Tibbits, E. T., M.D., a Medical Officer to the Bradford (Yorkshire) Fever Hospital.

Warner, Dr. Francis, Assistant Physician to the East London Hospital for Children, Shadwell.

Marriages.

Philpot–Needham.—April 5th, at St. Michael's Church, Belgravia, J. H. Philpot, M.D., to Isaline, elder daughter of Joseph Needham, of Croydon.

Ramsay—Eyre.—April 5th, at St. Nicholas Church, Brighton, James Ramsay, M.D., of York, to Frances, daughter of the late Rev. W. T. Eyre, Vicar of Padbury.

Deaths.

Boxall.—On March 29, at Wisborough Green, Sussex, Heny Boxall, F.R.C.S.E., aged 60

Coleman.—On March 26, Henry William Alexander Coleman, M.D., of Lutterworth.

Donald.—On March 24, at Edinburgh, James Smart Donald, M.B., aged 27.

England.—On March 21, at Rathgar Road, Dublin, Richard Arthur England, M.D., aged 66.

Kennedy.—On March 22, at Castlegate, Jedburgh, Gilbert Kennedy, Surgeon, aged 70.

Norris.—On March 23, at Oldswinford, Worcestershire, William Norris, M.D., aged 85.

Stevens.—On March 22, at Slough, Richard Howell Stevens, M.B., aged 31.

Suther.—On March 21, at Southsea, Peter Suther, M.D., Deputy Inspector-General of Hospitals and Fleets, aged 92.

Titterton.—On April 2, at Westgate Lodge, Warwick, Henry Titterton, M.D., Surgeon-Major, Army, aged 46.

ST. THOMAS'S HOSPITAL MEDICAL AND SURGICAL COLLEGE, S.E.

The Summer Session will commence on TUESDAY, MAY 1st. The Classes for the various Examinations of the University of London will recommence on the same day.

For prospectus or further information, with reference to classes, clinical instruction, scholarships, residence of students, &c., &c. Apply to Dr. Gillespie, Medical Secretary, at the Hospital.

W. M. ORD, M.B., Dean.

THE LONDON HOSPITAL AND MEDICAL COLLEGE, Mile End, E.

The Summer Session will commence on May 1st. New full Students can compete for the Entrance Scholarships in October. Special entries for Medical or Surgical Practice. The Hospital contains nearly 800 beds. The Aldgate Station of the Metropolitan Railway, is within a few minutes walk, and the Whitechapel Station of the East London Railway is immediately opposite the Hospital. Prospectus and full particulars on application. R. KERSHAW, Secretary.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on TUESDAY, MAY 1st. The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week. In addition to the usual Courses of Lectures given by the appointed Teachers, Lectures are also given on Comparative Anatomy and on Dental and Aural Surgery. Further information may be obtained from the Treasurer or Dean of the School, at the Hospital.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.—The SUMMER SESSION begins on TUESDAY, MAY 1st.

For particulars as to the Hospital and College, apply personally or by letter to the Resident Warden of the College, St. Bartholomew's Hospital, E.C. A handbook forwarded on application.

LONDON SCHOOL of DENTAL SURGERY, LEICESTER SQUARE.

The SUMMER SESSION will commence on TUESDAY, 1st MAY with the Distribution of Prizes to the successful Pupils of the Hospital, at Willis's Rooms, at 4 o'clock. Prof. Huxley, F.R.S, will preside.

Lectures.

Anatomy and Physiology of the Teeth—Mr. C. S. Tomes.
On Wednesdays and Saturdays, at 8 o'clock a.m.
Dental Surgery and Pathology—Mr. S. Hamilton Cartwright.
On Tuesdays and Fridays, at 8 o'clock a.m.

The WINTER SESSION will commence in OCTOBER.
Total Fee for Lectures and Practice, £31 10s.

T. FRANCIS KEN UNDERWOOD, Dean.

ROYAL FREE HOSPITAL, Gray's Inn Road.—There is a VACANCY for a JUNIOR RESIDENT MEDICAL OFFICER in this Hospital. Candidates, who must be possessed of a Medical or Surgical qualification from one of the Examining Boards of the United Kingdom, are requested to send in their Testimonials to the Secretary, on or before Wednesday, 18th April, 1877.

The Appointment will be for six months only, but the holder will be eligible for re-election. Board and residence are provided in the Hospital. JAMES S. BLYTH, Secretary.

CHARING CROSS HOSPITAL AND MEDICAL SCHOOL.

SUMMER SESSION, 1877.

LECTURES and CLINICAL INSTRUCTION in the Wards will commence on TUESDAY, MAY 1st.

Gentlemen can enter to any Course of Lectures or to Hospital Practice only.

The Hospital has a service of 236 beds for Clinical Teaching, including those of the adjoining Royal Westminster Ophthalmic Hospital, to which Matriculated Students are free.

TWO ENTRANCE SCHOLARSHIPS of £30 and £20 respectively are awarded annually in October, for which candidates are required to give notice of their intention to compete on or before Saturday, September 22nd.

The LLEWELLYN SCHOLARSHIP of £25, and the GOLDING SCHOLARSHIP of £15, open to Matriculated Students who have completed their second and first academical years respectively.

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FRANCIS HIRD, Dean.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

ENTRANCE SCHOLARSHIPS.

Two Entrance Sholarships of the value of £30 and £20 respectively, tenable for one year, will be awarded annually in the first week in October, after a competitive examination in the following subjects:—Compulsory: English, Latin, French, or German, Mathematics. Optional (only one of which may be selected): Chemistry, Mechanics, German, or French. The subjects (as regards extent and the authors selected), will be the same as those chosen for the Matriculation Examination of the University of London in June, 1876.

Candidates must give notice of their intention to compete on or before Saturday, September 22nd, 1877.

FRANCIS HIRD, Dean.

IRISH POOR-LAW INTELLIGENCE.

WATERFORD SPRING ASSIZES.

CANE V. SHEEHY.

THIS was an action for libel brought by Dr. Cane, M.O., Kilmackevogue, against Mr. Philip Sheehy, P.L.G., to recover £1,000 damages for a libel.

Mr. Purcell, in an able and argumentative address, laid the case before the jury. The libel consisted in a letter written to the Local Government Board, charging Dr. Cane with neglect of duty by absence from the dispensaries of Mullinavat, Slieverue, and Glenmore. Counsel read a testimonial which Mr. Foskin, of Deerpark, and others, as members of the dispensary committee, had given the plaintiff some six years ago. Amongst the members of the committee who gave Dr. Cane that unanimous expression of their approbation was Mr. Philip Sheehy, the defendant in this case. Dr. Cane was subsequently summoned to attend a special meeting of the dispensary committee to explain a charge of neglecting to attend a person of the name of Egan. He also got up a special meeting on the 23rd of September to explain a charge neglecting to attend Catherine Carrol, a lunatic. That committee had expressed their satisfaction of the manner in which Dr. Cane discharged his duties. Amongst the gentlemen on that committee were J. L. Conn and others. The Local Government Board sent down their inspector, Captain Hamilton, to investigate these charges, and the Local Government Board reported these charges as frivolous and unworthy of investigation. Counsel now read the letters of Mr. Sheehy to the Local Government, conveying eight charges.

Dr. Cane's replies to the different charges were now read, from which it appeared that the doctor was in attendance upon patients at the time specified. On one of the occasions the doctor stated that he had only enjoyed three hours rest out of thirty. The doctor's reply to one of the charges was "untrue, I deny this charge." On another occasion on which a meeting was held a resolution was carried to the effect that the committee were of opinion that the practice of bringing forward frivolous charges against their medical officer was highly reprehensible. Counsel wished to call their attention to the fact that a letter was forwarded to the Local Government Board by one Phelan, and subsequently a similar letter by one James Grant, both of whom were in the employment of Mr. Philip Sheehy. He hoped the result of the verdict of the jury would be to secure some quiet and peace

Dr. Cane.

Dr. J. B. N. Cane sworn and examined—There are three dispensaries in my district; it is something about seventeen miles from one end of the district to the other; I and Mr. Sheehy were on very good terms until a few years ago. Dr. Cane read the minutes of the meeting held touching the death of Egan, from which it appeared the committee passed a resolution to the effect that they considered the charge was frivolous; was present at the inquiry which took place in January and February, '76. [The letter which the Local Government Board sent to the committee on the occasion was handed up. Counsel said the gist of that letter was that the Local Government Board considered the charges not proved.] I never drank in a public-house during dispensory hours.

Sergeant Armstrong proceeded to read Dr. Cane's reply to the charges preferred by Mr. Sheehy. In a portion of Dr. Cane's reply occurred the sentence, "Mr. Sheehy left the street that evening like a stately ship in full sail." Serjeant Armstrong wished to know what Dr. Cane meant to imply by that observation. Was it that Mr. Sheehy was drunk?

Dr. Cane—Yes; Mr. Sheehy certainly left the street that night drunk. My object in charging Mr. Sheehy with having been drunk was to let the Local Government Board know the class of men that were making these charges against me. I remember distinctly that a number accompanied by another Mr. Sheehy marched in regular military order, with spades on their shoulders, and groaned outside my door. It is a fact that I was not at Slieverue on the 21st March, 1876, until half-past one; I was an hour and a-half late. I was on the platform at the Waterford terminus on that day. I and others went into Fitzpatrick's public-house at the bridge; I took nothing there myself. It is not usual, if you leave the dispensary for half-an-hour, to record it. Was not there the whole time. The official duties that kept me away on that day were three visits; I left the dispensary on that day, and paid a visit, and returned. In my letter, where I stated that my wife had been injured by "the ruffianism and riotous conduct of Sheehy's fellows," I meant Sheehy's companions. Was fined at the Kilmacow petty sessions for spitting in Philip Sheehy's face. On one occasion I asked the bench not to bind me to the peace, inasmuch as it would affect my position as a medical doctor. Was brought to Kilmacow sessions for assaulting John Foski, and for firing a revolver at a man. Was not drinking in a public-house at Ballyhale; was not in liquor in Ballyhale; was never drunk there.

Sergeant Armstrong opened the defendant's case in an able and argumentative speech. He did not think it necessary to go into any elaborate statements, *pro* or *con*, as to the investigation which was held by Mr. Hamilton. Counsel read the minutes of the Local Government Board touching on the matter. He said that on the occasion of the investigotion, the Local Government Board, to use a common expression, let the doctor down easy, and that he had suffered nothing in character, or position, or in salary. The steps which were taken by his client were by no means out of the regular course, and his action was called for. In reply to Mr. Sheey, Dr. Cane had written to the Local Government Board a very strong and intemperate letter. Counsel next read Mr. Sheehy's letter to the Local Government Board, in which he said there was no unhandsome or severe language. His client had brought an action for the charge which Dr. Cane had made against him in saying that his companions were "ruffians and riotous fellows." That certainly looked very like a libel. Counsel said if the jury considered that the letter was written in a fair manner, and if the language contained in it were not unjust, it was their duty not to find against his client.

Mr. Philip Sheehy, P.L.G., examined—I wrote this letter (the letter containing the alleged libel). When I wrote that letter I believed that Dr. Cane had absented himself. I saw the doctor, and William Ryan, and another man, go into a public-house at twenty-three minutes past one; saw him leave the public-house before two. I was informed that he was absent on the 17th March.

To Mr. Purcell—It is not true that I moved a resolution testifying to the satisfactory manner in which Dr. Cane performed his duty. I was one of the committee who carried that resolution; did not regret that Dr. Cane on that occasion was about to leave Mullinavat; he got that testimonial to enable him to get another position; thought it was no use opposing that resolution, because it would pass; when I voted for Dr. Cane to be consulting sanitary officer, I believed any one to be qualified for the position. (Laughter.) At the time of the death of Egan, I applied to the Local Government Board for an investigation; was not at the meeting which was held on the 17th of March, because I got no notice of it; it was an ordinary meeting; waited on the occasion on which I saw the doctor going into the public-house; was not watching him; don't think he was going in to see a patient, because I saw him going into a tap-room.

Thomas Sheehy, examined by Sergeant Armstrong—I am son of the defendant, and wrote the letter for him to the Local Government Board. I saw Dr. Cane in Waterford on the 4th April; that was a dispensary day, and when I went home, I told my father. I saw the doctor in the city.

John Foley called and examined by Sergeant Armstrong—I was in Waterford on the 21st March, 1876, and saw Cane on the platform of the railway, and going off it with Owen M'Donnell and others.

Where did they go to? Into the house of Fitzpatrick, a publican, at the bridge; I didn't look after them afterwards; on that day I went to the workhouse on business, and met the defendant there, and told him I saw the doctor going into the public-house.

Cross-examined by Mr. Ryan—Are you not bound over to keep the peace towards Cane?

Witness—Yes.

John Conn examined—Pat Walsh is my brother-in-law; I remember the time he had the fever; I got a red ticket and gave it to the doctor, telling him that the boy was very bad, and was not expected to live; the doctor said he would not go that night; he did not care if the boy died in half an hour, but he would not go.

His Lordship—I would like to see a copy of the libel, and the doctor's answer to the Local Government Board.

Sergeant Armstrong—Now I again offer, on the part of my client, to let the parties turn their backs on each other.

Mr. Purcell—Will you pay costs?

Sergeant Armstrong—Not a penny.

Mr. Purcell—Then we can't listen to it. It would ruin my client.

His Lordship—It may ruin both.

Mr. Hemphill then proceeded to sum up the case for the defence. He appeared for Mr. Sheehy, who had not instructed him to say a single word against Dr. Cane. Sheehy was a respectable farmer, who held a farm of 120 acres; but he is far from being a wealthy man, while Dr. Cane enjoyed a salary of £145 a year from the public. They were both servants of the public, but one—the plaintiff—was paid for his services, and the defendant was not. Mr. Sheehy had no ill-will in making the charge; he merely wanted to protect the public, and for that he was sought to be victimised in damages and costs by the official who did not do all his duties punctually, and who refused any settlement but money. On the 2nd of March, 1876, the Local Government Board sent down a report, on a then recent investigation into charges made by some parties against Dr. Cane, in which they stated that, under the peculiar circumstances, they would not take action on previous charges, but would take serious notice of any future irregularity or want of punctuality of attendance on the part of Dr. Cane. It was after that that Sheehy made the charge, which was the subject matter of libel, and who could blame him for doing so! He was, though unpaid, a public servant, and he felt conscientiously bound to report these irregularities. The second charge referred to an absence from one of Dr. Cane's dispensaries, and he admitted that he was absent, but said he was suffering from bronchitis. But what was the fact? On that very day Dr. Cane was in Waterford, and went into a public-house, where he remained for three-quarters of an hour, with his car-driver, and his wife, and a woman who was arrested that night for drunkenness; and he then went to the workhouse to look after some money due to him. The bronchitis attack could not have been very bad when that was the case, and the defendant was justified in calling attention to the case. Then they had the case of Walsh, the fever patient. And what was the doctor's answer to that charge? That he would not go out to see the sick man because it was too late! Too late! and that was seven o'clock of an April evening.

Mr. Ryan, Q.C., replied for the complainant, and maintained that Mr. Sheehy preferred his charges through malice. Counsel for Sheehy said that the defendant had no malice against Dr. Cane. Yet they were instructed to say that he was drunk at Ballyhale, in Martin Carroll's public-house. Why was not that sought to be proved?

His Lordship—I would not have allowed proof of it to be given, for it does not affect the charges before us.

Mr. Ryan said it had, at all events, been alluded to. Mr. Sheehy said, or his counsel had said it for him, that he did not wish to injure Dr. Cane, and yet, so late as the 15th December last, they had Mr. Sheehy joining in frivolous charges against him, and counsel asked the jury to protect Dr. Cane against such harassing annoyance. Counsel contended, in conclusion, that Mr. Sheehy was not actuated by *bona fides*, and therefore should be made to pay for his misconduct.

His Lordship, in charging the jury, said the only excuse he had for addressing them at any length was, that the case had got into such a state of confusion by the many topics introduced into it that they might have a hesitation as to what they were to try. They would have to say, in the first place, if the letter complained of was a libel or a privileged communication; and having said so much, he should add that he had made a suggestion in the morning which he was very sorry had not been acceded to. He had heard from Dr. Cane that his professional character had not been injured, that he had suffered no pecuniary loss, and still held his situation. He then came to the conclusion that they were engaged in a very profitless inquiry, and the only question seemed to be which side would pay the costs. In a case like that, he always thought it best to get the parties out of court as cheaply as possible. It was said that Dr. Cane would be ruined if he had to pay his costs, and that might be true; but they should look to the defendant also. Now, probably, one of them would have to pay all the costs, and whoever it was would, in all probability, be thus deterred from further litigation for the rest of his life. He had suggested that, the parties should leave the court, back to back, and the offer was refused, to his great regret. Charges were made in 1875, after Dr. Cane had got a testimonial, which testimonial he asked them to dismiss from their minds, for it had nothing to do with the case at all, and his belief was that one of the great evils of the country was the facility with which testimonials were given, couched in the most flattering language. It was given to Dr. Cane to enable him to apply for an appointment in another district; and if the guardians thought so highly of him as they said, his wonder was that they had not increased his salary instead of helping him to some happier place. The charges brought by Mr. Sheehy against Dr. Cane chiefly referred to want of punctuality, and did not at all reflect on his medical or surgical skill. Dr. Cane was a public officer and he was bound to use due care and skill in attending his patients, and be punctual in his attendances; he was bound to be courteous and kind to those under his charge. What was Dr. Cane's answer to Mr. Sheehy's charges? He may be a very clever doctor, but as a correspondent he does not shine, in comparison with Philip Sheehy. Dr. Cane is a well-educated gentleman, and he knew that he was writing to educated gentlemen—to the members of the Local Government Board, and not to

private individuals ; and he should have met the charges in becoming language, and confined himself to them and to his defence against them. His Lordship then read Dr. Cane's reply to the Local Government Board in answer to Mr. Sheehy's charges, and said he had seldom, if ever, met with more unbecoming language from one public officer addressed to a Government Board, in reply to charges preferred against him by another public officer. He had read for them what was called the libel, and the answer of Dr. Cane ; and he repeated what he had said as to the impropriety of that answer. The whole case seemed to him to be one of costs, as there was no necessity to rehabilitate the character of Dr. Cane, which was not assailed in a professional point of view, and the board of guardians had accepted his own answer.

The jury retired shortly before six o'clock, and returned into court in half-an-hour.

The Foreman—There is no possibility of our agreeing.

A Juror—We only differ as to whether it was malice or not.

His Lordship—Even now, will they take my advice, and turn back to back ?

A Juror—Can we find a verdict that will make each party pay his own costs ?

His Lordship—No. On the subject of malice I may as well say a few words more. Malice here means express malice; that is, ill-will of some sort or other. If the object of the charges made by Mr. Sheehy was not to have an investigation, or if he thought them to be true, but sought under cover of them to drive Dr. Cane out of his position, that will be malice. Will my suggestion be acted on ?

Mr. Purcell (for Dr. Cane) declined to act on the suggestion, and asked to have the jury discharged.

His Lordship said he would not do so at that early stage of the case, as, if he did, the case was sure to come back to them, and then whoever was decided against would be saddled with double costs and would, in all probability, be ruined. He would ask the jury to retire again.

The jury having retired again,

Sergeant Armstrong said he was perfectly willing, on the part of Mr. Sheehy, to accept his lordship's suggestion, but if it was not accepted, he would go on with the cross case of *Sheehy* v. *Cane*.

Mr. Purcell—And we will meet you.

The jury shortly afterwards came out again, and the foreman said that in consequence of his lordship's last explanation the jury were more divided than ever, and there was no chance of their agreeing.

The jury were then discharged.

ATHY UNION.

POTABLE WATERS AND OPPOSED ANALYSTS.

FOUR samples of waters, from the public pumps and wells of Athy, having been sent to Dr. Emerson Reynolds and Dr. Cameron for analysis, the result of the two analyses were before the board. The analyses showed that different results had been arrived at by the analysts.

Dr. O'Neill said he had never known of an instance in the town where disease was caused by the drinking of water, except in the district of Rathstewart, where there was supposed to exist one of the best wells in the town, and yet a formidable outbreak of typhoid fever occurred amongst the people drinking the water of that well.

Chairman—It is a very serious matter to allow the people to consume water that has been condemned by the analyst.

Mr. Reeves—And by two analysts.

Dr. O'Neill—What are you to do when the opinions are diametrically opposed ?

Chairman—Some practical steps should be taken with respect to the condemned waters.

Dr. O'Neill—The owner of one of the pumps, which is stated to be the worst in the whole town, never, to my knowledge, spent one penny on medical advice in his life.

The subject then dropped.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1877.

MARCH 12th.—Power, Edward Richard, 3 Harrington Street, Dublin, M.B. 1876 and M.Ch. 1876 Univ. Dub.

13th.—Fraser, William John, Dundalk, co. Louth, M.B. Univ. Dub. 1876, Lic. 1876 and Lic. Mid. 1876 R. Coll. Surg. Irel. 1876.

19th.—Brown, John St. George, Middleton Road, Queenstown, co. Cork, M.B. 1876 and M.Ch. 1876 Univ. Dub.

27th.—Flanagan, John William Henry, The Rectory, Fintona, co. Tyrone, Lic. R.Coll. Surg. Irel, 1876.

29th.—Dimond, John Elliot, 28 Bloomfield Avenue, Dublin, Lic.R. Coll. Surg. Irel. 1877.

29th.—Atkinson, Joseph, Bridge House, Ballina, co. Mayo, Lic. R. Coll. Surg. Irel. 1876, Lic. 1877 and Lic. Mid. 1877. K. Q. Coll. Phys. Irel.

FEES FOR MEDICAL EVIDENCE IN CRIMINAL CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask you to publish the enclosed letters, which have passed between myself and the Under-Secretary relative to a claim made by me in respect of professional evidence given by me at petty sessions, and to say whether, under the circumstances, I am not entitled to a fee.

I am, Sir, your obedient servant,

Kilfinane, 17th March, 1877. H. DONOVAN.

"Dublin Castle, 7th March, 1877.

"SIR,—I am directed by the Lord-Lieutenant to acknowledge the receipt of your letter of the 4th ultimo, and to state that His Grace learns that you were not summoned as a witness by the constabulary in the case against John Quane, and were not ordered by the magistrates to attend the court on the occsion referred to.

"Under these circumstances your claim cannot be entertained.

"I am, Sir, your obedient servant,

"J. W. BURKE.

"H. Donovan, Esq., M.D., Spring Lodge, Kilfinane."

"Spring Lodge, Kilfinane, 12th March, 1877.

"SIR,—In reply to your letter (No. 3501) of the 7th inst., I beg to say that I was called upon by the presiding magistrates to give evidence in the case, whereupon the attorney for the defence offered me a fee of £1 1s., which I declined in consequence of the magistrates having directed the constabulary to see that I was remunerated. On such grounds I am sure there can be no longer any hesitation in allowing me the customary fee.

"I am, Sir, your obedient servant,

"To the Under Secretary." "H. DONOVAN.

"Dublin Castle, 16th March, 1877.

"SIR,—I am directed by the Lord-Lieutenant to acknowledge the receipt of your further letter of the 12th instant, with respect to your claim for giving medical evidence at Kilfinane petty sessions on the 19th of January last ; and I am to inform you that His Grace must adhere to the decision expressed in the communication addressed to you on the 7th inst.

"I am, Sir, your obedient servant,

"J. W. BURKE.

"H. Donovan, Esq., M.D., Spring Lodge, Kilfinane."

In reply to further inquiries by us Dr. Donovan states the case as follows :—

"DEAR SIR,—I was at petty sessions, prosecuting on behalf of the Registrar-General, when a case was called

on at the suit of the Crown against Quane and others. One of the Crown witnesses had been under my care for some time, and attributed her illness to the treatment she received at the hands of one of the prisoners. The magistrates inquired whether she had been attended by a medical man, and on being informed that I was her attendant immediately called upon me to give evidence. The attorney for the prisoners expressed his satisfaction at my being called upon and offered me a fee of £1 1s., to which the stipendiary magistrate replied, saying that the constabulary would see after me in that respect. Those are the full and exact particulars.

"Your most obedient servant,

"To the Editor." "H. DONOVAN.

[The correspondence appears to us to be eminently disgraceful to the Crown authorities at the Castle, who avail themselves of a quibble to do Dr. Donovan out of a fee which they must know he is equitably entitled to. If his account of the transaction be true, he was employed to give evidence by the Queen's representative—the stipendiary magistrate—and his claim to a fee was recognised both by him and by the solicitor for the prosecution, and yet the Castle authorities are not ashamed to disavow the authority of their own representatives, and refuse payment for essential evidence without which the prosecution could not be carried on. Dr. Donovan's only remedy is against the magistrate who employed him, but we are not prepared to say whether an action would lie against a justice, to recover fees under such circumstances.—ED. MED. PRESS AND CIR.]

CERTIFICATES OF LUNACY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall thank you to inform me how I can get paid for certifying in the case of a pauper lunatic—*not dangerous*—under the 5th and 6th Vic. cap. 23.

I have had two such cases lately: in one I certified with another medical practitioner, and in the other a visiting-ticket attached to the form of certificate was left at my house by a constable. I informed the patient's friends that, though I visited and certified, I did not hold myself bound to do so; as no such duty as certifying a lunatic was imposed on me as dispensary medical officer.

I have been applied to on this day to certify in another such case, and I am at a loss to see how I can refuse, taking into consideration the poverty of the patient and the disordered state of his mind.

On referring to the 5th and 6th Vic. cap. 23, "Irish Medical Directory," page 481, I do not find any mention made of payment for medical certificates, and the 14th section of 38 and 39 Vict. cap. 67 appears to apply only to *dangerous* lunatics. I am, Sir, yours very truly,

Bruff, March 24th, 1877. P. J. MACNAMARA, M.D.

[We believe that it is no part of the duty of a dispensary medical officer to certify any except a dangerous lunatic. The regulations issued by the Local Government Board to define his functions say nothing about it, and the Medical Charities Act (14th and 15th Vict., cap. 68, sec. xv.) says, "It will be the duty of any salaried medical officer of a dispensary district under this Act . . . to examine and certify, under the statute in that behalf, as to the case of any dangerous lunatic brought before a justice of the peace, within his respective district, when summoned by such justice to do so." It thus appears necessary to a gratuitous certificate, not only that the patient should be dangerous, but that the justices should summon the doctor, which being done, the doctor must attend, and the justices may give him a certificate of his fee, and the guardians must pay. In any other case than that of a *dangerous* lunatic, certified before a magistrate, the doctor may, in our opinion, refuse to certify, without his fee, and he must look to the guardians of the patient for payment. In such case, probably, the friends of the patient will either find a fee, or will have him brought before the magistrates as dangerous, and the dispensary doctor will then have to attend, on the chance of having his fee allowed by the magistrates.—ED. M. P. & C.]

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March* 31*st*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MARCH 31, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered*.	Total Deaths *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	41	205	248	30	73	...	1	4	...	3	5	1	6	3	77
BELFAST . .	20,687	182,082	46	102	160	25	30	...	10	...	...	6	5	4	17	22	30
CORK . .	13,816	91,965	42	63	75	7	27	...	1	...	...	...	...	4	...	...	40
LIMERICK .	8,509	44,209	52	14	44	5	19	...	...	3	...	...	...	...	...	..	27
LONDONDERRY	21,865	30,884	29	27	17	1	4	...	...	...	...	...	...	...	...	...	2
WATERFORD .	17,209	30,626	71	18	42	6	11	...	..	...	...	..	4	...	...	1	26
GALWAY	21,358	19,692	32	17	12	3	6	...	...	...	...	1	...	...	...	1	1
SLIGO . .	30,835	17,285	21	10	7	...	4	...	...	...	..	...	..	1	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 18, 1877.

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By T. Lauder Brunton, M.D., D.Sc., F.R.S.,

Fellow of the Royal College of Physicians, Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital.

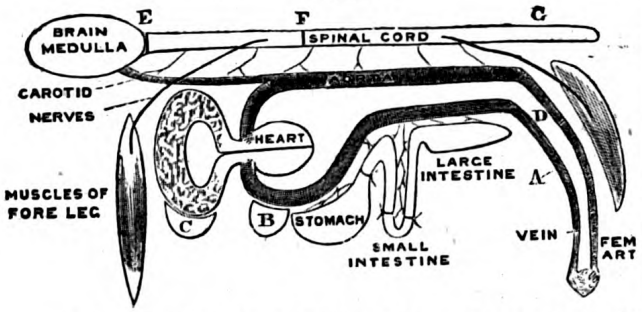
The third method of studying medicine is the one now employed. It is the one by which medicine is advancing. It consists in constantly comparing the ideas of the physician with objective facts. This may be done in two ways. The one way is simply to try various drugs in a disease without thinking of their *modus operandi* and using the one which seems most successful in the next case which is met with. This was the practice of the empirics. On account of the ignorance of those following this system it fell into discredit, but was again taken up by an English physician well termed the modern Hippocrates, who revived the practice of his great predecessor, and gave to English medicine a practical tendency which it has ever since retained. In spite of theories, English practice from the time of Sydenham has been regulated more by the teaching of experience than by the doctrines of the schools. For this reason English physicians are justly trusted. They may sometimes be behind those of other countries in their theoretical knowledge, but in skilful and successful treatment of their patients they are second to none. So long as we lack a sufficient basis of facts experimentally ascertained in pathology and pharmacology on which to found a rational system of therapeutics, we must be guided by clinical experience and practise empirically. Only as our knowledge slowly extends will we be able to cast aside empiric rules and confidently trust to the aid of science. The other way is to study the structure and functions of the various organs in health, the alterations they undergo in disease, and the action of drugs upon them, as a locksmith does the parts of a lock and the action of keys upon them. The knowledge thus gained ought to enable the physician to apply the remedy best fitted to act upon the seat of disease, and thus to effect a cure. The scientific study of pharmacology may be said to have begun with Magendie. The plan of investigation he pursued was exceedingly simple. It consisted, first, in preventing the drug which he wished to examine from reaching the particular part of the body on which it was supposed to act, and observing whether its action was abolished by this procedure; secondly, in applying the drug to that part of the body only, and noting whether it still exerted the same action as when applied to the whole body. The first poison with which he experimented was the upas, which was afterwards discovered to owe its activity to the presence of strychnia. The convulsions produced by the poison suggested to Magendie the following explanation of its action. It was, he thought, absorbed from the wound into the blood, by which it was carried to the the heart, and thence to all the organs of the body. On arriving at the spinal cord, it acted upon it as a violent excitant, producing the same symptoms as mechanical irritation or the application of electricity. But, just as Harvey was not to be satisfied with the mere probability suggested by the position of the valves in the veins, so Magendie was not content until he had tested his theory by experiment. The first question to be settled was—Whether the poison were absorbed or not? To test this supposition he applied the upas to the peritoneum and pleura, to loops of small intestine, of large intestine, and to the stomach, the latter three being isolated by means of ligatures, to the vagina and bladder. In all cases symptoms of poisoning followed, showing that absorption took place from all these parts.

The second question was—Does the poison act through the circulation? If so, reasoned Magendie, the first symptoms of the poisonous action will come on more slowly when it has far to travel to the spinal cord from the point of introduction, and *vice versâ*. On testing this by ex-

(a) Abstract of the Goulstonian Lectures.

periment he found that, when the poison was injected into the jugular vein, tetanus occurred almost instantaneously, and death took place in less than three minutes. When injected into the femoral artery the distance to be travelled before reaching the cord would be greatly increased, for the poison must first pass through the artery itself, through the capillaries and veins, through the pulmonary circulation, and through the arteries of the cord. Under these conditions its action should be slow, and experiment proved that no symptoms appeared until seven minutes after the injection.

FIG. 1.



The question—Whether it really acted upon the cord? still remained to be put to a crucial test. If its effects were really due to its action upon the spinal cord, they ought to cease upon the destruction of that part of the nervous system, and to occur when the drug was applied to it alone. The cord was therefore destroyed by running a piece of whalebone down the vertebral canal at the moment of injection. When this was done no tetanus occurred. In another experiment Magendie waited until tetanic spasms had been induced by the upas, and then destroyed the spinal cord by slowly pushing the whalebone down the vertebral canal. As the whalebone advanced the tetanus disappeared, first in the fore-legs, when the dorsal part of the cord was destroyed, and then in the hind legs, when the whalebone had reached the lumbar vertebræ. In another experiment an animal was narcotised by means of opium, and the spinal canal laid freely open. The upas was then directly placed on a part of the spinal cord. Tetanus immediately occurred in the part of the body, and in that part only, to which the nerves arising from this portion of the cord were distributed. When the poison was successively applied to other parts of the cord the convulsions spread to the corresponding regions of the body.

Having thus clearly demonstrated the *modus operandi* of the poison, his next thought was to turn this discovery to practical use. The following is a translation of the passage in which he suggests the therapeutical employment of the first-fruits of modern pharmacological research.

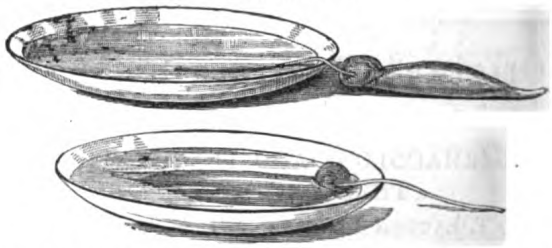
"Medicine would, perhaps, derive great advantage from the knowledge of a substance whose property is to act especially on the spinal cord, for we know that many very severe diseases have their seat in this part of the nervous system; but upas does not occur in commerce, and, even though experience should show it to be a precious medicine, how is it to be procured?"

This question Magendie himself answered by investigating the physiological action of a substance obtained from the same natural order of plants as that from which the upas was derived. This was nux vomica, which is found abundantly in commerce. The extract obtained from it was shown by experiment to have an action almost exactly like that of upas. While seeking an opportunity to apply this in practice, his intentions were forestalled by M. Fouquier, who was induced, probably by the publication of Magendie's research, to use nux vomica in cases of paralysis. His success was great, and the results he obtained were shortly afterwards confirmed by Magendie himself, who had used the drug as he originally intended, before becoming aware of Fouquier's experiments. To pharmacological research we therefore owe one of the most valuable remedies we possess.

The second example taken by the lecturer of pharmacological research was the investigation of the curare poison by Magendie's pupil, Claude Bernard. Sir Benjamin Brodie proved that curare caused death by paralysing the respiration, but he did not discover how this paralysis was produced, nor was it until 1844 that the researches of Bernard solved the problem. Paralysis may depend either on the muscles, which, by their contraction effect movements, on the motor nerves which excite these muscles to action, or on the nervous centres, from which the stimuli to these motor nerves usually proceed. Working backwards, Bernard found that curare did not produce paralysis by acting on the muscles, for, on irritating them by a galvanic current in a frog killed by this poison, he observed that they contracted as readily and strongly, and continued to do so for as long a time after the death of the animal, as when it had been killed by decapitation. But when he applied the current to the nerves the result was very different. Then the muscles to which the nerves were distributed contracted readily in the decapitated frog, but did not contract at all in the one poisoned by curare. The motor nerves were thus proved to have lost their power, and the abolition of their function might be fairly regarded as the cause of the paralysis and death produced by the poison.

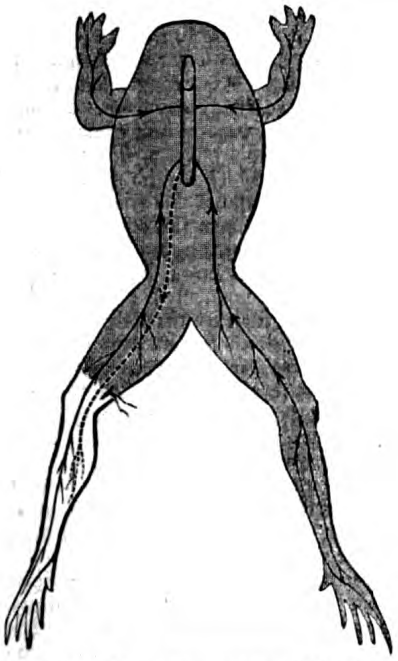
Was this loss due to the action of the curare on the nerve-trunks, or on their terminations within the muscles? This question Bernard settled by steeping a nerve and a muscle for a short time in a solution of the poison, and then

FIGS. 2 and 3.



stimulating them by a galvanic current. When the trunk of the animal alone had been exposed to the action of the curare, its irritability and power over the muscle remained apparently unimpaired; but when the muscle had been soaked in the solution, so that the poison reached the ends of the nerves within it, the power of the nerve to cause such action was perfectly destroyed. The action of the poison was thus localised to the ends of the motor-nerves, and the abolition of their functions might be fairly regarded as the cause of the paralysis and death produced by the poison. But it was also possible that other parts of the nervous system might be effected in a similar way; and, to ascertain whether this was so or not, Bernard adopted a most ingenious method of experiment. It was evident that the paralysis of the motor-nerves which the curare produced, would completely destroy the usual means of communcation between the nerve-centres and the muscles, and thus prevent the brain or spinal cord from setting the muscles into action. These centres might, therefore, still retain their functions unimpaired, although they had no power to manifest them. In order to give them an opportunity of doing this, it was necessary to exclude one limb from the action of the poison, in order that, by retaining its power to move, it might act as an index to what was going on in the nerve centres. Bernard accordingly tied the artery and vein in the leg of a frog, close to the knee, and then introduced some curare under the skin of the back. The poison was soon carried by the blood to every part of the body, excepting that from which the circulation had been cut off by the ligature. In the accompanying figure, the poisoned parts are shaded, while the unpoisoned part is unshaded.

FIG. 4.



When the whole frog was poisoned, he had observed that pinching the skin produced no movement in any part of the body; but he now found that, while no movement took place in the poisoned part, pinching the skin on any part of the body was followed by movements of the non-poisoned leg. It was then clear that the sensory nerves and spinal cord retained their functions, and that the want of movement in the poisoned parts of the body was due to the paralysis of the motor nerves, which prevented the spinal cord from setting the muscles in these parts into action. When, for example, the skin of the poisoned leg (which in the diagram is the shaded right one) was pinched, the irritation was transmitted up the sensory nerves, in the direction of the arrows, towards the spinal cord, and reflected by it down the motor-nerves of the other limb to the muscles both above and below the knee. But it was only below the knee, in the part protected from the poison, that they responded to the stimulus. As he had previously determined that the contractility of the muscles was not affected by the poison, this experiment seemed to prove that the action of the poison was limited to the peripheral ends of the motor-nerves. For the sensory nerves, the spinal cord, and the trunks of the motor-nerves above the knee had all been exposed to the action of the poison, and yet they still continued to do their work. Thus, it would appear, that the fault must lie with the terminations of the motor-nerves within the muscles, and with them only.

But, although the motor-nerves are the chief, they are not the only parts affected by the poison, for further experiments of Von Bezold and Schiff have shown that the spinal cord and motor-nerves are also paralysed, though less readily and completely than the motor-nerves.

As a third example of pharmacological investigation, the lecturer took casca bark, which he had lately been examining with Mr. Pye. This bark is used as an ordeal poison along the greater part of the coast line of Western Africa, with the exception of Old Calabar. In different districts, it bears the names of "doom," "gidu," "sassey," "saucy," "cassy," and "casca." It is obtained from the Erythrophleum Guinense, which, like the Calabar bean, belongs to the natural order Leguminosæ.

There are two ways in which it is employed by the natives. One is to make the suspected person fast for several hours, and then to give him a few grains of rice and some infusion of the bark. If he vomits all the grains of rice, and is not purged, he is said to be innocent. If he be purged, he is pronounced guilty. The other way is to bend several boughs of trees, and stick both ends into the ground, so as to form a long archway, through which the accused walks in a stooping position, after a dose of the infusion has been administered. If he be able to walk through without stumbling, he is considered to be innocent. If he stumble, he is said to be guilty, and at once despatched. The chief effects of the poison, by which the innocence or guilt of the accused is decided, are thus: vomiting, purging, and loss of muscular power or co-ordination.

The purging appears to be due to increased peristalsis, caused by the local action of the drug upon the intestine. The vomiting occurs when the poison is injected into the blood, but is probably due to its irritating the stomach, to which it is carried by the blood. Loss of the power of walking appears to be due to failure of the spinal cord, from imperfect circulation of blood through it. The action of the drug upon the circulation is of two kinds. It increases the force of the heart's beats, while it lessens their frequency, and it causes the arterioles throughout the body to contract. The drug renders the cardiac pulsations slow, partly by its action on the vagus, and partly on the cardiac ganglia in the heart itself. The contraction of the arterioles is probably caused by the action of the drug either upon the muscular walls of the arterioles, or on the nerves immediately surrounding them. It also has a special action on the vessels of the kidney. In moderate doses it has a diuretic action, but in large doses it completely stops the secretion of urine. It will, therefore, probably have, like digitalis, a cumulative action, for when a certain quantity is present in the blood, it will diminish the urine, and thus prevent its own excretion, while it is still being taken in by the stomach.

In casca, then, we possess a drug which strengthens and slows the heart, contracts the arterioles, and increases the urine. Having gained this knowledge, how are we practically to apply it? What connection is there between our acquaintance with the parts of the body on which the drug acts and the symptoms of any disease with which we meet at the bedside? The connecting link between these two, pharmacology and symptomatology, is pathology. This traces back the symptoms of disease to alterations in the structure and functions of the different organs, just as we have seen pharmacological experiment in the hands of Magendie trace back the symptoms produced by strychnia to the spinal cord.

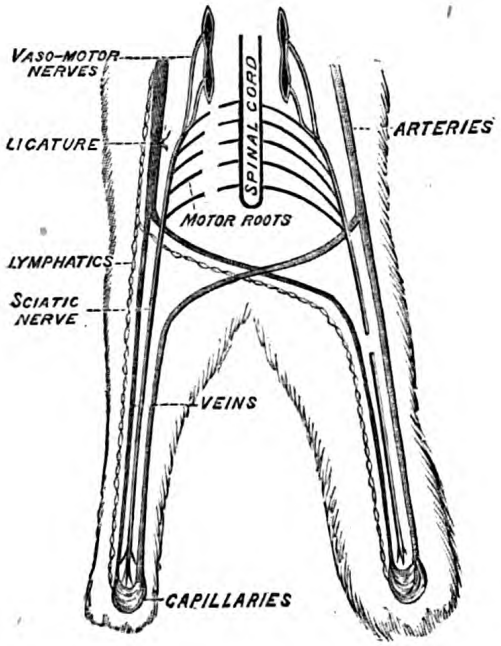
In cases of mitral regurgitation, the valve which ought to prevent the backward flow of blood from the left ventricle during its systole is inefficient, and, like one sliding back at each step while walking on a slippery road, the heart must beat with abnormal power to carry on the circulation. No wonder, then, if it palpitates at the slightest unusual call upon its efforts. But more than this: each pulsation not merely fails of its proper effect in forwarding the circulation, it positively retards it; for each systole sends a jet of blood back into the auricle, and obstructs the flow in the pulmonary veins. The blood cannot pass through the lungs with sufficient rapidity: aeration is, therefore, deficient. Thus we learn why the respiration is laboured, the skin dusky, and the lips livid.

How, then, is this to be remedied? First of all, it would be an advantage to make the heart beat more slowly; for when it pulsates rapidly there is no time for the pulmonary veins to become well emptied between each systole. By lengthening the interval between them, the ventricle has time to become better filled, and sends a fuller current into the wide aorta, and a proportionately small amount back into the pulmonary veins through the narrow chink in the mitral valves. But if this were all, why should not a drug like aconite serve our purpose, for it slows the heart? But at the same time it weakens it, and in the conditions which we have just been considering, one of the most important factors is weakness of the right ventricle; for it is in the pulmonary circulation that the

resistance lies, and one of our most important tasks is to strengthen the propulsive power of the right ventricle, as well as to remove obstruction in front. This end we gain by employing digitalis or casca, which increase the strength at the same time that they diminish the rapidity of the cardiac contractions.

The next symptom is œdema. This depends upon accumulation of fluid in the cellular tissue, and may be due either to too much being poured out from the blood-vessels or to too little being re-absorbed. It was attributed by Lower, in 1680, to diminished absorption by the veins; his idea being based upon some experiments in which he tied the vena cava, with the effect of producing great œdema of the lower extremities. His opinions were confirmed by the observations of Bouillaud, who noticed a similar condition in patients suffering from thrombosis of the iliac veins. His experiments, however, were repeated by Valsalva, Hewson, and several others, with a different result; and it was not until Ranvier, in 1870, again investigated the question, that the cause of the discrepancy between these observations was ascertained. On tying the vena cava in the abdomen of a dog, Ranvier found that œdema did not come on unless the nerve of the limb was divided at the same time. When the sciatic was cut on one side the arteries were dilated, so that the leg became warm and œdema came on (as on the left leg in the diagram), while no swelling was perceptible on the opposite limb, although the venous circulation was equally obstructed in both. The reason of this appears to be that, so long as the arteries were not unnaturally dilated, the lymphatic system sufficed to absorb the fluid poured out for the nutrition of the tissues, so that no excess accumulated in them. Whenever section of the vaso-motor nerves allowed the arteries to become dilated, more fluid was poured out than the lymphatics could absorb; and the veins being prevented from removing the excess, as they would have done under ordinary circumstances, it remained in the tissues, producing œdema. That this effect was due to paralysis of the vaso-motor, and not of the motor nerves of the limb, was shown by Ranvier in another experiment. He divided the roots of the sciatic nerve in the spinal canal before they had been joined by the communicating branches from the great sympathetic. He thus cut the motor without injuring the vaso-motor nerves, and rendered the leg completely powerless, without altering the vessels. In this case (as in the right leg in the diagram) no œdema occurred, although the vena cava had been tied as in the former experiment.

FIG. 5.



We see, then, that contraction of the arterioles may prevent œdema, even although venous obstruction exists; and we are warranted in supposing that it will diminish the œdema after it has already come on. But more than this: stimulation of the vaso-motor centre increases absorption. This was shown by Goltz, who injected a quantity of fluid into the dorsal lymph-sack of a frog, and found that when he stimulated the vaso-motor centre this fluid was rapidly absorbed into the circulation; but when he destroyed the nervous centres, no absorption whatever took place. We do not yet know the exact way in which this increased absorption is effected, nor has it been ascertained whether drugs which contract the arterioles (either by stimulating the vaso-motor centre in the medulla oblongata, or other vascular nerves) have a similar action. The lecturer thought it highly probable that digitalis, at least, has such an action; for in some experiments which he made many years ago, after the quantity of urine had been very much increased by the action of the drug, an intolerable thirst came on, which he was obliged to satisfy by drinking a quantity of water greatly in excess of the allowance to which he had restricted himself every day for the preceding six months.

By the use, then, of a drug like casca, which contracts the vessels, we will almost certainly lessen œdema by diminishing the flow of blood through the arterioles. At the same time, in all probability, we will increase absorption, both by a direct action upon the circulation and tissues, and by the secondary effect proceeding from the augmented urinary discharge. Digitalis has hitherto been our great resort in mitral disease, but it is probable that in casca we possess a drug more powerful still—at least, its effect upon the arterioles appears to be greater than that of digitalis, and it is quite possible that it may succeed in those cases of advanced mitral disease when digitalis fails.

NOTES ON THE TREATMENT OF GONORRHŒA AND SOME OTHER DISCHARGES AS THEY OCCUR IN THE MALE, BUT PARTICULARLY AS MET WITH IN THE FEMALE.

By G. DE GORREQUER GRIFFITH, L.R.C.P., M.R.C.S., &c.,

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Physician to St. Saviour's Maternity; late Resident
Surgeon to the Lock Hospital.

(Continued from page 242.)

I WOULD here make some remarks on the use of the syringe in the case of the female. I prefer that termed Higginson's, or one on the principle of the spray syringe, namely, a double ball action. The latter has this advantage, that the stream is continuous and not jerky, not variable in force either, sometimes strong, at other times feeble and mixed with air. Yet, by adopting simple precautions and carefulness, Higginson's is available for all purposes. Having made sure that it works well, it is best first to pass both ends into the fluid about to be used, as by this we fill the entire instrument and displace all air; if the vagina be long the womb end must be covered with the cap (which is generally made of gum-elastic) in order that the os and cervix uteri and the anterior and posterior *cul-de-sac* of the vagina may be well cleared; if the vagina be short the cap may be dispensed with, or, if used, the point should not be far introduced. This end should always be well anointed with oil or balsam, and, when introduced, must be pushed up the passage till it be found unable to go higher, and be felt to press against the womb and vault of the vagina, or, as the patient would term it, "against the inside," or "against the bowels," then it must be withdrawn a little; otherwise nothing can be pumped in, as the action of the syringe will be stopped on account of the closing of the orifice of the uterine end by

the too tight pressure against the womb or the walls of the passage to it.

The syringe having been selected, and also the lavement to be used, the patient may sit over a tray, or pan, in which can be placed a jug or smaller vessel containing the lotion, or lotion and water, into which the end of the syringe passes, while the other extremity being introduced, as I have directed, the patient herself pumps in the application. The syringing ought to be continued for about fifteen minutes, but the soiled or already used lotion or water, as the case may be, should not be re-employed. Three or four times a day is not at all too frequent to have recourse to this depuration, and each sitting, or time of using the remedy, should occupy, as I have already stated, at least fifteen minutes in order to ensure thorough cleansing.

Here, as an interjectory remark, I would state that I believe if married women in all ranks of life were oftener to use the syringe with a little warm water they would not suffer as much as they do, nor in so many ways.

If the gonorrhœal inflammation assail the interior of the uterus I attack it by introducing into the womb plugs of cotton wool soaked in the inspissated balsam, leaving them in till they are expelled, which they are in the course of a few days; or by means of my instrument, or through an ordinary gum-elastic catheter, I inject the balsam directly into the uterus; or we may insert balsam suppositories.

"It is impossible," says Graily Hewitt, "for the practitioner to exercise too great caution in pronouncing an opinion for or against the specific nature of a discharge from the female generative organs." In the words of the late Dr. Ashwell, "it is always his duty to cure the disease, but rarely to venture upon an exposition of its nature. If he can positively affirm that it is of a simple origin let him do so if suspicion has been aroused; if not, it is better to avoid any distinct allusion to the matter" (see Graily Hewitt, page 70).

Some supposed that gonorrhœa may be distinguished from all other uterine or vaginal discharges by the suddenness of its invasion, the sensation of heat or burning, or even severer pain in the urethra, intensified by the passing of water, especially if those symptoms be accompanied by discharge from the urethra. Stress is also laid upon the co-existence of spasm of the urethra; and this spasmodic affection may be intensified by the very retention or consequent inability to pass urine through the canal. We must not, however, forget that this spastic condition of the urethra, with or without retention, is common to other maladies. I also consider it a mistake to set down scalding in passing water as being pathognomonic of gonorrhœa. In how many conditions of the urine, or of the urinary passage, or of other remote organs connected with it, but neither adjacent nor contiguous, is this scalding sensation present?

Swelling of the glands in the groin, either inguinal or femoral, is not a diagnostic. Such enlargement may, it is true, be found present with gonorrhœa; but it is also met with in ordinary leucorrhœa, and with a variety of affections, local as well as general, and therefore tells nothing certain.

Mr. Liston used to point out that the stain of gonorrhœal matter upon the dress or linen is yellow, with a black border, while that of leucorrhœa is white or yellowish, but without the black border. The lichenous rash sometimes attendant upon gonorrhœa is not altogether symptomatic of it, since a similar eruption will exist from other causes; neither will the œdema of the os uteri and of the vaginal portion of the cervix uteri which sometimes obtains in gonorrhœa, speak to us with any degree of certainty, because this tumefaction is common to forms of inflammation which are not at all specific. Besides, a true gonorrhœa may be limited to the vulva, to the very outermost parts of generation, if treatment be commenced sufficiently early, assuming as a fact that the disease first attacks that particular portion of the generative tract. Of course, moral evidence will lead us to suspect the disease or to dismiss the idea of it altogether.

Kaolin, or clay earth, has been recently recommended by Mr. John Chiene, of the Edinburgh Royal Infirmary. It is mixed with water, or with oil and water, so as to make a very thick paste, which is injected into the urethra slowly, night and morning, after micturition, a piece of lint being then placed over the meatus urinarius to prevent any of the injected material flowing away, the foreskin being drawn over the lint to maintain it in its situation. The kaolin soon dries at the meatus, and remains in the urethra.

He supposes it acts mechanically, or mechanically and antiseptically, and recommends it to be kept in all day, as long as practicable, and all night. Thus, by keeping the parts from becoming mechanically apposed, their return to health is effected, just in the same way as a balanitis may be cured by the interposition of a piece of lint, to prevent friction, or even the contact of the opposed surfaces.

Dr. Gordon, of America, had previously used this with his patients, but every four hours, instead of night and morning, and advised its retention for a minute only.

This clay earth is not dissimilar in its action to what used formerly to be much employed, as an injection in gonorrhœa, namely, Armenian bole. And, if its use be decided on, I would warn the practitioner to insist on there being obtained the purest possible preparation, for an impure or adulterated article may so harden in the urethra as to cause not only very great distress to the patient, but great difficulty in removal, a solid cast of the urinary canal being formed.

We must not forget that syphilis may cause a discharge from the vagina. I would here point out that there are two syphilitic conditions which give rise to discharge—1st. The presence of *a primary sore* in some part of the uterus or vagina. From this chancre the discharge may altogether proceed, or may so only partly, the greater part flowing from the mucous lining of the vagina and those parts of the uterus entering the vault of that canal, the latter discharge being more secondary, resulting from the contamination and from the irritation occasioned by the venereal ulcer.

The other syphilitic condition which produces discharge is that termed constitutional, or *secondary*. The flow may occur from the uterus or vagina, or both, and, as a manifestation of the cachexia, being but the local development of the constitutional disease, being also but a partial symptom, other syphilitic general manifestations presenting themselves synchronously. There may likewise be uterine enlargement and hardness—neither the cancerous nor the fibroid forms—uterine uneasiness, and discomforts of manifold kinds, coupled with frequent abortions or miscarriages.

This form of discharge is most certainly diagnosed by the therapeutic test, that is, by the effect of general anti-syphilitic treatment. In such cases, however, I do not neglect local measures, but apply the balsam in the manner I have pourtrayed; and, in combination with it, would recommend the iodide of potassium, which I prefer to the tincture of iodine, as a direct application, believing from the experience I have had, that it is a more powerful, and consequently a more rapid solvent of syphilitic enlargement of, or deposit in, the uterus, or in any of the pelvic glands, or organs. The iodide of potassium is miscible with the balsam, or, if wished to be used separately, may be applied by laying crystals of the salt against the os, and in the upper part of the vagina, maintaining them *in situ* by means of a tampon of wool; or the latter may be soaked in a saturated solution of the drug, and placed in the vagina, just as the balsam and cotton wool dressings are.

When a chancre exists, especially if it be the hard form, I always use the liquid mercury, as a direct application, touching the sore freely with it, and the surrounding margin of surface also; and, if no primary symptoms are present, but only the sequelæ of them, commonly termed secondaries and tertiaries, such as enlargement, hardening,

&c., of the womb, I smear the lips of the os with the liquid mercury, and repeat the application as may be necessary, according to the requirements of the case, always adopting the precaution of guarding the continuous and contiguous parts with lard, to prevent their injury; and, before withdrawing the speculum, laying a piece of balsamed wool against the part, or parts I have touched.

I thus combine the internal and local use of mercury, and have no occasion to administer the drug in any other way, seeing that its absorption into the system is obtained readily in this fashion, and certainly acts more speedily and efficaciously.

During this treatment I enjoin absolute rest of the parts, and insist—where at all possible—in total sexual separation, advising husband and wife to occupy separate rooms, so that there should not be any even sexual excitement occasioned.

Rest—this kind of rest especially of the womb, is most productive of a return of the organ to its healthy size and condition.

I am convinced there is a retardation in convalescence, and a prolongation of ill-health in those women, no matter what the sphere of life, or the occupation—who do not rest—using the word in the general and ordinary signification, more than is perhaps usually enjoined by medical men, particularly in those who do not allow themselves, or are not permitted to have the sexual rest of which I have also spoken. I believe many of the uterine enlargements and utero-ovarian affections will be greatly benefited, if not quite cured, by prolonged observance of rest in the horizontal recumbent position, and by the avoidance of all sexual excitement.

Clinical Records.

TWO CASES OF MIDWIFERY.

By Thos. Tuckey, M.B., T.C.D.,
Castletownroche.

The two following cases of midwifery are, I think, instructive; the first as showing from what complications, and those of a grave nature, a woman will sometimes recover; the second, as regards the treatment.

Case I.—I was called last March twelvemonths to a farmer's wife, Mrs. C., who was stated to have been in labour of her first child for two days. On my arrival I found the patient (a robust young woman, æt. 23) in the first stage of labour. It was evident, from the questions put and answered, that she must have been suffering for the first twenty-four hours from false pains. A vaginal examination showed that the waters had come away, the os was dilated to almost the size of a five-shilling piece, the passages hot and dry, and the os itself rigid and whip-cordy. I gave a mixture containing tartar emetic, not having chloral. The case went on but slowly, although the pains were frequent and powerful. Symptoms which seemed to threaten convulsions presented themselves, and the os being almost entirely dilated, I determined to apply the short forceps, especially as the head was very low down. There seemed to me not the slightest difficulty in applying the instrument. Inserting the index finger preparatory to applying the lower blade (a plan I find strongly advocated in the excellent treatise by Leishman), a violent pain came on, and I distinctly felt the cervix tear. I used no violence, and am persuaded that the accident was in no way attributable to my interference, for I was only preparing to apply the instrument. Blood flowed from the vagina, and the woman immediately fell into a state of semi-collapse. I hastily gave her some brandy, and she rallied. I had the benefit of the advice of Mr. Macdonald—since, I am sorry to say, dead—and the symptoms of threatened convulsions again appearing, we determined to again try the forceps. The os had entirely disappeared, and the woman was delivered without the slightest difficulty. The child, a girl, was dead. The uterus was felt well contracted, and the woman expressed herself as comfortable. I ordered half-a-grain of opium to be given every four hours, and turpentine stupes to be applied. I said I would be there next day; but most unfortunately, both Mr. Macdonald and myself were unable to attend, being engaged at dispensary work. When I went on the third day I found the abdomen tympanitic, the uterus enlarged and exquisitely painful, and complete retention of urine. I applied hot stupes to the vulva, and she passed water without instrumental aid.

On inquiry I found that nothing had been done; she had not taken a single dose of the opium, and the stupes had not been applied. In fact, they expected her death, and I saw the poor little baby "laid out," as the patient's friends said it was not worth while burying the child without the mother. I said I would not leave the house until I saw the child carried out to burial, and did not. I ordered powders of calomel and opium to be given.

I will not take up space by detailing the further progress of the metritis. Let it suffice to mention that it rapidly yielded to treatment. I was congratulating myself on the success of the case when I was met by another formidable complication—viz., puerperal mania, of a very violent description. I had left the woman a couple of days previously, to all appearance, convalescent, and when I next saw her she was tied down in the bed, gnashing her teeth, and endeavouring to bite everybody. She had the curious fancy that her head was her posterior, and before she was tied insisted on keeping her head under the bedclothes, and her nates exposed on the pillow, and was thereby nearly suffocated. It was this, indeed, that first called the attention of her friends to her state of mind. I ordered her bowels to be well cleared out with a bolus of calomel and jalap (her husband nearly got his finger bitten off when giving it), and gave her opium and camphor. In a few days she got much calmer, but it was long before she recovered her complete health, both bodily and mental. She since has had a child, had a very easy labour, and there was no return of the puerperal insanity.

The next case is not remarkable, except in its bearing on the treatment adopted in one of the common complications of the puerperal state—namely, weid (*a*). Weid in itself is not of much importance, except when (as in this case) it takes on the form of an intermittent fever; it is then very troublesome. I have looked vainly for the treatment of recurrent weid in some of the best of authors on midwifery. Leishman and Churchill give an account of the disease and its treatment on its first advent, but are silent as to the means it is to be met by when it recurs. The excellent little treatise by Maunsell gives an account of the treatment of *intestinal fever*, as it is there called; but as far as I can gather, it treats of weid when it takes on a continued type.

Case II.—Mrs. W. was attended by me in her first confinement. She had an easy labour of ten hours. The child, a fine girl, was born alive, and everything went on favourably until the third day, when she was attacked with a severe fit of weid. The nurse, a very good midwife, did all that was necessary, and when I saw the patient she was sweating profusely, her tongue was quite clean, and her pulse going down. She had been attacked about nine a.m. by the rigor, which was severe and prolonged. Unfortunately, the nurse went down to the kitchen to prepare a drink, and while away, Mrs. W. persuaded the servant to open the window. The day was very cold, and though the nurse almost immediately rectified the error, the mischief was done, and on the third day Mrs. W. was again seized with a rigor and the usual symptoms of weid. It commenced exactly at the same hour, viz., nine a.m., and continued until two a.m. next morning. The nurse carefully watched the pulse for me. It rose before the fit of shivering; kept rising until the sweating stage, and slowly fell until it again reached the normal.

(*a*) Weid; so spelt by Churchill and Leishman.

Every third day the paroxysm returned, and she had altogether five attacks. I noticed that the rigor first disappeared, next the hot stage, and during the last attack she only complained of the sweating. The milk and lochia continued to be secreted, the former copiously. The tongue continued quite clean throughout, but the night before each attack she complained of great restlessness. The following draught, together with attention to the bowels and generous nourishment, was given every four hours during the paroxysms, as well as during the intermission, with a double dose about five a.m. of the morning of the day on which the paroxysm was due.

℞ Quin. bisulph, grs. ii. iii. & v.

increasing gradually.

Acid sulph. dil. Q. S. ad. solv.

Tinc. valerian, min. 30.

Aquæ camph. ℥j. ft. haust.

There is only one point more worthy of notice, viz., cracked nipples, which Mrs. W. got very badly.

I have noticed that in cases of weid the nipples are very apt to excoriate and fissure. I remember reading in some medical journal, I now forget which, that a foreign physician always treated fissued nipples with quinine, and very successfully, using no local treatment. The fact is interesting, the more so, as the fissures in my case rapidly healed. I indeed find that no local application is of much service. I have tried forming an artificial skin with collodion, solution of gutta percha in chloroform, and various other applications, but have always found that the child's mouth opens the cut. If we watch an infant commencing to suckle, we will see that it twists the nipple round in its mouth, gives a couple of wrenches sufficient to tear away any artificial covering, and then the milk flows. I find the best plan is to direct the mother to draw out the nipple, and cause the milk to flow by using a little bell-glass, with a tube of india-rubber. The child then does not twist the nipple, but uses simple suction.

On inquiry from my patient, who is now well, she stated that she never had ague, but had bronchocele; indeed, I treated her for it once myself. During her pregnancy she was greatly troubled with morning sickness, which continued to the very day she was confined. I tried every medicine usually of use, but all failed except nitro-muriatic acid in infusion of gentian. This is a very old formula, but I found it never fail to stop the vomiting, which was very exhausting. I noticed on the infant a skin disease, which I have seen on several children a few days after birth. It also occurred to one of mine. Almost as suddenly as we see urticaria appear small bullæ of an oval form, preceded by a red inflamed base, make their appearance. At first the contents are as clear as the lymph taken from a vaccine vesicle, but they rapidly become yellow; the bullæ never burst, but dry up and disappear in about three days. The children were all in good health, and there were no constitutional symptoms and no pain; the children drank and slept as well as if they had no such complaint. I confess I am at a loss to name this disease; it is, however, of no moment, and I only mention it, because I do not recollect seeing any author notice it. It is most probably a form of pemphigus. Neligan gives a variety, which he calls pemphigus infantilis, but he goes on to say that he means thereby pemphigus gangrenosus, a very different disease in its progress and constitutional origin from the insignificant complaint I have mentioned.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE meeting of this society held on the 10th inst. was not a very remarkable one, and only one paper was read by Mr. HOLMES in reference to a case of punctured wound in the back, in which it appeared probable that the ureter was wounded. The injury occurred to a boy who was accidentally stabbed by a playmate. On the cessation of the hæmorrhage, which was but little, a copious flow of clear fluid proceeded from the puncture, which continued for a fortnight, in sufficient quantity to soak three large linen sheets in the course of the day. The composition of the fluid neither resembled normal urine nor cerebro-spinal fluid, but the urinary secretion was much altered in quantity and quality from the date of the injury. Mr. Holmes endeavoured to show that the lesion in this case was really one affecting the ureter—an injury that was not even mentioned in our surgical works.—Mr. T. SMITH questioned the soundness of this opinion, and thought the fluid might have come from the peritoneal cavity. The fluid, on analysis, did not resemble urine, and even if the ureter had been wounded, why should not the urine have flowed into the surrounding cellular tissue rather than through the wound?—Mr. HOWSE had a case under his care which seemed to lend support to Mr. Holmes's view. It was that of a lad in whom an injury to the pelvis had been followed by a swelling from which, when tapped, three or four pints of clear fluid escaped, having all the characters of urine. Ever since the fluid has re-accumulated, and been drawn off about once a-week, the amount of fluid withdrawn diminishing each time. The fluid is undoubtedly urine, but contains less urea, and is of less specific gravity than urine from the bladder.—Mr. BARWELL considered that the peritoneum would be more easily wounded than the ureter, which lies in loose tissue, and would be reached with difficulty. The quality of the urine however, presented the greatest difficulty.—Mr. RIVINGTON also thought the fluid must have been of peritoneal origin. He had seen a large quantity of fluid escape from the peritoneal cavity by a small wound left after colotomy; and, as the quantity of albumen in peritoneal fluid was subject to much variation, the absence of it in Mr. Holmes's case did not tell in favour of his opinion.—Mr. G. POLLOCK asked if the fluid from the wound had been carefully compared with the urine from the bladder, as any difference in this respect would invalidate the opinion of Mr. Holmes as to its origin.—In reply to this question Dr. J. HARLEY read an extract from the paper, in which it was stated that, while the specific gravity of the fluid from the wound was only 1008, that from the bladder was from 1015 to 1033. He suggested, however, that, granting the fluid had come from the ureter, it might have become in its passage diluted with fluid from the irritated tissues.—In reply, Mr. HOLMES made some remarks in confirmation of his opinion, after which the society adjourned.

PAPERS ON THERAPEUTICS.

By W. HANDSEL GRIFFITHS, PH.D., F.C.S., L.R.C.P.E.,
Corresponding Member of the Therapeutical Society of Paris, and of the Pharmaceutical Society of St. Petersburg.

ACIDUM SALICYLICUM, SALICINUM, ETC.

[NOTE.—The extensive literature concerning Salicin and its congeners is fully referred to in the writer's "Reports on the Progress of Therapeutics," in the *Edinburgh Medical Journal* for Feb., July, and Sept., 1875, and Jan., July, and Nov., 1876.]

SINCE the publication of Prof. Kolbe's paper in the *Archiv. der Pharmacie*, vol. 5, the action and uses of salicin and its congeners has attracted considerable interest.

Topically the acid has been applied by Prof. Thiersch to destroy the fœtid odour of cancerous surfaces; he recommends it to be applied in the form of a powder, either alone or mixed with starch. Wenter extols the use of salicylic acid in the treatment of recent or chronic ulcers, and Dr. Wagner treats superficial gangrenous sores by applying to their surface a thin layer of the powdered acid and covering it with wadding—a week generally suffices to effect a cure.

Wagner claims for the acid extraordinary efficacy in eczema of the head and face accompanied by discharge. Dr. Ogilvie Will recommends in this affection the application of an ointment consisting of half-a-drachm or a drachm of the acid to seven drachms of simple ointment; he applies the same ointment to burns.

A solution of one part of the acid and three parts of phosphate of soda in fifty parts of water will be found useful for promoting the healing of granulating surfaces. Solutions for direct application to wounds should not exceed the strength of 5 per cent. of acid.

Salicylic acid is astringent, but if it be desired to utilise its property in this respect the iron salt, as suggested by Mr. Robert Kirk, of Edinburgh, should be employed.

A curious herpetic eruption frequently follows the external application of salicylic acid as Mr. Callender pointed out, and Mr. Cavafy has recorded a case in which this eruption followed the internal administration of salicylate of soda.

As an antiseptic the following advantages are claimed by Dr. Squibb for salicylic acid over other members of the class:

1. It is more powerful and effective.
2. It is devoid of irritant properties.
3. It is as effective against chemical as against vital ferments.
4. It is odourless, almost tasteless and harmless.

From Godeffroy's experiments it would appear that salicylic acid is three times more powerful in its anti-fermentative action than carbolic acid.

Opinion as to the value of salicylic acid as an antiseptic is by no means unanimous, Callender considering it inferior to other antiseptics, and Salkouski regarding benzoic as being superior to it.

As a disinfectant in the treatment of contagious diseases the acid has been used by several practitioners, notably by Prof. Friedberger, Dr. Zurn, Fortheim, &c.

Kolbe states that salicylic acid can act as a disinfectant and antiseptic only when in the *free* state.

Many formulæ have been proposed for the internal administration of salicylic acid. The following is the mode of giving it recommended by Dr. George F. Duffey—

℞ Acid salicylic, grs. 120;
Liq. ammon. acet. (B.P.), ℥ij.;
Aquæ, ad ℥vj. ℿ

Give one-eighth part (gr. xv. of the acid) every hour.

Mr. P. A. Young states that he uses acetate of potash as a solvent for the acid, and that the addition of aqua cara to the solution forms a palatable mixture. Two parts of the acid are freely soluble in water on the addition of three parts of acetate of potash or four parts of citrate of potash. The solution in acetate of potash does not give off vapour of acetic acid on boiling, and free salicylic acid may be extracted from it by sulphuric ether, hence probably no decomposition takes place.

The following formula appeared in *New Remedies*, July 1876

℞ Acid salicylic, ℥j.;
Pot. acetatis, ℥j.;
Glycerini, ℥j.;
Aquæ, q.s. ad ℥j.

This solution contains one grain of the acid in eight minims; it may be made much stronger. Other acetates, as of lime, soda or ammonia are also applicable as solvents.

M. Cassan suggests the following recipe,—

℞ Acid salicylic, ℥j.;
Ammoniæ citratis, ℥ss.;
Spt. vin. gall., ℥j.;
Aquæ dest., ℥v.

The citrate of ammonia does not impart an unpleasant taste to the mixture.

Mr. Erskine Stuart suggests its administration in combination with bicarbonate of soda—

℞ Acid salicylic;
Pot. bicarb., āā ℥iij.;
Aquæ, ad ℥vj.

A tablespoonful every two hours. It should be freshly prepared, as it speedily becomes putrid on exposure. Thus administered he has not known it to affect the throat.

Reiss and Fergus suggest the solution of the acid in spirit of wine, and the addition of glycerine to about half the bulk of the mixture; a drachm of concentrated aqua carui removes all disagreeable taste. It is stated that the acid so administered does not cause burning of the throat.

Mr. C. L. Mitchell gives the following recipe for a concentrated solution of the acid—

℞ Acid salicylic, ℥ij.;
Sodæ biborat., ℥j.;
Glycerini, q.s.

Mix the acid and borax with four drachms of the glycerine, heat gently until solution is effected, then add glycerine to make the measure ℥j. This solution contains 25 per cent. of acid.

According to Mr. Charles Becker borax in the proportion of two parts to one part of the acid and fifty parts of water precipitates slightly after twenty-four hours; a solution of one part each of acid and borax in five of glycerine and twenty-five of water is permanent, while the same proportion of borax, acid, and glycerine in fifty parts of water will precipitate in twenty-four hours. A solution of one part of acid to two of borax in twelve of glycerine made with heat is permanent, but when one part of this solution is diluted with three of water a cloudiness appears in three hours.

Bose states that two parts of the acid are rendered soluble in 100 parts of water by the acid of borax.

Wunderlick gives the acid in almond emulsion with syrup of almonds and orange flower water. Martenson suggests the employment of salicylate of ammonia as a substitute for the acid on account of the solubility and sweet taste of the former. Schofield finds that patients take salicine best in milk. Subcutaneous injections of salicylic acid should be made with perfectly neutral solutions.

In cases of diarrhœa and dysentery in which all other remedies failed, Stephanides succeeded in effecting a cure with salicylic acid. In the latter disease 30 grains should be given daily.

Justi found salicylate of soda of use in the gastric catarrh of children, and Wagner claims for the acid considerable efficacy in cases in which fermentative changes occur in the contents of the alimentary canal.

Moele states that salicylic acid sometimes induces sickness and vomiting, and under such circumstances he advises its administration by enema. Erskine Stuart states that even after a dose of two scruples he never experienced any inconvenience of the stomach.

Salicylic acid unquestionably excites a specific catarrh of the mucous membrane of nose, pharynx, and mouth, and this even if administered by the rectum. It is possible that a tolerance of salicylic acid may be established. It is undoubtedly cumulative, for it has been found that after a dose of from four to eight grains half or a quarter of that dose on the following day will keep down the temperature. According to Ranke, Lehman, and others, salicylic acid is converted into salicine in the blood. Kohler, however, believes that it is converted into the soda salt. Senator, on the other hand, thinks that salicine acts by being converted into salicylic acid in the system.

Butt of St. Gall, Fürbringer of Heidelberg, and Buss of Basle were among the first to indicate the anti-pyretic action of salicylic acid. Justi considers that its anti-febrile action attains its maximum six hours after its administration, and that it then gradually diminishes. According to Kohler the soda salt diminishes the temperature both in health and disease. It has been observed that on the administration of salicylic acid the temperature at first rises for a short time. The fall in temperature is not so noticeable when the drug is given by enema. According to M. Sée salicylic acid is inferior to digitalis and quinine as an anti-pyretic, the diminution of the temperature being less marked and less constant. Dr. Balthazar Foster records a case in which salicine failed to materially lower the temperature or to shorten the disease. Salicylic acid is generally stated to diminish the pulse rate. Ewald, however, states that it does not affect the pulse at all, while Riess and Goltdammer affirm that it makes the pulse stronger, but does not diminish its frequency. Nathan, who gave the drug in much larger doses than the latter observer, considers that it does lessen the pulse-rate and reduces the respirations.

As an anti-pyretic in the treatment of acute rheumatism salicin and its congeners have of late attracted considerable attention, and there is great unanimity of opinion as regards their great efficacy in this disease. There is, however, much diversity of opinion as regards the relative value of salicine, salicylic acid, and salicylate of soda. Now, if salicylic acid acts by being converted into salicine in the blood the latter on theoretical grounds would be preferable as being more direct in its action, and there are many, especially Dr. Maclagan, who claim for salicine considerable advantages. If, on the other hand, the salicylic acid is converted in the blood into the soda salt the latter should be selected. Senator, as has been mentioned, thinks that salicine acts by being converted into salicylic acid in the system, and if this view be correct the advocates of the acid, among whom are Sir W. Jenner and a host of others, are justified in their choice.

It is a curious circumstance that decoction of willow-bark, of which salicine is the active principle, has long been known to the Hottentots of South Africa as a remedy for acute rheumatism. To Dr. Maclagan belongs the credit of being the first to suggest salicine in the treatment of acute rheumatism; he states that the best way to get the full and speedy benefit of the drug is to saturate the system with it as quickly as possible. To adults he gives from 20 to 30 grains every two hours, and in very acute cases he gives that quantity hourly until the pain is relieved. His experience is, that cases of

rheumatism treated with it convalesce rapidly. He thinks it prevents cardiac complications and stays their progress when they have commenced, but its beneficial action ceases when the temperature falls to normal. Its advantage over the acid is that it is an excellent bitter tonic, and never causes troublesome symptoms, except in some rare cases mild tinnitus aurium. Salicin is doubtless less liable to adulteration than salicylic acid, it may be taken in small doses and it has a more agreeable taste. In acute rheumatism Stricker gives from 20 to 30 grains of the acid every hour for six doses. The acid has innumerable advocates; some few cases are, however, recorded in which the acid produced serious toxic symptoms. Mr. Tuckwell especially has put on record two cases in which alarming symptoms were produced by the acid; these we will allude to hereafter. Evidence in favour of salicylic acid as a remedy in acute rheumatism is so overwhelming, that the isolated cases in which it proved injurious can only be explained by assuming an idiosyncrasy on the part of the patient, or by attributing it to the existence of certain impurities—as of carbolic acid, an impurity which I have frequently detected in commercial varieties of salicylic acid.

Mr. G. Parker May has given salicine in endocarditis with a successful result. The drug was given in scruple doses in a mixture of glycerine water every four hours. Other observers have not noticed that salicine or the acid exercise any beneficial effect on cardiac complications.

On account of the toxic symptoms and collapse which occasionally follow the use of salicin and its congeners, they should be cautiously used in weak states of the heart and in exhaustion. In typhoid fever Riess has given salicylic acid successfully; he used the follow formula—

℞ Acid salicylic;
Sodæ carb., āā ℈ij.;
Tinct. aurant, ℥j.;
Aquæ, ℥iss. M.

For one daily dose.

Moelé has also given it with advantage in typhoid fever. M. Leven, however, affirms that it is powerless in small doses and that in large doses it causes dangerous derangement of of the digestive system.

According to M. Robin salicylic acid diminishes the quantity of urine and increases the indican in typhoid fever, and hence very dilute solutions should be given. Lepine finds that the acid is very slightly excreted in typhoid.

Salicylic acid has been recommended as an anti-pyretic in erysipelas, but further experience of its value in this disease is needed.

According to Hiller, Riess, Senator, Weber, and others, salicylic acid and salicine are inferior to quinine in the treatment of ague, it is probable, however, that the salicylate of quinine will be found a remedial agent of extreme value in the treatment of intermittent fever.

The efficacy of salicylic acid in the treatment of scarlatina has been lauded by Drs. F. Weber, Julius Steinitz, and others, but Dr. Brakenridge in his cases found that the reduction of temperature and of pulse-rate was very temporary, and that the duration of the fever was evidently rather lengthened than shortened by this treatment. Langfeldt, Fortheim, and others, have successfully treated diphtheria by salicylic acid. Erskine Stuart regards the fact that the drug produces a specific catarrh of the mucous membrane of the mouth and pharynx as being a significant fact with reference to its utility in this disease. The following is the prescription of Harrow—

℞ Acid salicylic, 1 part;
Sodæ phosphat., 1 part;
Aquæ, 300 parts.

Of this a tablespoonful is the dose for adults, a teaspoonful the dose for children.

Wagner recommends a gargle consisting of salicylic acid 150 parts, alcohol 15 parts, and distilled water 150 parts. This should be used every two hours.

For offensive breath Dr. Da Costa gives three times daily 5 grains of salicylic acid dissolved in a drachm of glycerine and half-an-ounce of water.

Drs. Chisholm and E. H. Jackson treat otorrhœa with salicylic acid. The ear is first thoroughly cleansed, a speculum is adjusted, and 2 grains of salicine or salicylic acid with 4 grains of calcined magnesia or oxide of zinc are blown into the ear through a quill. The process should be repeated every two or three days.

Bezold states that in aural diseases the acid is valuable as a parasiticide and that it rapidly destroys oto-mycoses. He states that injections of the acid produce cicatrisation of the membrana tympani when perforated, and he employs alcoholic injections of the acid in acute or chronic suppurative inflammation.

M. S. Hoffmann speaks highly of the use of salicylic acid in sciatica, tic douloureux, intercostal neuralgia, and for the relief of pain in gout. In the latter affection it has also been successfully used by M. C. Kunze. Dr. Bode has found it of use to relieve the pain of mastitis.

Thiersch finds that when salicylic acid is applied to wounds it almost immediately appears in the urine.

Ebstein of Göttingen, first suggested the use of salicylate of soda in diabetes. Dr. Müller-Warnck of Kiel, has lately treated two cases with this drug, and draws the following conclusions from his observations—Salicylate of soda can completely remove the symptoms of diabetes mellitus, but its action its action is not always permanent. The symptoms disappear more rapidly the larger the dose that is administered, and the longer it is continued. In moderate daily doses (9 to 10 grammes), its initial influence on the diabetic process appears to become gradually exhausted, whereas large daily doses (14 to 16 grammes) exert an increasingly powerful effect on in. The drug may be administered in large daily doses for a long period without any special disturbance of the general health, but any symptoms of poisoning which may appear rapidly subside on discontinuing its administration. Salicylate of soda but slightly irritates the kikneys in diabetes even after prolonged use.

Salicylic acid has been recommended in chronic cystitis. In large doses salicylic acid provokes diaphoresis.

Dr. Boyland uses injection of salicylic acid in venereal disease. In the inflammatory stages the injections have the strength of 1 in 200, and in the latter stages 1 in 100.

The following were the toxic symptoms which characterised Mr. Tuckwell's cases to which allusion has been made. Humming and buzzing in the ears with gradually increasing deafness; a peculiarly loud, deep, sighing respiration; a restlessness gradually increasing to delirium not unlike that of delirium tremens, with involuntary evacuation of urine and fæces in one of the cases; a slow labouring pulse, and an olive-green colour of the urine.

Prof. Abelin is of opinion that young children are peculiarly susceptible to the action of salicylic acid, it being liable to produce great depression. Dr. A. M. Weir has published a case illustrative of the sleeplessness and disturbed state of the nervous system following the prolonged use of salicylic acid.

THE "MEDICAL PRESS" DEFENCE FUND.

THE Irish committee for this Fund held a meeting on Wednesday last, the 11th inst., at Dr. Mapother's residence at 6 Merrion Square, Dublin, for the purpose of receiving a report and statement of accounts. The Hon. Sec. and Treasurer, Dr. Chapman, laid on the table a list of subscriptions contributed to the Fund in Ireland amounting (inclusive of two donations from English subscribers) to £161 6s. 3d. Deducting from this amount the expenses of circulars, postage, &c., there remained in hand—subject to the payment of a small printing account—the sum of £151 10s.

Dr. Jacob laid upon the table the bills of costs and receipts for all the legal expenses and damages paid in the case of Betts *v.* Tindall, amounting altogether to £238 17s. 5d., and stated that in addition to this expenditure certain expenses for advertising, for fees to witnesses, and for other incidentals had been incurred in England, which would bring the total expenditure on account of the action against the MEDICAL PRESS up to about £270.

It was also stated that—in addition to the sum now in the hands of the Hon. Treasurer for Ireland—a sum of between £80 and £90 had been subscribed in England. There was, therefore, to the credit of the Fund altogether about £235, leaving a balance of £35 to £40 to be met by the proprietors of the Journal.

It was resolved—"That the sum now in the hands of the Hon. Treasurer for Ireland be transmitted by crossed cheque to Mr. Tindall, the defendant to the action on behalf of the MEDICAL PRESS AND CIRCULAR."

It was also resolved—"That an advertisement be drawn up and inserted in the MEDICAL PRESS AND CIRCULAR requesting subscriptions from members of the profession who have not already contributed, with a view to obtaining, if possible, the deficit of £40 which the amount now reached falls short."

It was also resolved—"That the warmest thanks of the committee be offered to Dr. Chapman for his earnest efforts towards the success of the movement, acting both as Secretary and Treasurer with the greatest ability."

The Chairman, Sir George Owens, having left the Chair, and Dr. Brady, J.P., having been called thereto, a vote of thanks was adopted to the late Chairman.

The meeting then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 18, 1877.

THE LINCOLN COUNTY HOSPITAL.

WE are sorry to see that this well-known and old-established hospital is sadly in want of funds. A quarterly meeting of the governors was held at the Hospital last Thursday, and as the proceedings of the meeting and the position of the hospital cannot be a matter of indifference to those who are interested in the welfare of our large hospitals, we propose to make a few remarks on the subject.

In a long report from the weekly board the attention of the governors was called to the extremely critical condition of the finances of the Hospital, and the paramount necessity which exists for a material augmentation of its resources, even if it is to be carried on without any extension of its benefits, which, however, regard being had to the growing population of those localities from which the patients are derived, it would be impossible to view as other than a misfortune. The excess of expenditure over income for the past seven years has been, on the average, £660; which has been partially met by the relaxation of the rule under which legacies are directed to be carried to capital account—a relaxation only to be justified by an extreme exigency. Yet, in spite of this relaxation, the debt to the bank amounted on Dec. 31st, 1876, to £840 5s. 8d. The report goes on to say that the expenditure has risen chiefly under the heads of provisions and wages, that there has been a considerable augmentation in salaries and wages, that the cost of medicine is slightly increased, that of instruments and trusses somewhat more so, and that the charge for wine is considerably augmented, being £198 5s. 6d. as against £154 14s. 6d. Turning to the other side of the account, it unfortunately appears that while expenses have gone on increasing, and exhibit very few particulars in which it seems likely that they can be curtailed, the contributions to the maintenance of the Hospital have not increased, but, on the contrary, have considerably diminished.

This is certainly not a very favourable account of the finances of the Lincoln County Hospital; at the same time it is gratifying to find that the present state of their fund does not arise from any mismanagement on the part of the governors but from causes over which they have had no control, from causes which have injured the position of many other hospitals besides that now under consideration. For it appears that one of the principal reasons of the diminished support which the County Hospital has received of late years is the establishment, from motives of genuine philanthropy, of local hospitals in various centres, wherein the suffering poor within a certain radius may obtain relief with greater readiness, and at less inconvenience than is involved in their removal to a central hospital at a considerable distance.

Indeed, the manner in which the financial position of some of our old established hospitals may be influenced by the increase of population, the rising up of rival institutions, and the diversion of the subscriptions of the benevolent public to the maintenance of other charities, was well shown by the chairman, Mr. J. Banks Stanhope. He pointed out that there was an enormous amount of difference in the condition of the county as compared with the time when the hospital was established, a hundred years ago. At that time the small country towns had no inhabitants at all, and probably there was only one hospital in the county. Now they had one hospital at Stamford, one at Louth, one at Boston, and several others, and one in the course of building, which would soon be completed, and when finished, would change all one side of the county. He alluded to the great hospital at Grimsby. So far as he could see, Grimsby was going to be the largest town in the county, and when the hospital was finished, it would take every patient from the north of the county and north-east, running up to Grimsby, seeing that it would be far easier for people to get to Grimsby, than come to Lincoln.

In order to provide for the future, and to put the institution on a sound footing, in a commercial point of view, it was suggested by the chairman to carry all their legacies to capital account, and to invest their money in good securities. It was also proposed that all privileges of subscribers be considerably curtailed, that as every in-patient, sent by a guinea subscriber, is a dead loss of three

guineas, one in-patient only be given to every guinea subscriber for every two years, and one yearly to every subscriber of two guineas.

Another question which arose was that of patients paying their own washing, which would be a saving of £100 a year, while if their difficulties increased, the questionable proposition was made of making each patient pay a week towards his expenses, or of the recommending governor paying a still larger weekly contribution while the patient recommended remained in the hospital.

We think that, under the circumstances, the governors will be justified in curtailing their expenses and increasing their income in every possible way, but that each annual subscriber should, in addition to his subscription, be asked to contribute five shillings a week extra, is certainly a proposition which should not be for one moment entertained, either at this or any other institution. Such a measure would not only be too severe a tax upon the benevolence of the subscriber, but might in many cases prevent him from taking advantage of the privilege he had of sending patients to the hospital, and thus indirectly defeat the very object for which hospitals are established. On the other hand, the idea of making patients contribute a very small weekly sum, while under treatment as in-patients, deserves more consideration, even in respect of other hospitals, than that of Lincoln. But the rule could not be made absolute, or else it would exclude the admission of some of the poorer class of patients, and of those who were perhaps most in need of the charity. In all our large hospitals there are always a large number of inmates who can well afford—and who would be quite willing—to pay two or three shillings a week as a slight acknowledgment of the many comforts, careful nursing, and skilled medical attendance they would have at the hospital. In fact, so well-to-do are many of the patients admitted into our large hospitals, both in London and the provinces, that we do not see why this suggestion of Mr. Banks Stanhope should not be acted upon in the case of those institutions which are not richly endowed, and which have to depend entirely for support upon voluntary contributions. The sums accruing from these weekly subscriptions might be set apart as a sort of reserve fund, or carefully invested. Such a tax, if we should call it by that name, if only levied upon those who could afford it, would neither be felt as a hardship by the patients themselves, nor would have any effect in diminishing the contributions of the subscribers, while each party would have the satisfaction of knowing that the charity was receiving a little assistance from those who were mainly interested in its support, and for whose benefit it was established. We hope, therefore, to hear before long that this measure has been adopted with success at the Lincoln Hospital, and that not only its present liabilities have been disbursed, but that its good position in the future has been in every way ensured.

A BAFFLED INTRIGUE.

Our readers, particularly those practising dental surgery and interested in the progress of that branch of the profession, are aware that there has been recently established a Society called the Association of Surgeons practising Dental Surgery. This Association although ostensibly founded to promote the advance of the profession, is (as we pointed out some time ago) calculated from its history and constitution to have, if any, the opposite effect. The prime movers in the first instance, in starting it, were a certain few practitioners who had either held aloof from, or opposed the efforts which have in late years resulted in placing dentistry in its present honourable position as a recognised speciality of surgery. It had and could have no *raison d'être* in presence of the Odontological Society, from which all dental reform has hitherto emanated. It was formed in a somewhat furtive and clandestine manner without the knowledge and consent of the real leaders in the profession; and indeed, no sooner was its formation publicly announced, than it was objected to, and declared wholly unnecessary and mischievous, a protest appearing in our columns to this effect signed by twenty-five dental surgeons. When it is considered that there are certainly not more altogether (probably less) than sixty *surgeons* practising dentistry in the United Kingdom, and that the twenty-five referred to comprised those whose personal character and scientific position were highest and foremost, it is evident that the Association had no title to represent the dental profession, and could never exist as anything more than an isolated clique.

The special grounds upon which exception was taken to the formation of the Association were, that whilst its professed objects were the same as those of the Odontological Socity, it offered a direct insult to the majority of honourable dental practitioners, those having only one qualification, the dental diploma of the College of Surgeons. It refused admission entirely to those gentlemen, notwithstanding that many of them are men of high scientific attainments, and that to their disinterested labours as much as to anything the dental profession owes in every respect its present position. It was thus also calculated without justification to excite jealousy and cause disunion at a time too when the union and co-operation of all worthy to participate was required to promote further advance.

From this attitude of the Association, and from the recent action to which we are about to refer, it would appear not an unjust view to take that the real object of the Association is to destroy the value of the dental diploma, and to undo the good work which has been accomplished by the establishment of the dental department of the College of Surgeons; and the moving spirits of the Association who have been always hostile to dental reform in its present shape, imagine that in the Association they have at length found a weapon with which to strike an effective blow.

The Association, as we have shown, has no title whatever to put itself forward as representative, or as the mouthpiece of the dental profession, yet, in somewhat underhand fashion, it has nevertheless lately taken upon itself to beg the Council of the College to receive in future no students' certificates signed by licentiates in dentistry—that is, asking that these practitioners should be in future debarred from teaching the courses contained in the dental curriculum. This petition was supported by no arguments, the Association relying apparently upon the deceiving power of its fine sounding name, and upon the ignorance of the Council of its true character, and not

expecting that the secret of the intrigue might leak out, and give rise to opposition. Happily, however, a sufficient inkling of what was taking place did escape, and a counter memorial was sent in to the College. The Council was also enlightened as to the hollowness of the claims of the Association to its assumed authoritative position. It was pointed out that it would be grossly unjust to take the course suggested by the Association; that the dental diploma affords the best and only valid proof, so far as a diploma can prove such a fact, that a dentist is properly educated and qualified to practice and teach in his speciality; that teaching has hitherto been conducted in a satisfactory manner by the licentiates in dentistry; that the only reasonable ground upon which they could be refused permission to teach, would be that the dental diploma was not enough to prove its holder competent (and this was not alleged), and that this, if it were the case, would be more justly remedied by raising the standard of examination, than by the course proposed by the Association, which would obviously cast a slur upon the dental licence, and depreciate the value of the diploma in the estimation of those entering the profession.

The matter was discussed at the meeting of the Council of the College on Thursday last. In the end it was referred to a committee upon whose judgment and impartiality we have full reliance, and for whose decision we shall wait with confidence. We should not indeed have written upon this subject at all were it not that we have learnt that the Association (*or rather the directors of that body*) have carried on their schemes in a somewhat surreptitious fashion with some slightly discreditable features to which we need not do more than allude; and we have felt called upon to expose these procedures in order that any future attempts of the kind may have even less chance of success than has so far attended the intrigue on the present occasion.

ALCOHOLIC MEDICAL PRESCRIPTIONS.

ALTHOUGH we would deprecate, in the strongest terms, the manner in which the use of alcoholic stimulants has been abused by medical men, ever since, and even before the days of Dr. Todd, we trust that the great reaction which is now setting in in the opposite direction, will not, like many other re-actions, be carried beyond the limits of reason and common sense. We see by the *Medical Temperance Journal* that several public meetings are being held throughout the country, at which physicians of some position in their profession are inveighing with all their might against the use of alcoholic stimulants, both in health and in disease. There can be no doubt that temperance and great moderation in the use of such stimulants are as imperative in disease as in health; but, on the other hand, it should be recollected that total abstinence will not always be borne with as great impunity by the sick, as it may be by persons who are well. By pushing the doctrine of total abstinence too far, as we should do, were we to exclude alcohol from our list of therapeutic agents, we shall often run the risk of prolonging the convalescence of our patients, or of losing them altogether.

Nor will total abstinence be always found to agree with some people who are apparently in the enjoyment of good health. Were we all living in a more natural manner than we are, there would be scarcely one who would not be the better for totally abstaining from all kinds of alcoholic drinks. But health and disease are relative terms only, and it is difficult to say who are, and who are not, in a perfectly healthy state; who have, and who have not, the *mens sana in corpore sano*. In the artificial life we lead, at the high pressure at which many of us work, with a peculiarity of constitution which some of us have inherited for several generations back, many of us may be said to pass our existence in a state of chronic or intermittent disease, and under these circumstances, entire restriction to water and lemonade will be found, after the most patient trials, to be prejudicial both to body and mind.

There is not a member of the profession who denies that, in the treatment of certain forms or stages of fever, the moderate use of alcoholic stimulants is absolutely indispensable. The most strenuous supporter of total abstinence will admit this. And this truth has been forced upon him, not only by the marked benefit which he has seen to result from the judicious administration of wine, or other stimulants, but from contemplating the large amount of these stimulants fever patients can often take, without giving rise to those symptoms of intoxication, and other characteristic phenomena, which a quarter of the quantity would have occasioned during health. Now the exact *modus operandi* of wine under these circumstances has never been explained. But there are certain facts, upon which we are all pretty well agreed, and which, in our opinion, have an important bearing, both upon the administration of stimulants in disease, and upon their moderate use in certain conditions of apparent health. We refer to those particular circumstances and states of the system which obtain in certain febrile and other affections, and in which the use of wine or brandy is sanctioned by the general voice of the profession. Where the fever or inflammation has assumed an asthenic, low, adynamic, or septic type; where great weakness and prostration have come on; where the pulse flags, or is weak and intermittent, or where the first sound of the heart has lost its usual power; where there have been profuse discharges, such as hæmorrhages, and prolonged or profuse lactation; in some cases of heart disease; where there is a general want of energy, either of body or mind, which nothing else will relieve; in these, and other like circumstances, where is the physician who will withhold the use of stimulants, or will say that either food or medicine will do as well.

But to come to the argument which we would draw from these facts, are there not a large number of us walking about in apparent health, and even working hard, who are, nevertheless, habitually subject to some of the conditions we have just mentioned, although in a much less degree. Is there no other drain upon the system than that which is visible to the eye? Does the pulse never flag, except when oppressed by a fever? Does the heart never ache, unless it be obviously diseased? Is weakness, or prostration, or want of energy, or languor of body or mind, nowhere to be found, except

on a bed of sickness? We should think of these things when we feel inclined to listen to those who, because so many of our countrymen are wallowing in the slough of drunkenness, go about the country, preaching total abstinence to every one alike.

How often have people tried to adopt the system of total abstinence, and yet, after giving it a fair trial, have been compelled to give it up; and have we not frequently met with patients whom we could not recommend to abstain from all kinds of alcoholic stimulants—patients to whom a small quantity of light wine or mild stomachic ale appeared to be an essential condition of their healthy and comfortable existence. It is only recently that an eminent dignitary of the Church, wishing to stem the torrent of intemperance which he saw around him, resolved to abstain from the use of alcohol in any form whatever, in order that he might show in his own person how little the system required even the moderate use of such stimulants. Although, however, he carried out this resolution with great perseverance, he was, on account of his health and on the urgent advice of his medical adviser, obliged to give it up at last, and resume his former way of living.

We may say that to the well-regulated mind, experience, as well as a sort of natural instinct, will regulate the amount of stimulant taken within the requirements of the system, and if there be any doubt about the matter there is always a medical man at hand, whose "alcoholic medical prescriptions" may be as worthy of attention in health as in disease. We readily admit that there are many people who, although temperate in their habits, would be better if they abstained altogether from alcoholic drinks. This is especially the case with those who have acquired, or who inherit, a tendency to those affections in which the use of these stimulants is generally acknowledged to be injurious. But it is not every one who can judge for himself whether he belongs to this class of people or not, and therefore we will go so far with the total abstainers as to say it would be as well if medical men were more frequently consulted than they are, as to what their patients ought to drink, and as to whether, in individual cases, the system of total abstinence should be observed.

Notes on Current Topics.

The Hospital Saturday Fund.

In the two first years of the existence of this Fund we made no secret of our opposition. Firstly, on account of its bad management; and, secondly, on the score of extravagance. We are glad now to observe that these objectionable features are overcome, and further that last year's Council, through the searching nature of its inquiries, have hit upon several blots in the administration of some of the London charities, the exposure of which cannot fail to be productive of good. We have now before us the Report of the Distribution Committee for 1876, which has only just been printed, the lateness of publication being caused by circumstances over which the Committee had no control, but which are certainly not creditable to the authorities complained of.

In this Report the Committee assigns very good reasons for excluding certain quasi-charities from all participation in the distribution of the Fund. We regret, however, that the Committee refrain from giving the names of those charities, which appear to have resorted to the mean device of "cooking" their returns, in order that by so doing a larger sum might be awarded to them. In one case a dispensary gave the total of attendances of patients as 70,000, instead of 23,296; another 29,976, instead of 9,112. One hospital returned the attendances of its patients as 124,725, instead of 15,600; another, and the name this time is given—the Hospital for Skin Diseases, Stamford Street, Blackfriars—returned its patients for the three years considerably above the actual number, and upon which an award was made; but this year the Committee very properly "thought it only right that this hospital should repay this year the amount overpaid in 1874."

Other points, quite equal in importance, have also engaged the attention of the Committee: that of the cost of management, as compared with maintenance. From a want of economy in management, the following have been altogether excluded from any participation in the Fund:—The Metropolitan Dispensary for the Ear, the Camden and Kentish Town Dispensary, the Western Eye Hospital, the St. Saviour's Hospital and Refuge, the St. Saviour's Hospital for Cancer, and the Herbert Home. The National Truss Society, and the Provident Surgical Appliance Society are excluded, because they do not appear to be doing so much good as they ought. The former, out of an income of £636 15s., expended on trusses only £116 7s. 6d., and by far too much in their distribution and management; while the Provident Surgical Appliance Society, out of an income of £1,206 8s. 11d., spent upon appliances only £531 11s. 1d., and in management the large sum of £674 4s. 8d., rather more than 50 per cent. Then with regard to one other notable institution, the Western Dispensary, the Committee say, "it regrets to find that the expenses are increasing in about the same ratio as the patients decrease." The discrepancies of expenditure between Convalescent Homes also appears to be of an unsatisfactory character, and in the case of one institution of the kind, the St. Andrew's Home, "the award was suspended until satisfactory explanations are given as to certain items of expenditure." The Distribution Committee justly enough complain of the faulty and often inaccurate way in which very many of the hospital returns were sent in, and which imposed much unnecessary trouble upon the accountants, necessitating interviews with the hospital authorities, and thus delaying the distribution of the funds several months. The same complaint has been urged by the Distribution Committee of the Hospital Sunday Fund, and it is hoped that, unless a better mode of book-keeping is adopted, offending institutions will be struck out of the list of recipients, since it is only by a plain and straightforward mode of dealing on all hands that we can look for the suppression of shams in the great and important work of medical charity.

Questionable Charity.

We have before us a report issued by the Charity Voting Reform Association in the form of an appeal to the subscribers of the Surgical Aid Society, relative to the grievous injustice inflicted upon those poor cripples who seek its aid, and who are obliged by the rules of the Society to stump about all over London to beg for letters. No better system could well be devised for *not* doing what the Society proposes to do, viz., affording charitable relief to the afflicted poor, and therefore the Charity Voting Reform Association very justly say it is in every way most indefensible to compel a mutilated patient to walk with one leg and a-half to a dozen different subscribers to beg for letters to cover the expense of a wooden leg before she is able to follow her usual employment. Who but the Surgical Aid Society could have withheld sympathy from the poor widow who appealed to a London clergyman, weary and utterly worn out, after three months wandering and writing begging letters, having then succeeded in obtaining but twelve letters, which entitled her "*to a leg without a foot*," after having spent her little all in the effort. Such a system can only be described as "a refined system of cruelty mocking charity," and richly deserves the castigation it receives at the hands of the Charity Voting Reform Association. This Surgical Aid Society is one among many of the same kind constantly appealing to the public for help, and its income is very near £3,000 per annum. It can, therefore, surely afford to supplement the work of our hospitals without putting poor cripples to the necessity of "working hard to get letters," thus entailing upon them a cruel waste of time and energy unsuited to their condition, and out of all proportion to the actual benefit conferred. Surely with such an income the Society ought to be able to give immediate relief on patients presenting a letter of recommendation from a subscriber? The Secretary of the Society, however, seeks to defend the practice because the contributor of half-a-guinea is not entitled to claim the same privilege as one who contributes double or treble the sum. If hospitals were to act in so uncharitable a spirit what would become of the afflicted poor?

The Charity Voting Reform Association has good grounds for condemning a most objectionable practice, and calls upon the committee of the Surgical Aid Society to make a change in its mode of administering relief and dealing with the funds entrusted to its care. It also proposes an alternative scheme for consideration—that of subscribers retaining the power of recommending cases, and that their recommendations should be made immediately effective by relief being given by the committee, under advice of the surgeon. This is a reasonable suggestion.

Possibly what we find to condemn in the management of the Surgical Aid Society is less the fault of those who administer its affairs than of the public, who, in this as in many other charities, foster the growth of a very ugly excrescence which sadly mars its Christian-like appearance, and tends to convert all our charities into a practice of selfish almsgiving. It is to be deplored that those who wish the world to believe they bestow their gifts solely for the relief and benefit of the necessitous should insist upon receiving in return the petty patronage system of tickets and votes, and thus, in practice, their charity is made to fall much below the ideal of that great apostle who laid so much stress upon the blessedness of "considering the poor."

Fatal Accidental Hæmorrhage before Delivery could be Effected.

It is very seldom that accidental hæmorrhage proves fatal before the labour is completed, but a case of this kind is recorded in the current number of the *Obstetrical Journal*.

Dr. W. H. Maberly, M.B., C.M., Resident Obstetric-Assistant at St. Bartholomew's Hospital, was summoned to a woman, æt. 27, attended by a student, and who had previously given birth to six children. She was lying in a restless state, blanched, and exhausted from loss of blood, which still trickled from the vagina. She had had on several occasions within the last fortnight slight attacks of hæmorrhage, but in the night on which she was seen by Dr. Maberly, a sudden and profuse gush of blood took place during micturition. She had also fallen down three stairs since her first attack of hæmorrhage. Ergot and brandy had been administered, and the vagina plugged by the student in attendance. The woman was about eight months advanced in pregnancy; no labour pains had been felt; the os uteri was sufficiently patent, to admit the finger, the head presented, and the liquor amnii appeared to have escaped; but neither could the os be dilated with the finger, nor could the smallest of Barnes's bags be introduced. As the condition of the patient was alarming, the vagina was tightly plugged with calico soaked with the perchloride of iron, and two drachms of the liquid extract of ergot, with a small quantity of brandy was administered, egg, milk and brandy being at the same time given at short intervals. The poor woman, however, gradually sank, and died about an hour afterwards. On a *post-mortem* examination, the placenta was found to be almost wholly separated by a large clot of blood. The membranes were adherent to the uterine wall, except along a narrow track which run down the posterior wall, and which had evidently been formed by the blood on its way to make its escape from the os uteri.

The case is a very remarkable one, and shows how this form of hæmorrhage arises, as well as the *rationale* of the means which are generally found to be sufficient to arrest the discharge. The treatment, moreover, appears to have been prompt and judicious, and the only question which might occur to the minds of some is whether a drachm of laudanum, instead of the large second dose of ergot, might not have been attended with more success.

A Novel Arctic Expedition.

Last Thursday, in the House of Commons, Sir Thomas Chambers presented a petition from "The Order of Daniel," Brompton Square, in favour of sending out a new Arctic Expedition, composed of men who did not use either flesh food, alcohol or tobacco. We expect when this petition is read it will afford some amusement to honourable members, and will be quite a diversion after the Eastern Question. These worthy petitioners

of course suppose there would be no difficulty in excluding the use of animal food under circumstances in which it would be almost impossible to obtain fresh vegetables, or in getting men who would agree to forego these three luxuries of life. We might get "poor Jack" to give up his rum and even his salt beef, which is not a very great luxury after all, but to get him to give up his "'baccy" into the bargain would be more than human nature could endure. If, moreover, the idea were at all practicable, and the expedition proved a success, what a battle we should expect to see among all classes of total abstainers as to the respective merits of their pet systems. We should have the vegetarians declaring that the extraordinary health which the sailors enjoyed was entirely due to their abstaining from animal food, and living wholly upon a farinaceous diet, with eggs and lime-juice for a change. On the other hand, the teetotaler would contend with equal vehemence that the food had nothing to do with it, especially as they got no fresh vegetables, but that the public had to thank them for the success of the expedition, as it was undoubtedly the total abstention from alcoholic stimulants that kept the men so well. But the anti-tobacconists would not be so easily deprived of their share of the triumph. They would urge that smoking was at the bottom of half the ills that flesh is heir to, and that, therefore, the prohibition of the fatal weed had doubtless been the chief factor in accomplishing the great object of the expedition. "No smoking allowed" had made the hearts and stomachs of the sailors more vigorous; a more vigorous circulation and digestion had maintained their temperature; increased power of resisting cold had enabled them to prolong their expeditions; the length of time spent in the Northern regions enabled them to reach the North Pole, *ergo* the discovery of the North Pole was due to the absence of smoking.

What is an Indecent Publication?

This question will probably have been decided ere these lines are in the hands of our readers, as the case of the Queen *versus* Mr. Bradlaugh, the notorious Secularist, and Mrs. Besant was set down for hearing at the time we are at press in the Lord Mayor's Court. Several years since an American physician named Knowlton, whether legally qualified or not we are unable to say, published a work entitled, "The Fruits of Philosophy," in which the author endeavoured to prove that it is necessary for the well-being of the human race that the natural increase of the population should be prevented, giving at the same time directions how this object could be best attained by a number of scientific checks. Copies of the work soon found their way to this country, which, when the fact became public, caused the Government to take immediate proceedings against the publisher, who, in order to escape punishment, promised to withdraw the work and destroy the unsold copies. The republication of the work in this country by Bradlaugh and his female coadjutor at the present time is the cause of the action above referred to, about the issue of which there can, we think, be little doubt.

The Malthus school, however, has many admirers in this country, and a defence committee has been formed to contest the right of promulgating his views as presented in Knowlton's "Fruits of Philosophy." On the list are the names of several well-known secularists and free-thinkers, one or two lady medicals, and, we regret to say, a member of our own profession, in the person of Dr. C. R. Drysdale. This gentleman's extreme views on the subject of over-population are well known to most of our readers, but we scarcely expected they would carry him so far as to place him in the position of bail for a person of the Bradlaugh stamp, especially when such individual is engaged in the publication of doctrines which are an outrage to decency and public morality. We shall revert to the subject in our next, pending which we trust Dr. Drysdale will have found means to escape from the position into which he has probably been led in his zeal for freedom of all doctrine but one which is nevertheless the reverse of creditable to a member of an honourable profession.

The Anti-Vivisectionists at Edinburgh.

A few nights ago Dr. Childs, of London, was to lecture in the Literary Institution against vivisection, and about 500 persons assembled, the bulk of whom were medical students. When the lecturer made his appearance on the platform he was greeted with howling, hissing, and other discordant noises, so loud and long-continued that, after making several attempts to proceed with his lecture, he had to retire. One of the students then mounted the platform, and was proceeding to harangue the students when he was forcibly dragged down. Upwards of twenty policemen were in attendance, but were quite unable to maintain order.

We can sympathise with the Edinburgh students in the indignation they feel at the prejudice and fanaticism of the anti-vivisectionists. We hope, however, that such a precedent as the Edinburgh students have set will not be followed, and that neither they nor any member of the profession will disturb any of the many meetings which will no doubt be held throughout the country. It is much better to let every wrong-headed enthusiast have his say. The movement in the promotion of which he is heart and soul engaged is sure to find its proper level at last, while the public, who have been artfully smitten with one of those temporary attacks of "mania" to which they are constantly exposed, are sure to wake up some fine morning to find that they have been the victims of delusion and imposture.

Vaccination.

A few days ago Mr. P. A. Taylor said he would put a question to the Home Secretary as to the Commissioners of Andover, who had been proceeded against forty times for not complying with the Vaccination Act. Forty times indicates a fair amount of obstinate resistance to the law, and we shall be anxious to hear whether this statement has been substantiated by further inquiries. If so, the behaviour of the Keighley Board of Guardians is, after all, not so exceptional as it appeared; while, moreover, the arguments we sometime ago used in favour of altering the law in respect of these petty prosecutions, but without relaxing the system of compulsory vaccination, receives additional force from this announcement in the House of Commons.

Better news, however, reaches us from Brighton. It appears that a few days back a rather stormy discussion ensued at the meeting of the Brighton Board of Guardians, upon a communication received from the Lancaster Union, asking co-operation in opposition to the Bill now before Parliament, proposing to limit the penalties for non-compliance with the Vaccination Acts. The anti-vaccinationist members, who expressed themselves in favour of the Bill, were overthrown by a large majority, and it was resolved to petition in opposition to the measure, it being considered most essential that the provisions of the existing Acts imposing continuous penalties should be strictly enforced. This is setting a good example, which, should a similar occasion arise, is worthy of imitation by other corporate bodies.

Frauds in Drugs.

Mr. B. H. Paul, in the columns of the *Pharmaceutical Journal*, exposes the dishonesty of certain druggists in the matter of citrate of iron and quinine. He tested three samples purchased in London, and two of them labelled as being in accordance with the British Pharmacopœia, which orders that the preparation should contain 16 per cent. of quinine. None of the three samples contained much more than half the proper quantity, and the alkaloid they did contain was not quinine, but a mixture of all the chinchonic agents. The proportion was as follows:—No. 1, 8·96 per cent; No. 2, 9.70; No. 3, 6·96. After the zeal which the official organ of the Pharmaceutical Society of England displayed in the advocacy of the "milk of sulphur" and "citrate of magnesia" frauds, we are not surprised to find that it enters into a blushing apology for the "citrate of iron and quinine" trick. Although, it says, "of course we know that there is no novelty in the suggestion that citrate of iron and quinine as sent in by a manufacturer, may not contain 16 per cent. of alkaloid," yet it seems to infer that a manufacturer is justified in meeting the recent increase in price of quinine by leaving out one-half of it, and substituting other alkaloids for a portion of the remaining ingredients. We regret that Mr. Paul has not displayed the courage of his convictions by stating plainly the names of the manufacturers of these fraudulent drugs, if he knew them. There is little gain from such an *exposé* if the dishonest practices pass unidentified, and if honest manufacturers are included in the guilt of them.

Iodine and its Preparations in the Therapeutics of Infancy.

In a clinical lecture delivered at the Paris Hospital for Children, M. Jules Simon lays particular stress upon the following points:—Tincture of iodine should not be applied pure in tubercular children; it should be diluted with either glycerine or with some unguent. Neither iodide of potassium nor iodide of iron should be given to children under two years of age, except perhaps in cases of acute hereditary syphilis, where small doses may be administered. It may be given to the nurse if the child has not been weaned. Older children bear the drug well. Those who are especially benefited by it are patients robust in appearance, but with soft, inelastic flesh, and with manifestations of incipient scrofula. Iodoform is of great service in cases of ozæna and scrofulous wounds. Albuminuria has been observed by M. Simon in a large number of cases to follow painting on the surface with tincture of iodine, especially when it is applied to eruptions. Iodide of potassium produced the same result, but in a smaller degree. Under this head further investigations are promised.

American Generosity.

People sometimes accuse the Americans of inferiority in comparison to the inhabitants of the Old World. This reproach is not justifiable, at least in regard to their charities. In no nation more than in the United States do we see rich citizens leaving large sums of money for truly useful works, of which the following is a new example:—Mr. Vanderbilt during his life founded at Nashville a university which bears his name. This establishment, for which Mr. Vanderbilt left 700,000 dollars, was inaugurated on the 4th of October, 1875. Last year the number of students was 300. It has four professors for teaching theology, three for the law, and for the teaching of medicine, sciences, and letters there are eleven each. The library of this University is composed of 6,000 books; and 50,000 dollars have been expended on the purchase of scientific material.

Capacity for Speech.

An Italian physiologist, Signor Mariotti, recently sent a communication to the Roman Academy of curious details on the capacity of certain persons for speech. Gibbon calculated that a fluent English orator can pronounce about 7,200 words in an hour, that is to say, 120 words in a minute. With the assistance of a short-hand writer of the Italian Parliament, Signor Mariotti has made the same calculation as regards the orators of his country. De Foresta pronounced 60 words in a minute; Massimo d'Azeglio, 90; Ratazzi, 150; Cordova, the quickest of all, nearly 218. It has been remarked that the orators gifted with such fluency are more agreeable than powerful, because they do not give their audience time to digest their arguments.

Mountains of Salt.

The mountains of salt which have been discovered in the State of Nevada, on the borders of the Ferry and of the Virgin rivers, may be regarded as one of the curiosities of nature. Their salt has the hardness of marble, and, like other rocks, it is traversed by different kinds of veins. The blocks of salt which are taken from it are of a dark grey colour and resemble ordinary granite, and contain about 92 per cent. of salt. On the west side of the mountain, plates of salt have been found so transparent that travellers could easily read through them, even when they were 14 or 15 centimetres thick. Not far from these plates, towards the north, rises a deep spring of considerable size, of which the strength exceeds that of any of the salt springs known

The New Hotel Dieu.

M. Nervaux, Director of Public Relief, and M. Prieur, Director of Hospitals, have received from the Prefect of the Seine a notification to have ready to hand over on the 1st of August the building of the old hospital. The demolition of this is necessary for laying the foundation of the bridge which is to be constructed there.

The Cattle Plague.

The Hessian journals announce that the authorities of the Grand Duchy of Hesse have taken very severe measures to stop the progress of the cattle plague. The Government have instituted in each commune a commission of surveillance presided over by the burgomaster.

At a meeting of the Council of the Medical Society of London, held on Monday, the 9th instant, Mr. Francis Mason, F.R.C.S., Surgeon and Lecturer on Anatomy at St. Thomas's Hospital, was unanimously elected Lettsomian Lecturer during the next session. He will probably select as a subject of his lectures, "The Surgery of the Face, Mouth, and Throat." Mr. Mason has already done much good work in this branch of surgery, and we anticipate that the lectures will contain some new and important facts.

London, which throughout the winter has been exceptionally healthy, has during the past month shown a very high death-rate. Last week the mortality had risen to 28 per 1,000 of the population, being an excess of 296 deaths over the average in the corresponding week of the past 10 years. Dublin on the contrary, where the death-rate had risen to 42 per 1,000, fell last week to 32; whilst that of Edinburgh and Glasgow remains nearly stationary.

The deaths in London from small-pox, which had been 76 and 86 in the two previous weeks, were 78 last week, of which 37 were certified as unvaccinated, 15 as vaccinated, and 26 were "not stated" as to vaccination. The 78 included 44 which were recorded in the Metropolitan Asylum Hospitals, and 6 in the Highgate Small-pox Hospital; the remaining 28 fatal cases occurred in private dwellings.

James Dewar, F.R.S.E., Jacksonian Professor of Natural Experimental Philosophy in the University of Cambridge, has been elected Fullerian Professor of Chemistry at the Royal Institution, in the room of Dr. Gladstone resigned.

The death-rate in the four principal cities of the United Kingdom last week, per 1,000 of the population, was 27 in Edinburgh, 28 in London, 29 in Glasgow, and 32 in Dublin.

The next anniversary dinner of past and present students of University College, London, will take place on May 16th, under the presidency of Sir Henry Thompson.

The meeting of the General Medical Council will commence on the 10th proximo. The session is expected to be a long one.

Correspondence.

PUBLIC HEALTH (IRELAND) BILL.

Chief Secretary's Office, April 5th, 1877.

Sir,—I have the honour to acknowledge the receipt of your letter dated the 3rd inst., stating (on the part of the Irish Medical Association) certain propositions, which you set out.

I shall communicate these propositions to the Government, and they will receive due consideration.

I may, however, observe that the third of these propositions, dealing with the scale of salaries fixed by the Local Government Board, is not touched at all by the Public Health Bill, and I understood it was conceded by the deputation that it could not be satisfactorily dealt with by legislation.

Yours faithfully,

A. H. Jacob, Esq., M.D., Chairman of Council, Irish Medical Association. Ed. Gibson.

Irish Medical Association,
Office, Royal College of Surgeons,
April 13th, 1877.

To the Rt. Hon. the Attorney-General for Ireland.

Sir,—I have the honour to acknowledge the receipt of your letter of the 5th inst., in reference to the amendments in the Irish sanitary system suggested by the Irish Medical Association.

Having laid your letter before the Council, I am desired to say, in reply, that while the Council concurs in your view that certain of the changes suggested may be effected without alteration of the Bill as it at present stands, yet it becomes necessary to seek redress by means of amendments to the Bill, inasmuch as no pledge has been given, either by the Government or by the Local Government Board for Ireland, that the points which have been submitted for your consideration will be conceded.

I am desired to say that, while the Irish Medical Association will gladly facilitate the passing of a measure which will provide an effective sanitary organisation for Ireland, and which will deal justly with the medical officers of health, it cannot favour the perpetuation of the very unsatisfactory system which now is supposed to regulate the public health of Ireland. If the Government sees fit to give an undertaking that the necessary reforms (which have been pointed out to you) will be carried into effect by the Local Government Board, the Irish Medical Association will use every effort to further the progress of the Public Health (Ireland) Bill through Parliament; but in the absence of such guarantee, the Council could not permit the opportunity of amending the measure to pass without an effort on their part.

I am, Sir, yours faithfully,

Archibald Hamilton Jacob,
Chairman.

PROFESSOR LISTER AND PROFESSOR AZAM.

MONSIEUR LE REDACTEUR DU MEDICAL PRESS AND CIRCULAR.

Monsieur,—Si j'avais l'honneur d'etre Anglais, je ne m'etonnerais peut-etre pas du genre de Polémique dont la lettre de votre correspondant d'Halifax est un échantillon assez-reussi (voir le numero du 28 Mars, p. 256) car il est peut-etre l'usage—n'étant que Francais vous me permettrez d'etre surpris de voir mes véritables sentiments travestés, et de recevoir des injures à la place d'arguments.

En France je n'aurais pas répondu et personne ne s'en serait étonné.

Traduttore traditore, disent les Italiens, c'est sans doute

pour cette raison que votre correspondant sous prétexte de traduction me fait dire *ce que je n'ai pas dit*—en voici la preuve.

D'après lui, j'aurais imprimé: "I recognise the great merit of the Edinburgh surgeon, *and I am not disposed to laugh* BECAUSE *his* system has been consecrated into a form of religion," or, j'ai dit ceci.

"Je n'en reconnais pas moins le grand mérite du chirurgien d'Edinbourg, et je n'ai envie de rire que lorsque on fait de sa méthode une sorte de religion," &c., &c.

En d'autres termes, et en Anglais, ma pensée est celle-ci :—

"I recognise the great merit of the Edinburgh surgeon, and I am disposed to laugh *only when I see his system consecrated by his fanatic admirers* into a form of religion," &c., &c.

Vous le voyez, Monsieur, d'après votre correspondant et sa traduction de fantaisie je trouverais ridicule le système de M. Lister, tandis que je ne trouve risible que les exagérations fanatiques *de certains* de ses admirateurs.

Du reste j'ai l'honneur de vous adresser le texte de ma lettre et je m'en rapporte parfaitement à votre jugement.

Je suis, parait-il, un personnage *égoïste jaloux* de la gloire *d'un rival étrange* et ma lettre est *un type de Bravade Française.*

Voila la guerre allumée entre la France et l'Angleterre ! ! Vous me permettrez d'avoir encore envie de rire ; je vous avoue que je me suis toujours imaginé la science, comme planant au dessus de nations et les réunissant dans une fraternité commune. Les grands hommes et les idées utiles, sont la patrimoine de l'humanité toute entière, et ne connaissent pas les frontiers de la politique et de la géographie. Newton, Linnæ, Buffon, A. Cooper, Voltaire, Pott, Victor Hugo, Velpeau, Darwin, Tyndall, ont pour admirateurs et aussi pour compatriotes tous les hommes qui pensent, quelque soit le langage dont ils se servent pour exprimer leurs idées. Votre correspondant n'est pas de cet avis—tant pis pour lui.

M. Dolan s'étonne de ne pas trouver *de faits* dans ma lettre ; il croit sans doute que ce que j'appelle la méthode de Bordeaux n'est que le produit de l'imagination d'un chirurgien sans malades. Je le prie de lire :—

1. "Mémoire de la Société Medico-Chirurgicale des Hôpitaux de Bordeaux." 1870. P. 285.

2. Association Française pour l'Avancement des Sciences. Lyons. 1873. P. 814.

3. "Bulletins de la Société de Chirurgie de Paris." Paris. 1874. P. 292. *Avec* 26 *observations.*

4. "Le Pansement des Plaies." Par le Prof. Gosselin. Delahaye, Paris. 1877.

Du reste une lettre à un ami n'est pas un mémoire scientifique, alors surtout qu'elle n'avait pour but, ni de critique une méthode que je trouve excellente, ni de revendiquer une priorité à laquelle je n'ai jamais songé.

Mais si je n'ai pas songé à cette priorité, d'autres y ont songé pour moi—à ce sujet je vous adresse les leçons du Professeur Gosselin faits récemment à Paris et dans le cas ou votre correspondant ignorerait, ce qu'est M. Gosselin, je lui dire qu'il professe la chirurgie chirurgicale à la Faculté de Paris, et qu'il est membre de l'Institut de France, qui est chez nous ce qu'est la Société Royale en Angleterre.

Apropos de ce que dit M. Gosselin je dois vous dire en toute vérité que M. Lister, quand il a imaginé sa méthode ignorait completement ce qui s'était fait à Bordeaux—j'en suis parfaitement convaincu—je trouve très naturel que le même désir de guerir des malades vite et bien puisse faire naître dans l'esprit de chirurgiens practiciens, des idées analogoues, indépendamment les uns des autres.

Comme M. Lister a certainement lu votre journal, car je ne doute pas que votre correspondant ne lui ai fait connaitre le dévouement avec lequel il défend une méthode que je n'attaque pas. Je vous serai reconnaissant de lui faire lire aussi ces lignes si vous voulez bien les publier dans l'interêt de la vèrité.

J'avais d'abord songé à lui écrire directement, mais j'ai pensé que l'illustre chirurgien avait donné trop de preuves de son amour de la vérité pour ne pas apprécier avec justice la façon avec laquelle on à défendu ses idées.

Il faut prendre garde de casser les encensoirs sur le nez des idoles.

Pardonnez moi, Monsieur l'Editeur, cette longue lettre, mais votre journal est lû dans le monde entier et qu'elle que modeste que soit ma situation, je serais désolé que vos lecteurs me crussent des sentiments que je ne saurais avoir.

Agréez, ma haute considération,

Bordeaux, Avril, 1877. EUGENE AZAM,
Prof. de Clinique Chirurgicale à Bordeaux, Correspondant de la Société de Chirurgie de Paris.

THE DISFRANCHISEMENT OF THE LEDWICH SCHOOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dublin, 11th April, 1877.

SIR,—I am directed by the Board of the Ledwich School of Medicine, to forward you the following correspondence and the resolution attached.

I am, Sir, your obedient servant,
EDWARD LEDWICH, Secretary.

We have already published the correspondence referred to with the exception of the following :—

The following Statement of the Proprietors of the School was adopted and forwarded to the Academic Council :—

Peter Street, Dublin, February 24th, 1877.

We, the Council of the Ledwich School of Medicine, have heard with surprise the resolution of the Board of Trinity College, conveyed by their Registrar, the Rev. T. Stack, to Mr. Ledwich, that for the future the certificates of this School will not be received for the Medical and Surgical Degrees given by the University. The grounds upon which the Board have based this extreme measure seems to us strange, indeed, viz.—that an irregular certificate had been issued by Mercer's Hospital, an Institution which has no connection with this School, except that Mr. Ledwich, who is Professor of Anatomy in the School, is one of the Surgeons of Mercer's Hospital. Precisely the same connection exists with the Meath, the Adelaide, and Jervis Street Hospitals. With none of these Institutions have we the slightest power of interference, nor consequently have we any responsibility as to what certificates they may issue.

We are not aware that any certificate issued by us to a University Student has been or can be complained of, and consequently we appeal to the Academic Council not to confirm this resolution of the Board.

Undertaking upon our part, that should the recognition be continued as heretofore, we will, to prevent misunderstanding in future, agree to send to the Registrar :—

1st.—A return of all University Students who may have entered for Winter Courses, by the 25th of November in each year, and of those who have entered for Summer Lectures, by the 6th of April in each year.

2nd.—That all certificates issued to University Students shall be verified by a roll kept by each Lecturer.

Signed on behalf of the Council,
THOMAS P. MASON, M.B.,
JOHN K. BARTON, M.D., F.R.C.S.I.,
J. H. WHARTON.

To the above communication no reply was received, but on the 3rd of March the following letter was forwarded by the Rev. T. Stack :—

"Trinity College, 3rd March, 1877.

"SIR,—I am directed by the Board of Trinity College to inform you that they have directed their Medical Registrar, 'that after the current session he is not to receive certificates from the Peter Streeet School of Medicine.'

"I am, Sir, your obedient servant,
"THOS. STACK, Registrar.

"Edw. Ledwich, Esq., F.R.C.S.I."

On the receipt of this letter, the Registrar was directed by the Board of the School to write to the Board of Trinity College, requesting to be supplied with the grounds on which they have come to the above resolution, and to this the following reply was received from the Rev. T. Stack :—

"Trinity College, 10th March, 1877.

"SIR,—In reply to your letter of the 6th instant, I beg to inform you that I duly laid before the Board the resolution of the Board of Peter Street School of Medicine, stated in your letter, and I am directed to inform you, in reply to the question which seems to be implied in it, that the reasons of the Board's action in this matter were—*first*, the certificate

issued by you to a student of the Peter Street School of Medicine, of which a copy was formerly enclosed to you, in a letter addressed to you by me, under the direction of Trinity College; and, *secondly*, that when the matter was brought under your notice, you failed to give an explanation which the Board could consider satisfactory.

"I remain, Sir, your obedient servant,

"T. Stack, Registrar.

"Edw. Ledwich, F.R.C.S.I."

A statement of the entire case with copies of the correspondence having been laid before the Council of the Royal College of Surgeons in Ireland at its last meeting,

It was resolved unanimously :—

"That the question of the disfranchisement of the Ledwich School of Medicine by the University of Dublin having been fully brought under the notice of this Council by its Proprietors, this Council hereby express their opinion that such procedure was not warranted by the facts, now disclosed, and that nothing has been brought under their notice which could call on them to withdraw the confidence they have hitherto reposed in the proprietor of that School."

HOSPITALS FOR THE MIDDLE CLASSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I thank you for your leader on the above subject, and I am happy to be able to inform you that I have received so large a measure of public support, that already more than one offer to co-operate in providing the necessary capital has been made.

As, however, I recognise that this is not only a great public question, but one which necessarily involves important professional considerations in addition, I am desirous, before proceeding further, to elicit, as far as possible, the views of the members of the medical profession throughout the country.

Will you, therefore, kindly allow me space to request any medical gentleman interested in the establishment of Home Hospitals for the Well-to-Do, to be good enough to favour me, as early as possible, with his views on the subject.

I am, &c.,

Henry C. Burdett.

Seamen's Hospital, Greenwich, April 16.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your excellent leader, in your last impression, on "Hospitals for the Middle Classes," interested me exceedingly, and doubtless others equally so; but what struck me as the most salient of your remarks was, that which bore upon the working of the proposed institutions; and also your proposition that each patient should be attended by his or her own particular doctor: such, *if* it could be carried out, for I must confess I am very sceptical as regards the successful working of such a plan, would not only be advantageous to the patient, but it would be equally so to the doctor; for the welfare of both would thereby be secured; but I am sure the carrying out of such a plan, which you so ably advocate, would be most difficult in the extreme; in fact, I think it would terminate disadvantageously to all parties concerned.

The proposed hospitals, and the management of them, are very pretty on paper, but the working of such benevolent institutions is altogether a different affair, and would, I fancy, be found as difficult for all practical purposes as Dr. Richardson's "City of Health," and almost as impracticable as the creation of a "Happy Valley," or a country akin to that region which the unfortunate Sir Thomas Moore yclepted "Utopia."

These observations are not made in the spirit of antagonism, for I should be the last to oppose the formation of any charity; but the thought occurs to me, that the project, if decided on, would end in a complete failure; and that it would injure the general practitioners who are the largest and most important section of the medical profession.

There is no doubt that the establishment of "Hospitals for the Middle Classes," however beneficial they might be to invalids, would undoubtedly be prejudicial to the well-being of the general practitioners; for many of their patients, if they did not recover quickly, would be very apt to discard their medical advisers, and would soon be ensconced beneath the roof of some hospital devoted to the middle classes. General practitioners, as a rule, are not burdened with riches, and to them an incalculable amount of injury would follow the formation of such hospitals.

In the course of your remarks you truly say, that you "very much doubt whether they would ever lack patients." I for one, am sure that they would always be crammed, and there would always be an immense overplus waiting for admission, and in the meantime the general practitioners would suffer, while those attached to the hospitals would be reaping a harvest; for, even supposing each patient was attended by his or her own particular medical adviser, he or she would soon get accustomed to the medical men belonging to the hospital, and would most likely get alienated from his or her own immediate medical attendant; and as a consequence, we should have more professional differences than ever.

I may be wrong in my surmises; I sincerely hope and trust that I am; for I am sure the establishment of "Hospitals for the Middle Classes" would be a great boon to society; but I am sorely afraid that the working and management of them would be so extremely difficult, and it would be found so hard to please all parties, that they would be in the end unhappy failures; or that they would fall considerably short of the objects which they were originally intended to promote; and also as many restrictions would have to be made, in order to prevent them clashing with the other hospitals, and with the general practitioners, it would altogether stultify the benevolent designs of the originators and founders.

I should not have trespassed so much on the columns of your valuable paper, had the subject not been so important, and the sole excuse for doing so, was the perusal of your highly interesting article, which I have made bold to criticise.

I am, Sir, yours obediently,

Evan M. Boddy, F.R.C.S., L.R.C.P.

Camberwell, April 14, 1877.

PRELIMINARY EXAMINATIONS.

The case of a student who had been four times rejected at the Preliminary Examination of the Irish College of Surgeons, and who had then presented himself for and passed the Entrance Examination of Trinity College, was brought under the notice of the Council of the College of Surgeons recently. Having been allowed admission to the University of Dublin, for which he paid £15, the student was entitled to matriculate as a medical student of the University, and on presenting his matriculation certificate must—according to the College Bye-law which recognises as sufficient all preliminary examinations which are accepted by the Medical Council—be admitted for professional examination by the College which refused him four times in consequence of his lack of general education. The circumstances were so plainly anomalous that the Council of the College made representations to the Senior Lecturer of Trinity College, who replied—we understand—that the University regarded the Entrance Examination simply as a test of the capacity of a student to enter upon academic study in the University, but not as a guarantee of sufficient education for a learned profession, and that candidates were not, therefore, admitted even to the lowest medical degrees of the University on the Entrance Examination, but were required to show evidence of two years arts study. This reply having been communicated to the Council of the College of Surgeons, it was resolved—"That the Entrance Examination of the University be removed from the list of those examinations which are recognised by the College as equivalent to its own Preliminary." Inasmuch as the disfranchised examination stands still upon the list of those accepted by the Medical Council, it seems inevitable that it shall be struck off by that body at its meeting in May. Indeed, the Medical Council does not appear to adopt any principle in the recognition of preliminary examinations, for it has adopted some from distant parts of the world, of which it can know little, and over which it has no control whatever.

CORK SOUTH INFIRMARY AND COUNTY HOSPITAL.

ELECTION OF SURGEONS.

LAST week the Board of Trustees unanimously elected Dr. J. G. Curtis to the post of surgeon in the infirmary. Dr. Curtis, who has been for sixteen years in the infirmary as extern surgeon, was unopposed. Subsequently the board proceeded to elect two assistant surgeons, when Dr. Macnaughton Jones and Dr. Charles Tanner (son of Dr. Wm. K. Tanner, senior surgeon to the hospital) were elected.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted licentiates of the College on April 16th :—

Baker, John Henry, Hockley.
Beverley, William Henry, 144 Albany Street, N.W.
Cane, Howard, 15 Queen Square, W.C.
Cusach, Robert Oriel, Bedford.
Farbstein, Henry, Hull.
Forrest, J. G. Stracey, 19 Bessborough Gardens, S.W.
Gay, Charles William Ebenezer, Townsend, St. Albans.
George, George Aldridge, 8 Albert Street, N.W.
Job, John, Dowlais.
Jones, Roger Hughes, 26 High Street, Denbigh.
Layborn, William Kirkus, 25 Grafton Street East, W.C.
Lee, Charles George, Liverpool Road, Chester,
Le Quesne, Edwin J., Metropolitan Free Hospital, E.
May, Arthur William, South Petherwyn, Launceston.
Munro, Alex. (M.D. Montreal), 10 Woburn Place, W.C.
Patmore, Tennyson Deighton, 131 Gower Street, W.C.
Pickering, Charles Frederick, Guy's Hospital, S.E.
Reynolds, W. P., Berkeley Lodge, Norwood Road, S.E.
Sannwith, Fleming Mant, 142 York Road, S.E.
Sherrin, Francis Mark, University Hospital, W.C.
Steele, Henry Frederick, Dispensary, Carlisle.

Royal College of Surgeons of England.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Board of Examiners on April 9th, 10th, and 11th :—

Henry E. Garrett and S. F. Newton, Charing Cross Hospital ; T. H. Pope, Edinburgh ; E. M. Butcher, H. T. Bowman, J. P. Elliott, T. C. Square, and J. R. Dodd, Newcastle-on-Tyne ; A. C. Rich, G. J. Jones, R. Bredin, G. Rice, A. Houlgrave, and Alfred Meeson, Liverpool ; H. Payne, A. C. Pownall, I. C. Staley, Wm. A. Marsh, W. E. Boulter, S. MacM. Challinor, O. Withers, James Chronnel, James Wood, T. H. Hayle, G. H. Withington, and Thomas Mellor, Manchester ; J. Whitehouse, Cornelius W. Suckling, H. T. Bassett, and J. C. Grinling, Birmingham ; F. S. Peek and H. E. R. Wobrige, Bristol ; R. Hagyard, J. W. Oglesby, N. Parritt, and G. H. Barton, Leeds ; G. D. Pidcock, F. Dale, and J. H. Lilley, Cambridge ; H. W. G. Triggs, Edinburgh and Middlesex Hospital ; A. L. Smith, Laval University and Guy's Hospital ; J. Ransohoff, M.D., Ohio ; Samuel Goss, St. George's, Loudon, and Charing Cross Hospitals ; R. Pemberton, Madras and Guy's Hospital ; C. Cotton and A. B. Cottel, St. George's Hospital ; J. F. J. Morrison and H. H. Austen, Guy's Hospital ; E. Alban, T. Kirksopp, and E. M. Pearless, St. Bartholomew's Hospital ; C. E. Thompson and Charles Lucas, Middlesex Hospital ; F. T. Hebb, Theodore F. P. Adolphus, and D. M'Donnell, King's College ; John Rees, H. P. Miller, and W. Falla, University College ; C. A. Ballance, A. Newsholme, R. C. Benington, and T. D. Saville, St. Thomas's Hospital.

NOTICES TO CORRESPONDENTS.

IC TO SUBSCRIBERS—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices n London, Dublin, or Edinburgh.

Notice—Removal of Offices.—The Offices of the Irish Department of the MEDICAL PRESS AND CIRCULAR, have been removed from 23 Ely Place to 3 Molesworth Street, Dublin, where all further communications should be addressed.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

THE POOR MEDICAL STUDENT FUND.

WE are requested to publish the following list in which are included both the promised and paid up subscriptions to the above Fund, the deserving character of which we more than once referred to in our columns :—

	£	s.	d.
Per MEDICAL PRESS AND CIRCULAR, including £3 from Dr. Reeves Powell, London	7	2	10
Dr. Thos. Gelston and a few of his Limerick friends	6	15	0
,, Cruise, Merrion Square	5	0	0
,, Davys, Swords	5	0	0
,, Finnegan, Glasnevin	5	0	0
L. P. Reynolds, Esq., J.P., Dalystown House, co. Longford	5	0	0
Dr. Lyons, Merrion Square	3	0	0
,, J. A. Byrne, 37 Westland Row	3	0	0
From a Lady per Dr. Davys	3	0	0
Dr. Kidd, President College of Surgeons	2	2	0
Robt. Taaffe, Esq., Solicitor, Dublin	2	0	0
Dr. Geo. H. Porter, Merrion Square	1	1	0
,, Michael Doyle, Irishtown	1	0	0
,, Mahony, Rush	1	0	0
,, McEvoy, Balbriggan.	1	0	0
,, Chapman, Pembroke Road	1	0	0
,, Wm. Tobin, Army Medical Service, and Kensington, co. Dublin	1	0	0
,, Eustace, Drumcondra	1	0	0
Josh. Murphy, Esq., Schloosberg Villa, Castleknock	1	0	0
From a Lady per Dr. Finnegan	1	0	0
Anonymous per ditto	1	0	0
Major Davys, J.P., Curreen, co. Longford	1	0	0
E. J. Davys, Esq., Eccles Street	1	0	0
Dr. Robt. T. Huston, Tynan	0	10	0
M. J. M.	0	10	0

SMALL-POX IN AUSTRALIA.—Our bright little Antipodian contemporary, *The Melbourne Medical Record*, explains the method of procedure to stamp out small-pox in its own peculiar style thus :—Just as small-pox has been stamped out at Sydney, Dr. —— has discovered that if every vessel coming from that place should be placed in quarantine for fourteen days an outbreak of the disease in Melbourne would be avoided. Great amusement has been caused by two sailors found on board of a vessel from Sydney—one suffering from a sore toe, the other from a red nose—being sent into quarantine to *prevent* their spreading small-pox in Williamstown. Billy —— is jubilant at his success, and thinks seriously of advising McCulloch to have the Murray River vaccinated to prevent an outbreak on its banks of the Dr. —— pox. The operation is to be done by contract.

B. N. C.—Dr. Thomas Buzzard wrote in the *Lancet*, 1867, "On the Influence of Railway Accidents upon the Nervous System." Mr. Erichsen also wrote on the subject in the same journal of 1875, and Mr. Hogg in the MEDICAL PRESS AND CIRCULAR in the early part of 1876. As, however, no actual disease can be directly traced to railway travelling the question to which we referred in our article has, as we then mentioned, received very little attention from the profession.

SOCIETY OF ARTS, Chemical Section.—The lecture on April 19, at 8 o'clock, will be by Charles W. Vincent, F.R.S.E., F.C.S., "On Spontaneous Combustion in Factories and Ships."

DR. ATTHILL.—Your letter will appear in our next issue.

HARVEIAN SOCIETY OF LONDON.—On Thursday evening, at 8 o'clock, Mr. Herbert Page will read a paper "On the Thermometer and Clinical Exactness."

ROYAL INSTITUTION.—On Thursday, at 3 p.m., Professor Tyndall "On Heat."

SPIRITUALISM EXTRAORDINARY.—A wag in our contemporary, *The Students' Journal*, wants to know whether it would not be possible to get up a limited liability company for the purpose of buying the corpses of recently deceased habitual drinkers and subjecting them to distillation? He believes that the alcohol-saturated tissues would yield sufficient spirit to make the process highly remunerative.

MEDICAL MICROSCOPICAL SOCIETY.—The next Meeting will be held at the Century Club, 6 Pall Mall Place, on Friday next at 8 p.m. Subject: "Double Staining with Carmine and Indigo-Carmine." By Mr. C. H. Golding-Bird.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A New Form of Paralytic Disease. By W. MacGregor, M.D.

Bentley and Trimen's Medicinal Plants. Part XIX.

Hints to Nurses. By Mesdames Williams and Fisher. Edinburgh: Maclachlan and Stewart.

The Vivisection Question. By L. Hermann. London: Williams and Norgate.

Sciatica. By Hy. Lawson, M.D. London: J. and A. Churchill.

VACANCIES.

Central London Sick Asylum.—Principal Medical Officer. Salary, £400, with House, &c., Printed forms of application supplied on application to the Clerk at the Infirmary, Highgate, N.

St. Pancras, Middlesex, Union.—Medical Officer for the Workhouse. Salary, £255, with apartments, rations, &c. Printed forms of application provided on application to the Clerk at the Vestry Hall, Pancras Road, N.W.

St. George's, Hanover Square, London.—Physician-Accoucheur to the Dispensary. Full information of the Resident Medical Officer.

Kent Hospital.—Assistant House Surgeon. Salary, £50, with board, residence, &c. Applications to the Secretary at the Hospital, Canterbury.

Reeth Union, Yorks.—Medical Officer for the Muker District. Salary, £45, with £25 additional as Health Officer. Address the Clerk to the Guardians, Richmond.

Gloucester County Infirmary.—House Surgeon. Salary, £80, with board. Testimonials to Dr. Batten, Gloucester.

Birmingham.—Resident Assistant Medical Officer at the Workhouse. Salary, £150. Endorse applications to the Parish Offices, Paradise Street.

Athy Union, Athy.—Dispensary Medical Officer. Salary, £130. Further particulars from the Hon. Sec.

Ballinrobe Union.—Apothecary. Salary, £60. Further particulars from the Clerk of Union.

Nottingham General Hospital.—Resident Surgeon-Apothecary. Salary, £150, with board. Applications to the Secretary of the Hospital.

Newcastle Infirmary.—House Surgeon. Salary, £100 per annum, with board. Applicants must address Capt. Leatham, at the Infirmary.

APPOINTMENTS.

Atkinson, F. E., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Bradford Infirmary and Dispensary, and to visit out-patients, Yorks.

Cochrane, J., M.B., Assistant Surgeon to the Newcastle Dispensary.

Collins, F. H., M.D., M.Ch., L.R.C.S.I., House Surgeon to the Hulme Dispensary, Manchester.

Fitzgerald, E., L.R.C.P.Ed. & L.M., L.R.C.S.I., Medical Officer, &c., for the Rahan Dispensary District of the Mallow Union, co. Cork.

Gwynne, C. N., M.B., C.M., Lecturer on Practical Physiology at the Sheffield School of Medicine.

Jones, H. Macnaughton, M.D., C.M., F.R.C.S.I., F.R.C.S.Ed., an Assistant Surgeon to the South Charitable Infirmary and County Hospital, Cork.

Malcolmson, J. A., M.D., Medical Officer for No. 3 District of the Middlesborough Union.

Orford, W. C., M.R.C.S.E., Resident House Surgeon to the Hull Dispensary.

Paterson, R. H., F.C.S.S., Professor of Botany at Anderson's University, Glasgow.

Poynder, G. F., M.R.C.S.E., L.R.C.P.L., House Surgeon to the Dover Hospital and Dispensary.

Roe, St. George J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the All Saints' District of the Maldon Union, Essex.

Rowe, Mr. G. H., Surgeon's Assistant to the Wolverhampton and Staffordshire General Infirmary.

Tanner, C. K., M.D., C.M., L.R.C.S.I., L.K.Q.C.P.I., an Assistant Surgeon to the South Charitable Infirmary and County Hospital, Cork.

Marriage.

Davies—Feltoe.—April 12, at Holy Trinity Church, Kilburn, Dr. Thomas Davies, of Colwyn Bay, North Wales, to Sarah Ann Dutton (Lillie), eldest daughter of F. F. Feltoe, of Heworth House, Kilburn, and Albemarle Street, London.

Deaths.

Babington.—On April 12, at Bedford, Arthur W. W. Babington, Deputy Surgeon-General of Hospitals, aged 59.

Clouting.—On April 5, at Shipdham, Norfolk, John Revett Clouting, M.R.C.S.E. and L.S.A., aged 62.

Crumpe.—On April 1, at Tralee, co. Kerry, Francis Crumpe, M.D., aged 80.

Hawkins.—On April 4, at Hunslett, Leeds, Henry Baillie Hawkins, M.R.C.S.E., aged 29.

Hughes.—On April 4, at Endon, Wm. Frederic Hughes, M.R.C.S.E., aged 40.

Jefferson.—On April 5, at Hencotes, Hexham, Thomas Jefferson, Surgeon, aged 93.

Jerrard.—On March 29, at Honiton, J. Clapcott Jerrard, M.R.C.S.E., aged 83.

O'Kelly.—On April 30, at Sunday's Well, Cork, Eugene J. O'Kelly, L.A.H.

Price.—On March 24, at Glantwrch, Swansea Vale, William Price, M.R.C.S.E., aged 74.

Robb.—On March 31, at Marlborough Road, Marylebone, Peter Robb, M.D., aged 69.

Ronald.—On April 5, at St. George's Road, Glasgow, James Ronald, Surgeon, formerly of the Hon. E.I.Co.'s Service, aged 80.

Thornton.—On April 4, at Dewsbury, Peter Thornton, M.D., aged 76.

Williams.—On March 9, at Llansaintffraid, Conway, William Morgan Williams, L.R.C.P.Ed., aged 44.

MEDICAL PRESS DEFENCE FUND.

The Committee of the Fund for Ireland, having had before them the Statement of Subscriptions and Expenditure of the Honorary Secretary and Treasurer for Ireland, Dr Chapman, together with the Bills of Costs and Receipts for the damages and legal expenses in the Case of Betts *v.* Tindall, regret to observe that the amount contributed by the profession falls short of the Cost incurred by the Medical Press in the action by about £40. Although the Proprietors of the Journal have expressed their perfect readiness to meet this deficiency, yet the Committee entertains the feeling that it would be discreditable to the profession if they were permitted to suffer even the least loss by a legal contest, undertaken for no interested object, but solely in defence of professional propriety, and on behalf of the medical profession at large.

The Committee, therefore, appeals to those medical practitioners who have not already contributed to the Fund, to testify their appreciation of the independent course adopted by the Medical Press, by forwarding to the Honorary Secretary, a Subscription towards the defraying of the amount needed to recoup the journal for the whole of its expenditure.

Contributions will be thankfully received by

Dr. Chapman, Hon. Sec. & Treasurer,
60 Pembroke Road, Dublin.

UNIVERSITY COLLEGE, BRISTOL.

The SUMMER SESSION will commence on TUESDAY, MAY 1.
Prospectuses may be obtained on application to
GEORGE F. BURDER, M.D., Hon. Sec.
Medical School, Old Park, Bristol,
April, 1877.

OWENS COLLEGE (MANCHESTER ROYAL) SCHOOL OF MEDICINE—SUMMER SESSION.

Practical Physiology and Histology—Professor Gamgee, M.D., F.R.S.
Obstetrics—Professor Thorburn, M.D.
Materia Medica and Therapeutics—Alex. Somers, M.R.C.S., D. J. Leech M.D., M.R.C.P.
Medical Jurisprudence and Public Health—A. Ransome, M.D., M.A.
Practical Morbid Histology—J. Dreschfeld, M.D., M.R.C.P.
Ophthalmology—T. Windsor, M.R.C.S.
Practical Chemistry—Professor H. E. Roscoe, F.R.S.
Botany—Professor W. C. Williamson, F.R.S.
The Session will commence on the 1st MAY next.
Prospectuses will be forwarded on application.
J. HOLME NICHOLSON, Registrar.

ANDERSON'S UNIVERSITY, GLASGOW.—Lectures

on the following branches of Medical Science will be delivered during the Summer Session, which commences on Tuesday, 1st MAY, 1877.

Anatomy	Tuesdays and Thursdays, 11 A.M. Wednesday, 1 P.M.	Prof. A. M. Buchanan, M.A. M.D., & Demonstrator
Osteology, for Beginners (as may be arranged)		
Practical Anatomy, rooms open from 6 A.M.		
Operative Surgery, Mon. Wed. & Fri., 11 A.M.		Prof. Jas. Dunlop, M.D.
Practical Medical Chemistry	Tues. and Thurs., 12 till 2 P.M. Wednesday, 2 till 4 P.M.	Prof. Dittmar.
Practical Physiology, Mon., Wed., and Fri., 12 noon		Prof. M'Vail, M.B.
Midwifery, 3 P.M.		Prof. J. G. Wilson, M.D.
Medical Jurisprudence, 4 P.M.		Prof. Alex Lindsay, M.D.
Ophthalmic Medicine and Surgery, 2 P.M.		Dr. Wolfe,
Hospital Practice in Royal Infirmary		Visit at 9 A.M.
Clinical Lectures		9 A.M.

Class Fees.

For each Course of Lectures, First Session, £2 2s.; Second Session, £1 1s.; afterwards free. For Operative Surgery, £2 2s.; Anatomy (including Dissection), £1 1s.

The fees for all the Lectures and Hospital Practice required of Candidates for the Diplomas of Physician and Surgeon amount to £48.

A Syllabus of the Lectures and Course of Study may be obtained by applying at the University, 204 George Street; or to A. M. Buchanan, M.A., M.D., 149 St. George's Road, Dean and Clerk to the Medical Faculty.

LEDWICH SCHOOL of SURGERY and MEDICINE. SUMMER SESSION, 1877.

The SUMMER SESSION in this Institution will commence on MONDAY, APRIL the 10th, when the following Lectures will be delivered in the Theatre of the School.

Materia Medica—Dr. McDowell.
Forensic Medicine—Dr. Travers.
Chemistry Practical—Dr. Griffiths.
Botany—Dr. McNab.
Midwifery—Dr. S. Mason.
EDWARD LEDWICH, Registrar.
7 Harcourt Street, Dublin.

THE MIDDLESEX HOSPITAL MEDICAL COLLEGE.
SUMMER SESSION, 1877.

Lectures and Clinical Instruction will commence on TUESDAY, MAY 1st.

For prospectus, or further information as to Scholarships, Clinical Appointments, Fees, &c., apply to ANDREW CLARK, Dean.

THE LONDON SCHOOL of HOMŒOPATHY, 52 GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

On MAY 1st, this School will be opened at 5 p.m., with an INAUGURAL ADDRESS by J. GIBBS BLAKE, M.D. London.

Courses of Lectures will be delivered on MATERIA MEDICA and THERAPEUTICS by Dr. RICHARD HUGHES, and on the PRINCIPLES and PRACTICE of MEDICINE, by Dr. D. DYCE BROWN, during the Summer and Winter Session.

Clinical Instruction will be given in the wards of the hospital by Dr. JAMES JONES, Dr. J. GALLEY BLACKLEY, and Dr. D. DYCE BROWN.

For further particulars and for cards of admission to the Lectures and Hospital Practice apply to

DR. BAYES, Hon. Sec.

ST. THOMAS'S HOSPITAL MEDICAL AND SURGICAL COLLEGE, S.E.

The Summer Session will commence on TUESDAY, MAY 1st. The Classes for the various Examinations of the University of London will recommence on the same day.

For prospectus or further information, with reference to classes, clinical instruction, scholarships, residence of students, &c., &c. Apply to Dr. Gillespie, Medical Secretary, at the Hospital.

W. M. ORD, M.B., Dean.

THE LONDON HOSPITAL AND MEDICAL COLLEGE, Mile End, E.

The Summer Session will commence on May 1st. New full Students can compete for the Entrance Scholarships in October. Special entries for Medical or Surgical Practice. The Hospital contains nearly 800 beds. The Aldgate Station of the Metropolitan Railway, is within a few minutes walk, and the Whitechapel Station of the East London Railway is immediately opposite the Hospital. Prospectus and full particulars on application. R. KERSHAW, Secretary.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on TUESDAY, MAY 1st. The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week. In addition to the usual Courses of Lectures given by the appointed Teachers, Lectures are also given on Comparative Anatomy and on Dental and Aural Surgery. Further information may be obtained from the Treasurer or Dean of the School, at the Hospital.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.—The SUMMER SESSION begins on TUESDAY, MAY 1st.

For particulars as to the Hospital and College, apply personally or by letter to the Resident Warden of the College, St. Bartholomew's Hospital, E.C. A handbook forwarded on application.

CHARING CROSS HOSPITAL AND MEDICAL SCHOOL.

SUMMER SESSION, 1877.

LECTURES and CLINICAL INSTRUCTION in the Wards will commence on TUESDAY, MAY 1st.

Gentlemen can enter to any Course of Lectures or to Hospital Practice only.

The Hospital has a service of 236 beds for Clinical Teaching, including those of the adjoining Royal Westminster Ophthalmic Hospital, to which Matriculated Students are free.

TWO ENTRANCE SCHOLARSHIPS of £30 and £20 respectively are awarded annually in October, for which candidates are required to give notice of their intention to compete on or before Saturday, September 22nd.

The LLEWELLYN SCHOLARSHIP of £25, and the GOLDING SCHOLARSHIP of £15, open to Matriculated Students who have completed their second and first academical years respectively.

The PEREIRA PRIZE of £5 is open to all Matriculated Students, and is awarded for the best Clinical Reports.

Students are eligible for the Appointments of Medical and Surgical Registrar (salary £40 each), and to the Offices of Resident Medical, Surgical, and Obstetrical Officer, and for Clinical Clerkships and Assistant Demonstratorships of Anatomy, without additional fee.

The fees for the entire Course of Lectures and Hospital Practice required by the Examining Boards amount to £80 8s. The Composition Fee for Dental Surgery is £42 2s.

A Prospectus containing every information will be forwarded on application.

The Librarian attends daily at the Office of the School, Chandos Street, Charing Cross, between the hours of 10 and 4.

FRANCIS HIRD, Dean.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.
ENTRANCE SCHOLARSHIPS.

Two Entrance Sholarships of the value of £30 and £20 respectively, tenable for one year, will be awarded annually in the first week in October, after a competitive examination in the following subjects:—Compulsory: English, Latin, French, or German, Mathematics. Optional (only one of which may be selected): Chemistry, Mechanics, German, or French. The subjects (as regards extent and the authors selected), will be the same as those chosen for the Matriculation Examination of the University of London in June, 1876.

Candidates must give notice of their intention to compete on or before Saturday, September 22nd, 1877.

FRANCIS HIRD, Dean.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.

5 Henrietta Street, Covent Garden, W.C.

A. EBSWORTH, F.R.C.S., Director.

UNIVERSITY COLLEGE LONDON.
FACULTY OF MEDICINE.

The Summer Session will begin on Tuesday, May 1st. Prospectuses containing full information respecting the Classes in the College, Clinical Instruction at the Hospital, Scholarships, Exhibitions, &c., may be obtained at the Office of the College, Gower Street, W.C.

GRAILY HEWITT, M.D., Dean of the Faculty.
TALFOURD ELY, M.A., Secretary.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, PADDINGTON.—The SUMMER SESSION will commence MAY 1. The Prospectus and full information may be obtained on application to the Dean, at the Hospital, Cambridge Place, Paddington. The Scholarships given in October vary in value from £100 to £20.

A. B. SHEPHERD, Dean of the School.

ROYAL COLLEGE of SURGEONS in IRELAND.

Notice is hereby Given, that on Tuesday, the 1st of May next, at the hour of Two o'clock, the President, Vice-President, and Council will proceed, according to the provisions of the Supplemental Charter, to Elect from among the Fellows of the College Eight Examiners to examine Candidates for Fellowship and Letters Testimonial; Three Examiners to examine candidates for the Diploma in Midwifery; and Three Examiners to examine Students as to their proficiency in General Education.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before Friday, the 27th April, 1877.

By Order,
JOHN BRENNEN, Registrar.

April 11th, 1877.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

IRISH CIVIL SERVICE PERMANENT BUILDING SOCIETY.

OFFICES—52, LOWER SACKVILLE STREET, DUBLIN.

PRESIDENT—ALEX. PARKER, ESQ., J.P.

Loans are advanced for the following purposes, viz:

To Build or Improve Houses,

To Redeem Mortgages,

To Pay Incumbrances,

To complete the Purchase Money of Property Sold by Private Hand.

The Legal Expenses do not amount to one-third of the sum usually charged in such cases.

The society has already advanced over Half a Million sterling on Mortgage.

DEPOSIT DEPARTMENT.

The present rate of interest allowed on Deposit Receipts is 3 per cent. per annum.

Current accounts opened and cheque books supplied.

Interest allowed on the minimum monthly balance.

Depositors have the following guarantees, viz.:—

The entire funds must, under the Act of Parliament, be invested on mortgage of freehold or leasehold property.

The total amount receivable on deposit is limited by the Act to two-thirds of the balance due to the Society on its mortgages.

The Paid-up Capital exceeds £140,000.

Remittances may be made by cheque or bank order, payable to the undersigned.

Prospectus and every information will be forwarded, post free, on application to ALFRED H. MERCER, Secretary.

IRISH POOR-LAW INTELLIGENCE.

OBSERVATIONS ON PUBLIC HEALTH LEGISLATION FOR IRELAND, BY THE COUNCIL OF THE IRISH MEDICAL ASSOCIATION.

THE Council of the Irish Medical Association, having carefully considered the provisions of the Public Health (Ireland) Bill, now before Parliament, the various sanitary acts at present in force in Ireland, and the working of the same, submit the following observations upon the effect of of past and present sanitary legislation and administration in this country.

The *Sanitary Record*, the highest authority in this country on questions connected with Public Health, under date, March 24th, 1877, says :—

"In the year 1874, the Public Health (Ireland) Act passed. Previous to that period, all the Sanitary Authorities in Ireland had possessed very extensive powers for the administration of sanitary law. These powers had been in existence since the passing of the Public Health Act of 1866. The powers so possessed had been either not exercised at all, or so little utilised, that in 1873, the Government prepared a Public Health Bill for Ireland, similar to that of 1872 for England . . . . The Public Health (Ireland) Act of 1874, was really much in advance of all previous sanitary legislation, but nevertheless, contained many of the defects which tended so much to injure sanitary administration in this country. Scarcely had the Bill of 1874 become law, when the Irish Local Government Board deliberately commenced a system of mal-administration which has resulted in almost complete break down of the Act.

"Sir M. Beach has now an opportunity of repairing the failures which have taken place since his first attempt at sanitary legislation. Last session a Bill was introduced by Sir M. Beach and the Solicitor-General for Ireland, 'for consolidating and amending the Acts relating to Public Health in Ireland.' This Bill was drafted on lines similar to the English Bill of 1872. The Bill was not proceeded with, we believe, in consequence of an opinion expressed by several eminent Irish sanitarians that it was inadvisable to interfere with local government in Ireland, until the completion of the inquiry which was then, and is still, in progress. Sir M. Beach has declared his intention of again bringing forward his Bill this session. The defects of the Bill as it now stands are chiefly as follows :—

"1. It in no way modifies or alters the central authority (Irish Local Government Board) which has effectually muddled sanitary administration. There is no engineer belonging to the Board. In legal matters the Board is in the same state, they are without a legal adviser, and a certain *factotum* who has the title of assistant-secretary, appears to draft incomprehensible orders, and still more incomprehensible abstracts of sanitary law. In medical matters the board seems to be little better off, for, although they have a medical commissioner, we have been gravely informed in a blue-book that the duties are similar to those of the other commissioners.

"2. There is no provision in the Bill for supervision by the central authority. The present inspectors are of the old Poor Law-stamp; they understand Poor Law and nothing more. There is not an engineering inspector to examine plans and prevent ignorant townsmen from planning a sewer to run up a hill or a foundationless bridge. There are no medical inspectors to look after medical and health matters. Not long ago it became necessary to hold no less than three inquiries as to whether a certain graveyard should or should not be closed, simply because the board and its inspectors were so little skilled in their duties that they rendered the proceedings of the first two inquiries illegal. Not only is supervision necessary for the holding of inquiries, but it is essential for the control of defaulting local authorities and officers. Thus, in Dublin, one officer sends in hundreds of reports on the sanitary condition of his district, and another sends but six reports in the year. These two gentlemen receive the same remuneration; the active officer is snubbed by the local authorities, the inactive one is permitted to enjoy his inactivity by the so-called sanitary authority of Dublin. Several medical officers have, we believe, ceased to forward reports to their local authorities, previous reports remaining still unattended to.

"3. The Bill is wanting in effective provisions for the formation of united districts. This cannot be done except by provisional order on the application of the local authority. What local authority in Ireland will ever apply to be united with its neighbour?

"4. We are to have all the little towns of 6,000 inhabitants perpetuated as urban sanitary districts, each with its little board of small jobbers.

"All the above defects were pointed out to Sir M. Beach when he passed his Bill in 1874. He apparently believed that good administration would make the Act work as it stood. He must now know that he is mistaken. We would advise Sir Michael to make provisions in his Bill for a good central authority, with plenty of control over local bodies, for efficient supervision and effective methods of conducting inquiries, and lastly for a secure and honourable position and fair remuneration for the local officers carrying out the Act."

That the Acts are not working efficiently at present is apparent from the notes sent each quarter to the Registrar-General of Ireland by the registrars of the several districts; from the evidence given before the Select Committee on Local Government and Taxation in Ireland, in 1876, and before the Commissioners now engaged in visiting the towns throughout this country; and from the present attitude of the Medical Profession on the question in general.

The Public Health (Ireland) Bill of 1877 does not in any way remove the causes which have contributed to the failure of the existing sanitary organisation, as pointed out in the article already quoted from the *Sanitary Record*.

Before the Act of 1874 become law, these defects (which still exist) were sufficiently indicated by the Colleges of Physicians and Surgeons and other public bodies competent to give a skilled opinion on the subject.

Immediately on the enforcing of the Act by the Local Government Board, protests were made on all sides by the Medical Profession in Ireland against the proposed regulations, organisation, and remuneration, in connection with the services required of the Medical Officers under the Act; and representations were addressed to the Govern-

ment to the effect that unless these defects were remedied the Act would prove a failure.

In reply to a deputation from the King and Queen's College of Physicians, in November, 1874, the Chief Secretary for Ireland stated that all which had been done up to that time had been experimental. Subsequent experience has shown that those experiments were a failure, and on August 11, 1875, the whole question was brought under the notice of the House of Commons by the Honourable Member for Drogheda, as follows : —

"Dr. O'Leary said he was sorry to occupy the attention of the House after the motion that had just been made, but he felt it a public duty to bring under notice the working of the Irish Public Health Act of last year, for he was sorry to say that though it was undoubtedly conceived in an excellent spirit, and though he considered it far superior to the English Act, yet (owing to certain unfortunate circumstances) it had turned out a lamentable failure. When he pointed out the nature of the evil, he thought it would be easy to devise the remedy. He took the report of the Local Government Board for Ireland as his authority, and referring at hazard to the returns it contained, as presented by the urban and rural sanitary authorities under the Act, he found from them that more than half the population of Ireland were living in houses in families of five persons and upwards. That showed the necessity there was of paying great attention to sanitary regulations in rural districts, but the returns showed a very unsatisfactory state of the working of the Act. They related to the sanitary work done during the month preceding the 14th May last. They had a report for Abbeyleix, stating that two defaulters had been summoned during the month, and that no new cases were reported owing to the amount of work previously performed. For the large and important county of Antrim there was no return. For Ardee there was a return that reports had been made by sanitary officers in 34 cases, and for Armagh there was one that 22 cases of nuisance had been reported upon as abated after notice. For the large, populous, and important town of Athlone there was this return under the Sanitary Act so necessary to the welfare of Ireland :—'Sanitary officers visited their respective districts, and gave directions for the removal or abatement of all nuisances found to exist, which were attended to, except in the case of Kiltoom district, where several defaulters were brought before the justices. Two main drains and two open drains in the town of Moate cleansed and scoured, and one cesspool filled up; cause of complaint removed in four other cases in the town. Order obtained from presentment sessions for construction of a gullet to carry off stagnant water. Three defaulters brought before justices and fined. Notices posted and parties warned to have nuisances abated. Notice to lime-wash premises served on occupiers in townlands, also on occupiers in Killinure—five where cases of scarlatina had occurred.' That report from Athlone would serve to show how much work was to be done, and ought to be done, under the Sanitary Act; and when they found, as the returns proved, that it was in many instances neglected, he was entitled to say that the Act, excellent as it was, had failed. Then he came to the district of Athy, for which there was no return; for Baillieborough there were two reports—one suggesting the removal of a pig from a dwelling-house, and the other relating to a nuisance at a public well, caused by the backing of manure carts—both had been attended to; for Ballina there was no return; for Ballinasloe there were sixteen reports; for Ballinrobe there was a report; for Ballycastle there were two reports, and so on. There was no return, however, for Cahirciveen, nor for Carlow, Castlerea, Clifden, and many other places more or less important. He might say, therefore, when they saw that the Act was carried out in that way, and when he found that among urban sanitary authorities no report had been made for the important town of Athlone, that the Act was a failure in county districts and in boroughs alike. He would now refer to what might have been done, and he thought he could show that, from the reports made by various sanitary officers in different parts of Ireland who had been in communication with the Irish Poor Law Medical Officers' Association. From what he could show had been done in several places in Ireland, he should be able to show them what good might have been done throughout the country if the Act had had a better chance of coming into more successful operation by a more liberal remuneration of the medical officers of health. He would first refer to the communication from the medical officer of the Dunmore dispensary district, without, however, mentioning his name, unless the Chief Secretary for Ireland wished to have it. In that case the medical officer had made 108 reports to the sanitary authorities, and had attended 186 inspections. He was the only medical officer for the district, which comprised a population of 8,000, and an area of 30,000 acres. For his ordinary services, and for his liability to attend courts of law or police offices as a skilled witness, he had a salary of £10 only. Was it wonderful that under such circumstances the Act of last year had been a complete failure? (Hear, hear.) Next he would take the district of Mullingar. That district had a population of 7,000, and an area of 40,000 acres. The medical sanitary officer of that district had sent in 72 reports and made 246 inspections. That was the number of reports made by the sanitary sub-officer to the sanitary officer. He was directed to visit 246 places by the sanitary sub-officer, and he had done so during the month, and the result of his inspection was that he found them in so bad a condition that he had to make 72 special reports concerning them, and that was from only a small place like Mullingar. He next took the case of Drogheda. The medical officer of that district was desired to visit 230 cases. He did so, and found in the course of his inspection that it was necessary to give directions for the abatement of nuisances, and also to send in 150 special reports, each entailing a considerable amount of labour, and for all this he had a salary of £20. These cases showed strongly what might be done, and what he should like to see generally done; but he would now take a few instances of the duty entailed on medical men by that important service. He would refer first to a communication from the medical sanitary officer of the Rathmullen district. That gentleman had inspected 32 cases. His salary was £10. He had sent in 11 reports, but stated that did not at all represent the sanitary work he had done, as he had to lay out sewers and pumps, and provide a supply of running water for the little town. He had to see where sewers were required and old ones had to be closed, measure distance for each, and prepare specifications, give estimates of cost, superintend workmen, receive tenders for making sewers, and for cleansing old water-courses, and do other duties which in general devolved on an engineer. For these various duties, extending over a period of six months, the Local Government Board had awarded him the munificent sum of £5. A second letter from the officer of the Milford union, in the same district, stated that he made 40 inspections, and travelled 39 miles in order to make them, and that his yearly remuneration was £10. Letters from other officers showed a similar state of things. In the early part of the year he moved for a return of the sums applied in various parts of Ireland and in England, in part payment for these services; and he would have brought the subject forward earlier had he been able to do so. He would now, however, briefly state to the House the conclusions to which his examination of the official figures led. It appears that the remuneration of the English medical officer last year was £53 16s., in addition to which he had a sum of £27 paid out of a rate in aid. The Local Government Board in Ireland fixed the remuneration for equal services at from £5 to £15, as against £57 or £58 paid in England. The Act was in a most unsatisfactory state from another cause, for there were local combinations against the exercise of due and proper diligence on the part of medical officers. One gentleman refused to send in more reports, as those he had sent in

already had not been acted upon, and then the local authorities boasted to him that they had 'clogged' his third, and told him that they did not want more reports, as they only brought them troubles. He thought it his duty to expose that state of things. But while doing so, he wished to point out the remedy. It was a very simple one. Let them make the position of the medical officer in Ireland equal to that of his brother officer in England, and let Irish local boards be educated up to the point of receiving, attending to, and acting upon the reports of their medical officers. (Hear, hear.) In conclusion, he had to ask her Majesty's Government to do their best to prevent the defeat of a useful law, and help to give to Ireland the inestimable blessings of cleanliness and health."

The Solicitor-General for Ireland, in his reply to the hon. member's remarks, stated that the Irish Executive would pay close attention to the points he had mentioned, and endeavour to secure for the country the full measure of benefits which the Act was calculated to confer upon it.

Notwithstanding the statements of the Chief Secretary and Solicitor-General for Ireland just referred to, the present Bill includes and confirms all the defects of previous legislation; and especially the unsatisfactory position of the medical officers under the Act is left untouched. On this point we would, in conclusion, quote the *Sanitary Record*, under date September 4, 1875:—

"In the *Sanitary Record* of April 17, we called attention to the working of the Irish Public Health Act, and pointed out the various ways in which the Act had failed, and the causes of its failure. This was five months ago. The medical profession in Ireland has protested, by deputation from its colleges, and by resolutions passed at meetings of the Irish Medical and Poor-law Medical Officers' Associations, against the wretched remuneration offered to the dispensary medical officers for their services as sanitary officers. The Irish Local Government Board has taken no notice whatever of these protests. The member for Drogheda, Dr. O'Leary, has, as a last resource, before resorting to more energetic means of agitation, brought the question before Parliament at the very end of the session. We regret extremely that Dr. O'Leary had to wait so long before bringing the matter forward; but we believe Dr. O'Leary and his friends delayed action thinking that the Irish Local Government Board might be true to its old traditions, and act fairly towards the members of the public health and poor-law medical service of Ireland. Dr. O'Leary's protest has met with only a polite rebuff at the hands of the Solicitor-General of Ireland. Dr. O'Leary has made a good case, and proved beyond a doubt that the salaries of the medical sanitary officers are insufficient, or, to use the words of a recently passed resolution at a meeting of medical men in Dublin, 'totally inadequate.' We cannot conceive upon what principle the Local Government Board laid down that the salaries of the consulting sanitary officers should be one-third, and of sanitary officers one-fourth, of the salaries paid for their services under the poor-law. As poor-law medical officers, the salaries are, in many instances, quite insufficient, and the payments awarded under the Vaccination and Registration Acts merely nominal for the important services rendered. The average salary of a dispensary medical officer in Ireland is £100 per annum, so that, even if the intentions of the Local Government Board had been carried out, the average salary for his sanitary services would have been only £25 per annum; but even this small pittance has not been awarded, as is shown by our tables of appointments and salaries published in the *Sanitary Record* during the months of November, December, and January last. There does not seem to be any good reason why the salaries for sanitary work should be regulated by those paid for a different kind of work. The dispensary medical officer, as such, has only charge of the sick poor, but the sanitary officer has charge of rich aud poor alike, whether sick or well, so that his sanitary duties deal with much larger and more extensive interests. In towns his sanitary duties will even exceed his duties as medical attendant on the poor. In replying to Dr. O'Leary, the Solicitor-General for Ireland (whom it may be remembered is member for the University of Dublin, and has therefore a large number of medical constituents) stated that 'so far as they had been able to form a judgment as to the working of the Act, they were of the opinion that it had worked exceedingly well and was doing a great deal of good.' Our answer to this is simply that the Irish Local Government Board has *not* 'been able to form a judgment' of any value. A Board which thinks that a medical man is sufficiently paid for supervising sanitary arrangements at the rate, in many cases, of one pound per 1,000 inhabitants, can scarcely be possessed of the necessary mental capacity for framing a judgment on sanitary results. However, we have the report of the Board before us, and the whole of the sanitary work done in Ireland for a month is given in a very full abstract. This return shows a considerable amount of noticing and reporting, but hardly any real work; many places made no return at all to the Board's circular. We understand that no attempt whatever has been made to get a report from any district as to its real sanitary condition. Any information obtained, and any work done, has been through the earnest desire of the medical officers to serve the public in spite of the discouragement of central and obstructions of local authorities. The rest of the Solicitor-General's answer we must characterise as incorreat. He said, 'If the medical officers were not properly remunerated it was not the fault of the Local Government Board, which was most anxious that the local boards should properly remunerate their officers,' and farther, 'that on two or three occasions their salaries had been increased by the Local Government Board, who were therefore clearly not ries 'on two or lhree oceasions' were increased, but so to be blamed on that head. We admit that the sala- 'on two or three occasions' which the Solicitor-General did not mention, the salaries were diminished by the order of the Board. In fact, there were a few enlightened local boards willing to pay proper salaries, but the Local Government Board, acting in the teeth of the Act of Parliament, and having previously fixed the minimum salaries, could not sanction the payment of a reasonable salary, because it was above the maximum. We should like to know why upon the Solicitor-General was imposed the invidious task of apologising for the action of a board with which he has no connection, about whose business he knows nothing, and from whom, if we mistake not, the Solicitor-General materially differs; at least we know he held very liberal and enlightened opinions upon these subjects when the Irish Public Health Bill was before Parliament last year. Where was Sir Michael Hicks Beach, the nominal head of the Local Government Board, when Dr. O'Leary brought this important question before the House? On looking at the correspondence between the Irish Local Government Board and the Treasury, relative to the funds required for the payment of expenses under the Irish Public Health Act, we find that on October 14, 1875, the Local Government Board submitted their proposed scale of salaries to the Treasury, and requested the Treasury to sanction the very moderate expenditure of £17,323 for additional salaries, together with some expenditure for new salaries, which would probably not in all have reached the sum of £20,000, as the annual contribution of the Treasury to Irish sanitary expenditure. The Treasury up to November 11 did not take the trouble to answer the letter, after a roundabout correspondence, in which the Local Government Board, with its president, Sir Michael Hicks-Beach, writes a letter to Sir Michael Hicks-Beach in another capacity, to ask him to ask the Lord-Lieutenant to ask the Treasury if they meant to do anything? The Treasury agreed to the proposal of the Irish Board. On February 5, the Secretary of the Treasury writes to 'say they have now confirmed their assent, which they had understood to be already given,' and their assent is given not on the grounds that the salaries are just or sufficient remuneration for public services compulsorily imposed

upon a body of gentlemen who willingly undertook them on the good faith of the Government, but because 'the proposed scale does not strike my lords as exhorbitant.' We are not surprised that the result is general dissatisfaction, as on reading all the documents published by the Local Government Board of Ireland, it is quite clear to us that neither the Treasury, the Local Government Board, or local authorities knew much of the important interests they were dealing with. They one and all completely ignored the experience derived from the working of the English Act, and have now laid substantial foundations for an agitation for the removal of a new and real Irish grievance. The Lord Chief Justice of Ireland recently characterised the Irish Local Government Board as a 'most unfortunate body,' a judgment which, we think his Lordship would confirm if he knew the history of fixing the salaries of the Irish sanitary officers."

ARCHIBALD HAMILTON JACOB,
Chairman of Council.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APR. 7, 1877.

Total registered deaths in Dublin and suburbs *	...	191
Ten years average of same week	...	171
Excess of mortality above average	...	20
Ratio of deaths, suburb of Rathmines	... 36·5	per 1,000
" " " Donnybrook†	21·1	"
" " " Blackrock	... 28·9	"
" " " Kingstown	... 30·9	"
" " Entire Dublin district	... 31·6	"
COMPARATIVE RATIOS—London	... 28·4	"
" " Glasgow...	... 29·1	"
" " Edinburgh	... 26·9	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic disease registered during the week is 27; average number for the corresponding week of the previous ten years, 31·6. The 27 deaths from these diseases include 1 from small-pox (that of a girl aged 20 years, a resident of No. 1 North City District, who died in the Mater Misericordiæ Hospital—no reference to vaccination in the return) 4 from fever (2 typhus and 2 typhoid), 5 each from measles and diarrhœa, 1 each from scarlet fever, croup, whooping-cough, erysipelas, &c.

Twelve children died from convulsions.

Forty-two deaths resulted from bronchitis (being 10 over the average number for the corresponding week of the previous ten years), 10 from pneumonia, 1 from asthma, and 2 from lung disease unspecified.

Heart disease caused 5 deaths, aneurism and pericarditis 1 each, paralysis 4, apoplexy, cephalitis, and insanity 1 each, brain disease unspecified 7, jaundice 1, liver disease unspecified 2, nephritis 3, and Bright's disease and kidney disease unspecified 1 each.

Nineteen persons died from phthisis, 3 each from scrofula and hydrocephalus, 2 from mesenteric disease, and 1 from cancer.

Two accidental deaths were registered, viz., 1 each from fractures and drowning.

Six deaths from fever, 3 from whooping-cough, 2 from measles, 1 each from scarlatina and diphtheria, and 4 from diarrhœa, were registered in Belfast during the week.

TEST FOR URIC ACID.

New Remedies.—M. Dedelat gives the following reaction for uric acid, which he asserts to be of an extreme sensibility. Upon a small piece of guano, or of the excrement of birds or snakes, or of any substance which may contain it, a few drops of nitric acid are dropped, and a small quantity of the mixture is rubbed with a glass rod, or with the fingers upon a knife-back, a specula, or any bright piece of iron, which becomes immediately coated with a layer of Prussian-blue.—*Rip. de Pharm.*, 1876 No. 13.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April 7th,* 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 7, 1877. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	32	147	191	31	57	1	5	1	...	1	4	5	2	2	66
BELFAST . .	20,687	182,082	27	113	95	12	18	...	2	1	1	3	6	4	...	...	12
CORK . .	13,816	91,965	23	52	40	7	15	...	...	...	...	...	...	...	...	...	17
LIMERICK .	8,509	44,209	21	39	18	4	2	...	...	...	...	...	3	2	...	...	9
LONDONDERRY	21,865	30,884	22	5	13	1	5	...	...	...	...	...	...	...	...	1	1
WATERFORD .	17,209	30,626	25	19	15	1	7	...	...	...	...	...	2	...	...	1	
GALWAY	21,358	19,692	29	1	11	...	5	...	...	...	...	1	...	...	...	...	5
SLIGO . .	30,835	17,285	48	12	16	1	11	...	...	...	...	...	...	...	...	...	13

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 25, 1877.

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Original Communications.

CAUSES OF GRAVEL. (a)

By Dr. Debout d'Estrees.

Dr. d'Estrees is the medical inspector of the mineral water station of Contrexeville, in the Vosges. Of 1,028 patients affected with uric acid gravel, 822 were men, and 197 women, and 9 children. He was able to ascertain the cause of the gravel in 528 cases; in the other cases, the causes were either too complex to be named, were not sought for, or could not be ascertained. The principal causes were as follows:—

Hereditary tendency	191 cases.
Disorderly digestion	160 „
Excess of food...	101 „
Sedentary life, want of exercise, &c. ...	95 „
Violent moral emotions	35 „

And one case, in a child of twelve, it was due to an injury to the loins.

As to the influence of hereditary transmission, it was too well known to need any insistance upon it. He gave the following instance of gravel and nephritic colic in a child of twelve months old, whose mother suffered from uric acid gravel for years, and had three attacks of nephritic colic during her pregnancy with this child:—

Within a fortnight of its birth this child suffered from vomiting, and tenderness over the loins, which terminated in the emission of a thick, red sand. These attacks returned every six weeks.

He then referred to the effects of such vegetables as contained oxalates—viz., asparagus, sorrel, tomatoes, and green beans—rhubarb not being eaten in France. Asparagus, in about 20 per cent. of cases, produced attacks of nephritic colic, which, however, were not followed by a deposit of uric acid. Dr. d'Estrées does not think that asparagus directly produces uric acid, but it seems to disturb the eliminant processes. Sorrel, green beans, and tomatoes are disturbing to a smaller proportion of persons, but with them the effect is so distinct that they give up eating these vegetables. With regard to oxalic gravel, he had met with 47 cases, 40 of which were men and 7 women. In one-third of the cases of uric acid gravel, octrahedric crystals of oxalate of lime were found. The causes of the oxalic gravel were the same as those of uric acid gravel, plus the absorption of articles of food containing oxalate of lime.

He has never met with any cases of xanthine gravel, and only two of cytine gravel. The causes of this last form of gravel he had not traced satisfactorily. In one case there was also uric acid gravel, and the patient's father was also a patient at the spring for uric acid gravel.

Phosphatic gravel was either primary or secondary, the latter being a catarrhal phosphatic gravel. The first consists of phosphate of lime, with some calcium carbonate, urates, and alkaline phosphates; the latter consisting chiefly of ammoniaco-magnesian phosphates. This primary phosphatic gravel was first met by the author in anæmic cases, sailors coming back from the East, tuberculous persons, and under the following circumstances:—

1. Where there is excessive tissue waste in anæmic persons, from mal-assimilation of their food.

2. From lesions of the nervous system presiding over the functions of the kidneys; and

3. In persons of uric acid diathesis where uric crystals and acid urine alternate, at intervals of a few days, with a deposit of phosphate and carbonate of lime, with neutral or even alkaline urine, the change often occurring suddenly.

Secondary phosphatic gravel is produced by fermentation of the urine before its evacuation, or where alkalies have been taken to excess, or an exclusively vegetable diet has been indulged in. The ammoniacal fermentation of urine is caused by the development of the ferment described by M. Pasteur, and introduced into the economy

(a) Abstract of a paper read before the Harveian Society.

either by the circulation or the respiration, or sometimes by an instrument introduced into the bladder. A considerable quantity of pus may exist in urine for years without there being any production of phosphates.

In the secondary phosphatic gravel the urine is always strongly alkaline. Carbonate of lime is generally found with the phosphate in primary phosphatic gravel.

Attacks of nephritic colic are rare at Contrexeville. In oxalate of lime gravel there is always hæmaturia. In phosphatic gravel there is no hæmaturia, the pain is less excruciating, and the attacks less acute, but more prolonged. They are well localised in the kidney.

Contrexeville water is alkaline, contains lithia, and is also chalybeate. Only one case of nephritic colic occurs in one hundred cases of gravel at the spring. Its great excellence consists in the fact that, though alkaline, it is also tonic and restorative, and does cause anæmia.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,
Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page 264.*)

Other Instruments useful in Diagnosis and Treatment.

I may now refer to some instruments useful in diagnosis and treatment. It is, of course, necessary to possess a good syringe—I generally employ the one here figured (fig. 15), I prefer it to the many I have been in the habit of using. I rather like the screw nozzle—it does not get out of order so readily as the one which merely fits on. This latter frequently becomes loose after it has been in use for some time. The narrow metal nozzle *b* shown in the drawing is also very useful for removing cerumen, and will be found much more efficacious than the one with the larger bore; also the vulcanite nozzle *c* with the india-rubber cap can be screwed on to the syringe easily. This nozzle is indispensable for the treatment of cases of perforation of the membrane. The conical india-rubber end fits well into the meatus. The patient is directed to hold the head forwards over a vessel and the stream is passed through the ears, and flows from the Eustachian tube through the nostril. We thus are enabled to wash out the cavity of the tympanum, remove secretions, and clear the Eustachian tube.

Figs. 19 and 20 represent the lamp packed and in use, which I have previously described. To all country prac-

Fig. 15.

Figs. 16 and 17.

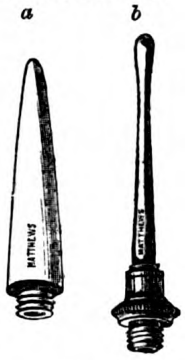


Fig. 18.

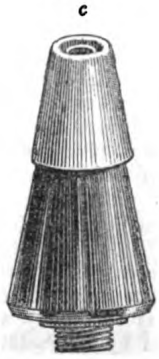


Fig. 19.

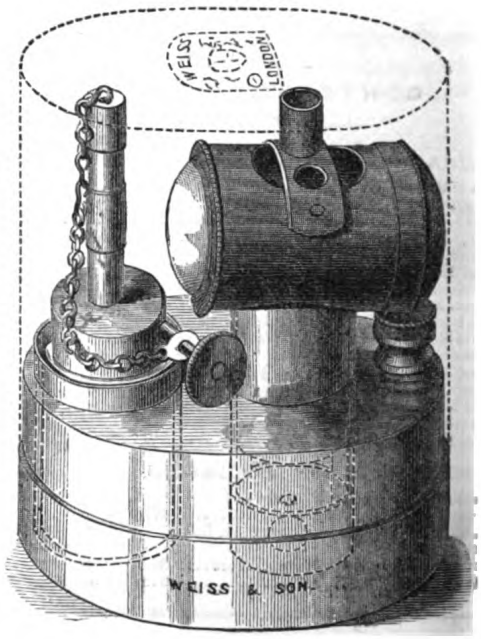
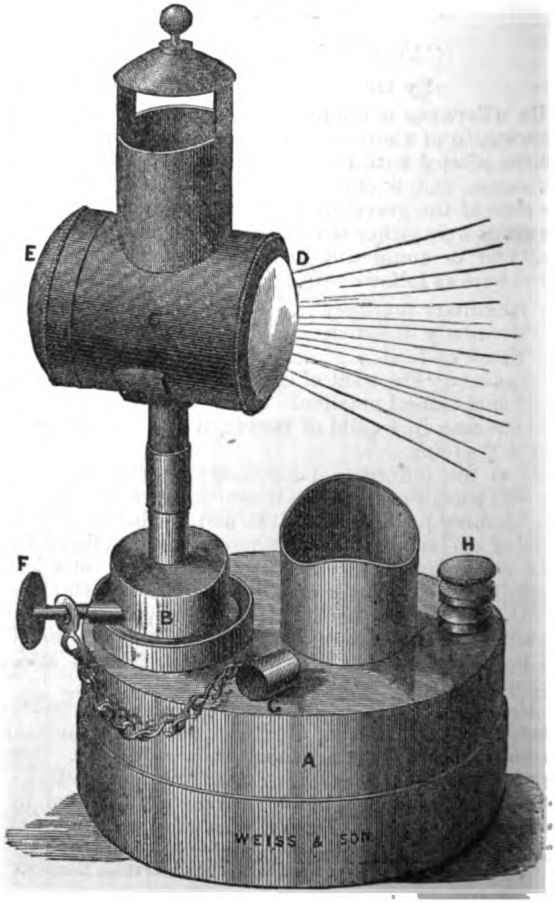


Fig. 20.



titioners and to those summoned in a hurry away from town, this lamp is of great value, and will be found quite sufficient for all purposes; it is equally useful for examination of the throat and eye.

The annexed sketch (fig. 21) represents the ordinary bag of Politzer for inflating the membrane, a piece of india-rubber tubing can be attached to the vulcanite end.

Fig. 21.

Fig. 22.

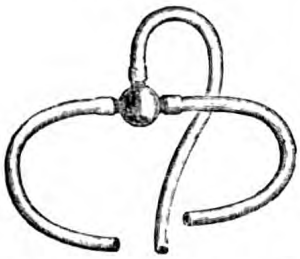


Fig. 22 is the form of otoscope referred to in a previous paper, which will be found most convenient in practice and for purposes of demonstration.

The application of an artificial membrane in cases of perforation of the membrana tympani, I shall have occasion to speak of again in treating of affections of this part. I here figure some of the most useful and generally employed membranes. In applying a membrane for perforation, we have at all times to remember the fact now decided, that it is by pressure on the ossicles, and more particularly on the stapes, that improvement is to be looked for. We do good, not by closing the aperture, but by the direction of the applied pressure; this direction being in nearly all cases more or less experimental, we must not be satisfied with a few trials with the cotton wool or discs, but we may have to re-apply it several times to ascertain whether it improves the hearing or not. Figs. 23 and 24 are forms of Toynbee's membrane with the india-rubber disc. Fig. 23 I prefer; it has a short piece of silk thread attached to it which is easily passed through a little silver tube, and so carried down to the aperture in the membrane, the tube is then withdrawn and the small piece of silver thread which remains is not perceived in the ear. Fig. 25 represents the

Fig. 23.

Toynbee's Tympanum.

Fig. 24.

Toynbee's Tympanum.

Fig. 25.

Yearsley's Tympanum.

membrane of Mr. Yearsley, and will be found better than any other kind in many cases; it is a simple little egg of cotton wool which has a thread attached to it, and it is carried down as in the last case by a tube or inserted by a fine forceps. The ball of cotton wool can be first moistened (Hinton) with a solution of sulphate of zinc in glycerine (iv. gr. ad. ℥j). It may at times be left in for some days; whereas it is better to remove Toynbee's every night. Fig. 26 is Field's membrane. The following are the advan-

Fig. 26.

Field's Tympanum.

tages claimed by Mr. Field for this kind over those of Toynbee or Yearsley. "It is simply a combination of Toynbee's artificial membrane, viz.—a thin disc of india-rubber mounted on a fine silver wire stem, with Yearsley's cotton wool. In my instrument the wire is carried beyond the india-rubber for about a quarter of an inch, and terminates in a second disc made of flannel. The space between the two is filled up with a small portion of Dr. von Brun's wound-dressing cotton wool, which is absorbent, and so takes up and communicates to the flannel disc any medicated solution which it may be desirable to apply.

Its advantages are the following:—

1. It does not irritate the membrane, and being very soft, is not likely to injure it.

2. It is made of cotton wool, which is absorbent; lotions can by its aid be constantly applied with much advantage.

3. By thus keeping the part clean, the membrane gets into a healthy state, and the perforation heals.

4. The hearing distance is improved.

5. It is not liable to leave the india-rubber disc in the meatus.

6. It is easily used and does not require the forceps as Yearsley's cotton wool does."

In a communication on a new artificial membrane, in the *Philadelphia Medical and Surgical Reporter*, Dec. 1876, Dr. Turnbull makes the following observations, which are of so practical a nature that I am glad to insert them here. His membrane is shown in Fig. 27. It will be seen that the stem is at the side not in the centre of the disc.

Fig. 27.

Turnbull's Tympanum.

The first important improvement was to make the stem of steel, also the support of the disc of the same material, so as to act as good conductors. The second improvement was to cover the whole with the thinnest rubber by means of heat, so as to protect the metal from the action of the discharges. The third is a delicate metal wire, supporting the thin rubber drum, and preventing curling up. The stem can be long or short, as desired, as it can easily be cut with a strong pair of scissors.

"*There are a few practical hints which are well to be remembered when artificial membranes are employed.* In introducing the plug of cotton wool, always moisten it with water, glycerine, or a weak solution of sulphate of zinc in water. The use of a small pair of tweezers, or small forceps, assists the surgeon or patient to place the cotton in the right place. One or two trials may be necessary before the exact spot is found. A disc of rubber or the plug of cotton wool is not, like the new artificial drum, susceptible to vibrations of sound. In applying the new membrane we must have them made of the proper size. Before introducing, moisten the drum portion only, and carefully, with warm water and glycerine, by means of a brush, and then press it gently down the meatus; when it has arrived in the right place, there is generally a little click, from the escape of the compressed air. No force must be employed in the introduction, and we must be guided by the sensations of the patient as to the hearing being improved or not. The pledget of wool or new artificial membrane should not be so large as to entirely fill up the meatus, or perforation. An open space should be left between the wool and the walls of the meatus for sound to pass to the tympanum. The cotton wool or artificial membrane should be taken out at night. If there is any odour or pus on either side, it must be washed off; and in the case of the cotton, it had better be renewed with fresh material. The artificial membrane must be covered from extreme heat, dust, and very dry air. If

granulations are found on the surface of the middle ear, projecting through the perforation, these must be removed by the use of a small portion of powdered sulphate of copper, on a brush, or by dipping a long camel's-hair brush in water, and applying it to a crystal of sulphate of copper, and then to the granulations, after wiping out any pus or adherent mucus. If the bone is not involved, and these granulations cover the whole surface of the perforated membrane, a strong liquor plumbi, or solution of sulphate of zinc can be employed by the patient, at night, and applied after cleansing, by means of "Clarke's douche." This application can also be performed with the long brush, passed well into the meatus, from time to time, until the surface becomes healthy. Another important point in the treatment is to relieve any obstruction of the Eustachian tubes, either by Politzer's method or with the catheter.

ON THE INDICATIONS AND CONTRA-INDICATIONS FOR THE EMPLOYMENT OF COLD BATHS IN THE TREATMENT OF TYPHOID FEVER.

By Professor MAURICE RAYNAUD,
Hopital Lariboisière.

Translated for THE MEDICAL PRESS AND CIRCULAR, *from "La France Médicale," Jan.* 28, 1877, *by*
T. M. DOLAN, L.R.C.P. Edin., *of Halifax, Yorks.*

(*Continued from page* 104.)

THE existence of pneumonia is of very different importance to the preceding phenomena. I have already mentioned those which I recognise. If we can then arrive with certainty at a differential diagnosis, we may draw the following therapeutical conclusions :—

Intervention in the case of hypostatic congestion, abstention in true pneumonia.

But in the face of the practical difficulty of distinguishing between the two, we must temporise ; my mode of action is as follows :—

When a patient suffering from typhoid fever comes under my care, I at once resort to auscultation : if I find a *souffle*, from whatever cause, I do not employ the cold baths. Fortunately, we can cure without it, as may be seen from the case of the woman in No. 6, who is now convalescent ; but in some cases I have commenced with this treatment—in the progress of the disease *souffles* and dulness have come on. What are we to do then ? This is a difficult question.

Brand says, "the cold baths should be continued." I dare not always adopt this course. In certain cases I have continued them, and succeeded, as for instance, last year with a patient in St. Matilda ward. You may remember another patient in the same ward, in whom one day we perceived a tubular *souffle*, but the treatment was not stopped, and the *souffle* disappeared in two days. Against our successes we must reckon our failures, and I know of two patients who died of well-marked pneumonia ; one of them I recently attended at the Maison de Santé, in concert with M. Féreol. Would they have died without the baths ? I believe such would have been the case, from the eruptions and pyæmic complications, which indicated typhoid fever of a grave type. Generally, if I diagnose pneumonia, I solve the difficulty by using tepid baths, from 28 deg. to 30 deg. (82 deg. to 86 deg. F.), or cold lotions, or nothing at all.

My faith is not yet absolutely established, and in my opinion pneumonia constitutes the great obstacle to the general application of Brand's method.

There are still cardiac complications which are a source of contra-indication.

If there is weakness of the heart's action, revealing itself by a small miserable pulse and a tendency to syncope, preference should be given to the tepid bath, on condition that we deem it necessary to lower the temperature. In the case of syncope I cut off the treatment at once. Now that we know when it is desirable to use cold baths and when to forbid them, we must see how they should be given, and from my own practice I give the *desiderata*.

It is first necessary to be decisive, and when we determine to act, to do so promptly. The statistics of Hagenbach, amongst others, clearly shows that the early use of this treatment has the happiest effect. I must confess that in hospital there is very much to desire as regards the *modus faciendi*.

The patient has to go to the baths in some small place near the ward, and is carried there in the arms of the attendant and not on a litter—we have, thus, the danger of chill and movement more or less violent, which should be avoided.

In a model arrangement the baths should be taken to the bedside of the patient, and he should be immersed and taken out as quickly as possible.

For that we require—

1. A movable bath on wheels.

2. A bed so constructed that the patient might be raised up, then placed in a horizontal posture, and lowered into it. By a reverse movement he might be taken out and placed again in bed. With this system it would not be necessary to use any great physical force. At least, a bed on wheels on which to carry the patient to the bath would very much simplify matters. But, these are aspirations, unfortunately not yet realised.

After the baths I bring on reaction by means of dry friction, and in all cases I give some soup and vin de Bagnols.

In town we can much easier approach perfection. To prevent bed-sores the patient should be laid on a water bed, which is exceedingly convenient, and not too costly. As fluids may collect in the folds, it should be re-covered with glazed cloths or caoutchouc upon which the patient lies, enveloped in a flannel gown, and covered by a woollen counterpane ; I thus avoid the fatigue caused by frequent change of linen, and can easily keep him dry and apply cold lotions if they become necessary. The calls of propriety can be thus more conveniently observed. Amongst those, there is one, which it is necessary specially to recommend, and that is to frequently change the water in the bath ; under the influence of the cutaneous secretion of the patient which it absorbs it often exhales an infected odour, equally prejudicial to the sick and to the attendants. We cannot too carefully avoid chills. M. Féreol believes that he has observed (and I am entirely of his opinion) less of such accidents in summer than in winter.

What should be the Temperature of the Bath ?—Is it necessary to adopt the absolute rule laid down by Brand, always to give it at 20 deg. (68 deg. F.), for my part I believe it useless to go below 22 deg., 23 deg. (71·6 deg., 73 deg. F.) unless in some exceptional cases. Generally, I commence by testing the susceptibility of the patient, giving the first baths about 26 deg. (78·8 deg. F.), and then, according to the manner in which they are borne, I continue at the same temperature, or I rapidly descend to 23 deg. (73 deg. F.) ; a practice which has afforded the best results. At this degree I increase or diminish the temperature according to the effect I desire to obtain, or have obtained, following as faithfully as possible the oscillations of the temperature. Very often I employ the method of *baths progressively made colder*. Principally in cases of typhoid fever with violent delirium this procedure has given me good results. For their application the patient is placed in a bath of 28 deg. (82·4 deg. F.), then by means of a pail, cold water is poured over his head until the temperature of the bath is lowered to 23 deg. (73 deg. F.). This method offers a double advantage—

1. It allows of cold affusion on the head, and we all know its marvellous efficacy in cases of delirium, of coma, and cerebral complications.

2. The bath is rendered colder without a too sudden change of temperature.

What should be the duration of the bath?—As a general rule the duration is in an inverse ratio to the temperature. If the patient is kept for forty minutes in a bath of 30 deg. 32 deg. (86 deg., 89 deg. F.) it would be sufficient to leave him a quarter of an hour in one of 23 deg. or 20 deg. (73 deg. or 68 deg. F.). Some consider the patient should be left in the water until *secondary shivering* takes place, but I do not think that this is necessary.

What intervals should be between the baths?—To produce a good effect they should be repeated every three or four hours, and I have ordinarily given six in the twenty-four hours, four during the day and two during the night.

A good plan is to follow the oscillations of the temperature, which in the normal state presents the following variations :—

	DEG.
7 a.m. . . .	36·8 (96·9 F.)
11 a.m. . . .	36·9 (96·32 F.)
4 p.m. . . .	37·0 (98·6 F.)
7 p.m. . . .	37·1 (98·58 F.)
10 p.m. . . .	37·0 (98·6 F.)
12 p.m. . . .	36·8 (96·9 F.)

The practical application of the baths has taught us, that the remissions are most lasting when the baths coincide with the natural remissions of night and morning.

Libermann has made a calculation of the baths, in reference to the duration of the refrigerative process consecutive to each bath. He has found that a patient placed every four hours in cold water remains for ten hours out of the twenty-four with a temperature below 38 deg. in the rectum, and is thus protected for nearly half a day from the injurious influence of exagerated combustion.

Before concluding my remarks, I must reply to another question—

How long ought the treatment to last?—This is a very important question, for, if the treatment is once commenced, we may have to give sixty or eighty baths or even more, but such is not often the case. Often I have employed the treatment for five or six days, but rarely to the end of the illness. Sometimes it causes serious inconvenience to stop them too suddenly, as I experienced in the case of a man, named R———, whom I had under treatment last year.

On the morning of admission, the tenth day of his illness, the baths were employed, but on the 17th day before a sensible amelioration took place, I thought well to suspend them. Next day, unfortunately, there was a notable increase of temperature which compelled me to repeat them ; the patient, nevertheless died on the evening of the nineteenth day from parotiditis.

As a general rule, when the treatment is satisfactory we should progressively diminish the number, or employ a mixed method, using lotion baths for bath, or substituting them altogether.

I have very little to lay down as practical rules for the administration of lotions. Their duration should be about two minutes, and they can be easily employed if the patient is situated as I have mentioned above. If we desire to abandon this method we can also employ cold lavements as recommended by M. Folby, of Lyons, or replace the cold bath by tepid ones.

Though I conclude my observation on the cold bath, yet you must not believe that its employment prevents my using other treatment.

No method is of universal application, neither the water diet which Leroy de Bethune employed in 1853, making his patients drink cold water and nothing else, repeated purgatives, or in a word, the invariable formulas which have been extolled in a systematic manner.

In my own practice, if the patient on admission is in a condition of *colluvies gastrica*, I order an emetic or a purgative, and act on the intestines by means of seidlitz water. Pulmonary congestion indicates to me the employment of dry cupping, to which succeeds violet-coloured *ecchymosis*, far different to those produced by dry cupping on a healthy individual, and which seem to me an indication of serious alteration of the blood.

I also insist on nourishment, tonics, extract of quinquina (three to four grammes), and alcohol. The last appears to me a good tonic, but it does not seem to act as in certain forms of pneumonia. There is also another medicine which I have often ordered—sulphate of quinine. In consulting authors on the subject of its administration in typhoid fever I have remarked with surprise that medical literature was very poor on this point.

Murchison considers it of no value ; Griesinger passes it over.

We have in France the works of Worms (1837) and Le Clerc, two physicians who practised in Algeria. It is not astonishing then for them to consider typhoid as a remittent fever, and for them to treat it by sulphate of quinine, in daily doses of one to twenty-three grammes. Olffner, of Munich, in 1874, gave quinine in doses of two grains a day, until he produced deafness and other complications, and boasted of this method. For my own part, in a serious epidemic, when the ordinary treatment afforded me bad results, I tried quinine as my uniform treatment, and I remember this period as the most disappointing one of my hospital experience.

I am not more disposed to resort to it at the present time, but I recognise the fact that sulphide of quinine has, like cold baths, indications for its use, and that is the existence of serious oscillations in the temperature. My patient in ward St. Landy, who exhibited such oscillations, felt himself so much improved under the influence of sulphate of quinine that its administration was continued until complete convalescence. With him, as with others, sulphate of quinine had not cut short the malady, but it ameliorated his condition.

It may be said that I give sulphate of quinine in mild cases, which might recover without treatment ; granted—but because they are mild is that a reason for not treating them when we can do so with great advantage? I believe, on the contrary, that this preparation has here a very defined character. I have now exposed, as completely and as sincerely as possible, my own practice ; the points on which I am satisfied, and those on which I have doubts.

I do not assert that I have always done what was best, but I have done my own best, and I treat my patients in the way I should like to be treated myself, should I ever have typhoid fever.

Dr. Raynaud has overlooked the opinion of Dr. Murchison as to the value of quinine in typhoid fever.

Dr. Murchison advocates the use of the dilute acids, and at page 571 says, "With each dose of the acid I am in the habit of combining about half a grain of quinine, which I believe to be of great service, especially when the disease has anything of a remittent character. Although I have never known enteric fever cut short by quinine, and found it in large doses as useless and injurious as in typhus, I have repeatedly observed the febrile exacerbations reduced in severity, the appetite improved, and the strength increased under the use of the mineral acids and small doses of quinine."

Transactions of Societies.

STATISTICAL SOCIETY OF LONDON,

TUESDAY, APRIL 17TH, 1877.

BIRTHS, DEATHS, AND MARRIAGES.

A PAPER entitled "Births, Deaths, and Marriages, and the Comparative Progress of Population in some of the Principal Countries of Europe," by Mr. Frederick Martin, author of the "Stateman's Year Book," was read before the Statistical Society.

Mr. MARTIN, taking as the basis of his paper the vital statistics published in the last annual report of the Registrar-

General, gives the birth, death, and marriage-rates of nine countries, divided into three groups, the first comprising England, France, and Prussia; the second Austria, Italy, and Spain; and the third Denmark, the Netherlands, and Sweden. For all these States, except two, Italy and Spain, the calculation of averages per 1,000 of population spreads over twenty-two years; while for Italy they comprise twelve, and for Spain ten years. Mr. Martin showed in his tables, illustrated by diagrams, the striking differences that exist between the nine countries in the average rates of births, deaths, and marriages. While in England and Wales the average annual birth-rate per 1,000 of the population was as high as 39·9 in twenty-two years from 1853 to 1874, in France it was during the same period as low as 26·1, France standing, as regards births, far below any other country. The death-rate again varies enormously in the different States; while it was as low as 20·2 per 1,000 of the population in Denmark, it was as high as 32·2 in Austria; England filling a place only less favourable than Denmark and Sweden, the average rate having been 22·2 per 1,000 during the period. The marriage-rate, as may be expected, is subject to great fluctuations, springing from trade prosperity or stagnation, and good or bad harvests. The average annual marriage-rate during the twenty-two years was highest in Prussia, namely 17·3 per 1,000 of the population, and lowest in Sweden, 14·1 per 1,000. Among the tables given by Mr. Martin, perhaps the most suggestive was one giving the surplus of the average annual birth-rate over the death-rate, denoting the increase of population. It was 12·7 per 1,000 of the population in England and Wales; 11·6 in Sweden; 11·4 in Denmark; 10·7 in Prussia; 9·0 in the Netherlands; 7·7 in Austria; 7·5 in Spain; 6·9 in Italy; and 1·9 per 1,000 in France. It will be seen that England was the most progressive, and France the least, of all the nine countries, the population being almost stagnant. Mr. Martin thinks "France is the riddle of Europe."

MEDICAL MICROSCOPICAL SOCIETY OF LONDON.

At the last monthly meeting the chair was occupied by Henry Power, F.R.C.S., President.

ADENO-SARCOMA FROM NOSE.

Mr. Crook exhibited a specimen of this disease removed on two occasions from the nose of a girl. The growth itself presented glandular structure, small cell growth, and a very large quantity of blood-vessels. He remarked upon its peculiar situation, viz, on the floor of the nose, at its junction with the septum.

COCHLEA IN BIRDS.

Dr. Urban Pritchard described and exhibited specimens of the cochlea in birds, particularly that of the magpie. He described it as a short straight tube ending in a *cul-de-sac*, and not spiral, as in mammals, and when examined in transverse section it presented on one side a quadrilateral cartilage and on the other a triangular one (= the ligament of the cochlea in mammals). Stretched between them were the membrana tectoria and m. basilaris, enclosing the organ of Corti. The auditory nerve ran up the length of the cochlea, adherent to one wall; on section the ganglion-cells could be seen in between the nerve-bundles. The ultimate nerve-fibres were given off at right angles, and piercing the quadrilateral cartilage *en masse*, ended in fine fibres between the hair-cells in the organ of Corti. The very end of the *cul-de-sac* was lined with "vestibular cells," showing thus a marked difference between the birds' and mammalian cochleæ. On the triangular cartilage were columnar epithelial cells, going on over the membrana basilaris, while on the quadrilateral cartilage were hyaline cells, that filled the sulcus on its border, and corresponded to the limbus in the mammalian cochlea. In answer to several questions Dr. Pritchard described his mode of preparing the cochlea. Taking a small one, as a bird's, he thus proceeds:—1. Place at once in methylated spirit. 2. In alcoholic solution of chromic acid (1-3rd per cent.) for five to ten days. 3. In 1 per cent. solution of nitric acid, constantly agitating the liquid, for one to four days. 4. Wash; transfer to gum and water for some hours. 5. In methylated spirit till wanted. 6. Imbed; cut section; stain; mount in glycerine.

Literature.

CLINICAL RECORDS OF INJURIES AND DISEASES OF THE GENITO-URINARY ORGANS. (a)

The work bearing the above title, which has just issued from the press, is creditable alike to the author, the editor, and the Dublin School of Surgery.

Departing from the principle of the systematic treatise, with its descriptive details of things already well-known and understood, the author has followed rather the example of some of the great practical writers of the previous century, whose works mainly consist of clinical reports, notes, and commentaries, succinct and ungarnished; yet these enduring monuments of industry have composed the rich soil in which other earnest labourers subsequently sowed and reaped.

It is too much the tendency of modern thought to underrate all things purely practical, and exalt all things purely theoretical or speculative; nevertheless, logic and *true* philosophy require that if theory is to have a solid basis, and hence any utility, it should have to practice the relation that the superstructure bears to the foundation.

The more common cases reported in this book are highly useful in a corroborative sense; while those of a rare character are calculated to teach the surgical practitioner that he must ever be looking forward, and not content himself with the reflection that he can have learnt from his own individual experience all the results of disease and accident.

One striking feature of Mr. Fleming's work is the beautiful illustrative plates it presents, which have the effect of leading the reader, step by step, through the several subjects, as if he were now actually inspecting specimens in the pathological laboratory or museum, now standing at the bedside in the hospital examining some obscure lesion, or witnessing the results of some rare or formidable injury.

The author has proved himself an industrious gleaner in the harvest of his wide and varied experience, and a good discerner of substantial, practical fruit. The chaff, which so conspicuously besprinkles much of the present medical and surgical literature, is nowhere observable; we are offered not the shell, but the kernel, to digest.

The first chapter treats of the "Pathology of the Urine in its Relations to Surgery," and its careful study will repay not only the practitioner, but the advanced student, who may have seen the principal urinary deposits without attaching to them more than chemical interest.

The second chapter deals with "Obstructions of the Urethra from Injury," and contains some most useful practical lessons. One of the author's aims is to show the effects of violence, applied from without or from within the urethra, and he gives in illustration eighteen cases of the highest practical importance, so arranged as to bear with particular illustrative force. We would direct especial attention to the cases of fracture of the pelvis, and the observations thereon—a surgical subject on which we find but scant information in the ordinary standard works.

"The subject of fractures of the pelvis, particularly in connection with wounds of the urethra and bladder, is one of great importance. . . . That the urethra should be rent across, or that the bladder should be torn from it, is not surprising when we consider the nature of many of

(a) "Clinical Records of Injuries and Diseases of the Genito-Urinary Organs." By Christopher Fleming, A.M., M.D., M.R.I.A., late President, and Fellow of the Royal College of Surgeons, Ireland; late Surgeon to the Richmond Hospital; Visiting Surgeon to Steevens' Hospital, Dublin; Corresponding Member of the Société de Chirurgie de Paris, &c., &c. Edited by William Thomson, A.B., M.D., Fellow and Examiner, Royal College of Surgeons, Ireland; Surgeon to the Richmond Hospital, Dublin.

these injuries, and the great amount of violence which produces them. In contusions of the perinæum and falls from horseback, in railroad or such class of accidents, it is quite intelligible how severe must be the mischief done to the softer textures in the vicinity of these fractures."

The third chapter is on "Obstructions of the Urethra from causes arising from without and from within that Canal," and necessarily embraces a wide field. In exemplification of external obstructive causes three singular cases are reported, showing what we may be allowed to term the whimsical results of accident on the one hand, and neglect of personal attention and cleanliness on the other. One is a case of impaction of a glass bottle in the male rectum, the bulk of the foreign body having been sufficient to impede the flow of urine along the urethra. Another case displays the somewhat ludicrous effect of violent manual traction, applied to the penis in a state of semi-erection, whereby the integument gave way at the pubal end, as if cut with a knife, turning fairly over the glans, and conveying the idea of the finger of a glove two-thirds inverted on the finger. Another unique case is that representing how the sub-preputial secretion may so concrete as to become calcareous, compressing and indenting the glans and orifice, and causing painful and difficult micturition. As regards internal obstruction, the cases 29 and 30 give a few useful hints to the prudent practitioner. We can, from our own experience, endorse the author's warning as to the serious consequences apt to arise from the use of small gum-elastic catheters, with ill-fitting stilets, and the result to the instrument (which we have witnessed scores of times) is well-delineated in the woodcut on page 117. The surgeon cannot be too particular to guard against the bending of the catheter's point and the protrusion of the wire, since this occurrence is pretty sure not only to defeat his immediate object, but to induce evils far more grave than that he had primarily to contend with.

The fourth chapter is devoted to "Obstructions of the Urethra by Foreign Bodies within that Canal," and the very title brings before the operating surgeon's mind some of the most interesting, as well as difficult, tasks he has to meet. Broken pieces of bougies and catheters, whole calculi, and fragments arrested in their passage outwards after lithotrity, demand superior skill and judgment on the part of the surgeon. The cases reported by the author—one where a thorn-twig, another where a long piece of scutch grass, had to be extracted from the urethra—show how the operator must be ever ready for mishaps arising from the strange devices of patients to relieve themselves.

Case 34 illustrates how the urethra may become obstructed by a bougie slipping for nearly its whole length into the bladder, and how suitable is Allarton's operation in such emergency. We cannot do better than give the author's own remarks on this kind of accident :—

"Attention being specially directed to the presence of a foreign body in the urethra . . . the only consideration for the surgeon is to accomplish its removal as quickly as it is possible, on account of the remarkable fact that in such cases there is the strongest disposition to the passage of the foreign body towards or into the bladder. Opportunities are afforded of witnessing this in the every-day treatment of stricture with gum-elastic bougies or catheters. Should the instrument not be sufficiently long, or should it be unsafely secured at its anterior end, it certainly will, more quickly than may be anticipated, pass within the urethra considerably behind its orifice, and if not checked it will escape rapidly into the bladder. This may be effected by a vermicular action of the urethra, and, perhaps, additionally by a suction effort from a *distending* bladder exercising a sort of traction whereby the instrument may easily pass backwards, assisted as it is by the condition of the canal behind the seat of stricture, and the equally congested state of the organ in front of it, which may render it more fixed. This contingency of the passing backwards of a catheter or bougie, in the treatment of stricture particularly, I have often seen, and I have known it to cause great alarm to patient and surgeon. I have, however, usually succeeded in obviating any serious casualty by at once grasping the penis laterally either in its scrotal or perinæal portion, or in both, firmly pressing it, with the catheter or bougie within, towards the orifice of the urethra with one hand, whilst with the other the glans is pushed back on the instrument; or, when it has receded still further, the same object may be accomplished by the finger in the rectum exercising similar pressure on the end of the catheter or bougie in that locality. In advancing this explanation, however, we must not overlook the fact that, as in the œsophagus, a certain instinctive action is inherent in the urethra to direct its course. In no instance should an attempt be made to test the site of the foreign body with a sound, catheter, or other instrument, or to remove it with forceps or other contrivance through the tract of the urethra, until every precaution is adopted to prevent its passing into or towards the bladder.

"Let it be effected how it may, the surgeon should adopt every means in his power for the prompt removal of any foreign body introduced into the urethra from without. He will often accomplish it in the healthy condition of the urethra, in the adult, and in advanced life, with one of the many appliances devised for the purpose; but in the child, and in the diseased urethra, difficulties often present themselves which cannot be surmounted by such measures, and which hence will oblige him to have recourse to operative procedures."

The cases of stricture, complicated with calculous concretions, in the canal are most instructive, and to them we direct especial attention. Indeed, the whole of this chapter, including the remarks on calculi and the illustrative cases, is replete with sound practical instruction. The coloured plate (No. 9) is an appropriate addendum to this chapter.

The next chapter is on obstruction from prostatic disease, principally the chronic enlargement of the prostate gland, acute inflammation and abscess, and the rarer disease, tubercular deposit in the organ. The plate attached is interesting from its affording confirmation to the pathological fact that when the prostate gland becomes the seat of tubercle the vesiculæ seminales, and testes take on, in process of time, strumous action.

The sixth chapter treats of hæmaturia, which—whether it be urethral, vesical or renal, the result of simple or formidable affections—is a source of uneasiness to the practitioner, and often an opprobrium to his art, owing to the difficulty of permanently arresting the hæmorrhage. The two plates here given beautifully depict the most unmanageable cause of hæmaturia—cancerous disease of the kidneys and of the bladder.

Chapter VII. opens with remarks on stricture of the urethra. Consistently with the author's intent, no attempt at classification is made; yet there are interspersed some useful suggestions and practical advice. Every surgeon of experience has observed cases of difficult micturition, and sometimes of actual retention of urine, in men who have never had gonorrhœa. If in such cases a bougie or catheter proportionate to the size of the stream be employed, it will surely be obstructed about the bulb or membranous portion of the urethra, and bleeding result, should any degree of force be added. The instrument's point seems to enter a pouch, and this sort of obstruction the author appropriately terms "the valvular stricture."

With respect to the treatment of the ordinary organic stricture of the urethra, the author says :—"I am satisfied that, notwithstanding the many objections which have been made to the process of gradual dilatation, that plan is more generally applicable than any others recently suggested." This is our own opinion, and after all the methods that have been adopted for the cure of stricture, the process of gradual dilatation, which acts by causing absorption of the adventitious product, is, if slower, more permanent in the good effected, and freer from risk than any of the other procedures.

The comments on Holt's method of treatment, and the remarks on the advantages of the short catheter, are worthy of note. The hospital surgeon will see in the coloured plate (No. 7) a true representation of the parts in perineal abscess and fistula, those painful and troublesome complications of stricture of the urethra.

The eighth chapter contains interesting cases of some important diseases of the testes, scrotum, and round ligament—viz., hydrocele of the tunica vaginalis testis, benign fungus, suppurative orchitis, cystic tumour of the scrotum, &c., &c.

Respecting lupoid ulceration of the penis and scrotum, the author says :—"I may allude to an affection of the scrotum and penis which I have observed in a particular class of men—viz., wine-bottlers. It is their habit, in pursuance of their occupation, to place the bottle between the thighs, and there to drive the cork home. I have seen several cases in which this practice has set up irritation at a point where the scrotum joins the penis in front, just as we know that soot causes epithelioma in the scrotum in sweeps. In the cases which have come before me the irritation was followed by abscess which in time burst, leaving an unhealthy, ragged, lupoid-looking ulcer (fig. 3, plate vii). These cases have yielded to ordinary treatment, although they are occasionally very obstinate."

We now come to the chapter which treats of stone in the bladder and kidney. The cases of lithotrity and lithotomy are well and carefully detailed, while the observations on the two operations are obviously those of a surgeon who has trained his mind to practical habits of thought. The whole chapter contains valuable additions to our knowledge of these subjects, and we shall not mutilate it by extracting passages. It should be carefully read and studied in its entirety, and the admirable plates representing the calculi also should be attentively inspected. But we cannot omit special reference to case No. 93, which to us appears to have had no parallel. It is that of a fibro-calcareous tumour of the uterus, which ulcerated its way into the bladder, and for the relief of the urgent pain and distress thereby occasioned the supra-pubic operation for stone was performed. The author's description is as follows :—

"Her condition was loathsome to herself and those about her, and she was crying out for immediate relief from her sufferings. Under these circumstances, with the concurrence of my colleagues, I proceeded to remove the stone, trying first dilatation of the urethra. Failing to remove the foreign body with a forceps, I introduced a lithotrite, and broke some portions of it, and then removed about two ounces of calcareous fragments ; but finding an enormous quantity still remaining in the bladder, it was deemed best to have recourse to the supra-pubic operation, and I removed thereby some large masses. The quantity remaining being still very great and adherent, I desisted from further interference, and sent the poor woman to bed. She had great relief from the operation, but she sank from exhaustion in four days. On *post-mortem* examination the kidneys and other abdominal viscera were found healthy. The uterus was firmly adherent to the bladder, and on opening the latter an enormous quantity of calcareous matter was found in it. Plate XV. represents most truthfully the appearance of the parts. The concretion occupied a large portion of the posterior aspect of the bladder, and another mass of the same substance lay upon the left side, so intimately united to the lining membrane that its outer surface fitted accurately into the several compartments or irregularities presented by the inside of the bladder. The calcareous mass was imbedded in a large soft tumour, having an attachment to the anterior wall of the uterus."

The tenth chapter touches on phymosis, and the last gives some useful practical remarks "On Morbid Conditions of the Urine in Children."

We have taken only a rapid survey of this work, but have said enough to prove it to be a well-built fabric of solid surgical lessons, worthy of the author's high character as an acute practical observer.

The editor has accomplished his task with marked ability and judgment, consistently with the professional reputation he has deservedly earned.

The artists and the publishers have performed their respective parts in a manner highly creditable to the Irish capital—the former in the truthfulness and skilful finish of the plates, the latter in the excellence of the general style of the book.

ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. (*a*)

(*Continued from page* 299.)

"THE Congenital Diseases of the Heart" are written by Prof. Lebert, of Vevay, and translated by Dr. Dwight. This section is well done, and the work of Dr. Peacock properly appreciated. As to the relation of tuberculosis to contraction of the pulmonary artery, Lebert holds that such stenosis is a cause of phthisis, agreeing with Dr. Peacock. Disease of the left side of the heart confers, according to Rokitansky, immunity from phthisis, though phthisis and mitral disease are found together at times. As to the phthisis associated with stenosis of the pulmonary artery, Lebert says "it may be considered a rule that the tuberculosis dependent on stenosis of the pulmonary artery is general and progressive, and that it is contrary to its nature to be slight or to remain stationary, or to end in cure."

"The Diseases of the Arteries, Veins, and Lymphatics" are treated of by Prof. Quincke, of Berne, and translated by Dr. Geo. Balfour. In this section the reader will find a great deal of most satisfactory information. The views of Gall and Sutton are given, and also those of Geo. Johnson. It is pointed out that more attention must be paid to the state of distension or contraction of the vessels ere this subject can be settled.

"The Diseases of the Pericardium" are treated by Prof. Bauer, of Munich, and translated by Dr. Wheelock. This is also a careful piece of work. We can compliment these writers on their acquaintance with the literature of the subjects of which they treat, their attention to physical signs, and their pathology, but it would not be honest to say that they succeed equally well in their consideration of how far the causation of heart disease bears upon the treatment, preventive and palliative. Indeed, the last is the weak point of the book, and gives a shallowness to it which, perhaps, is unavoidable in the present phase of the Teutonic mind, which seems averse from the consideration of anything beyond physical signs and what can be seen through a microscope or demonstrated by an instrument of diagnostic precision. That their work on these matters is most praiseworthy is frankly admitted.

"Whooping-cough" is described by Dr. Steffen, of Stettin, and translated by Dr. Emerson. Whooping-cough, it is asserted is neither a neurosis nor a zymotic disease of the general system, in which the exciting cause of the malady is specially localised in the organs of respiration, but "a catarrh of the respiratory organs lies at the foundation of whooping-cough." The list of remedies which have been tried in this malady is enormous.

The "Diseases of the Lips and Cavity of the Mouth" are handled by Prof. Vogel, of Dorfat, and by whom translated does not appear. It is a long section well done, as might be anticipated, seeing by whom it is written.

The last section, on "Diseases of the Soft Palate," is by Prof. Wagner, of Leipsic, and translated by Dr. Solis-Cohen. The diseases caused by syphilis are well described, and mercury is used in the general treatment.

On the whole, this volume is a satisfactory one, with the exceptions already pointed out.

(*a*) "Ziemssen's Cyclopædia of the Practice of Medicine." Vol. VI. Diseases of the Circulatory System : and the Diseases of the Lips and Palate.

THE RESCUED MINERS.

We have to thank our correspondent, Dr. C. J. Jones, for the following brief notes on the condition of the poor miners after their ten days' imprisonment. The temperature and pulse tracings will be read with considerable interest by the profession :—

Friday (*the day on which rescued at* 5.30).—The names of the persons rescued at Tynewydd Colliery, near Pontypridd, after having been without food for a period of 215 hours, Friday, the 20th inst., at 5.30 p.m.

	Age.	Temp.	Pulse.
George Jenkins	30	96·1	84
Moses Powell	31	97·1	84
David Jenkins	42	98·0	96
David Hughes	16	99·2	80
John Thomas	26	99·0	82

Remarks.—Tongue considerably furred with red tip and edges, but getting less marked each day—very trembling, retains impression of teeth.

Saturday :—

	Temp.	Pulse.
G. Jenkins	98·3	70
M. Powell	98·0	72
D. Jenkins	98·1	56
D. Hughes	98·2	82
J. Thomas	77·0	98

Sunday (*Noon*):—

	Temp.	Pulse.
G. Jenkins	98·0	68
M. Powell	96·2	72
D. Jenkins	97·2	56
D. Hughes	98·2	72
J. Thomas	95·0	104

Note.—David Jenkins, Hughes, and John Thomas very weak, and unable to walk from their imprisoned heading, when found ; but George Jenkins and Powell were able to walk to the first heading, a distance of forty yards, in a flexed position. They were immediately wrapped in warm blankets, laid on stretchers, warm milk and gruel administered, hot bricks placed near axillæ and feet. They were at once conveyed to the pit's mouth, placed in a temporary shed, close by, for about two hours, hence conveyed to a large room at the nearest hotel prepared for the occasion when warm sponging, &c., was carried out. They partook of about three pints of water during twenty-four hours and two of them made use of small pieces of candles, four of them had their bowels passed once during the whole time, and their urine twice in twenty-four hours. They have a peculiar jaundice appearance, probably from confinement, gaseous atmospheric air and inactivity of the internal organs.

Respiration.—Averaged from 16 to 28 per minute ; afterwards normal. The heart's action extremely weak.

Breath.—Very offensive ; a peculiar sulphurous odour, in consequence of drinking the unfiltered mineral water.

Skin.—Hot and dry.

Pupil.—Widely dilated on 22nd inst. J. Thomas' pupil contracted, David Jenkins' slightly so.

Urine.—Normal quantity, more or less loaded with mucus.

Fæces.—Quite black, from the effects of drinking the water, and compressed air.

Diet.—Milk and gruel ; ℥iij every two hours.

Sleep.—Very fair. John Thomas is a weak, strumous subject, and suffered from diarrhœa for two or three days before being released ; greatly emaciated, tongue very dry, considerable pain in stomach and bowels, slightly incoherent.

(Signed) Charles John Jones,
Dunraven Cottage,
Tonypandy,
near Ponty-pridd.

MORTUARY STATISTICS OF THE MUTUAL LIFE INSURANCE COMPANY OF NEW YORK.

We have received a handsomely bound volume, the Statistical Report of the above-mentioned Society, between 1863 and 1874. During this period more than 100,000 lives have been insured.

The various causes of death are clearly stated, and the total number subdivided into a chronological sequence. Special mention is made of the epidemics of yellow fever and cholera, and to the deaths during the war.

Among the diseases causing most mortality we notice typhoid fever, pneumonia, apoplexy, heart-disease, whilst from alcoholism the number only amounts to thirty-one.

The Report contains some very valuable tables, carefully and clearly drawn up, of the approximate ages of the various deaths, and other interesting statistical information.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 25, 1877.

THE VISITATION OF LUNATICS IN SCOTLAND.

It is satisfactory to us to find that the observations which we have felt it incumbent upon us to make from time to time, upon the policy of the General Board of Lunacy in Scotland, have attracted widespread attention, and that articles which appeared in these columns supplied material for an important part of the examination of Sir James Coxe, when he appeared before the Select Committee of the House of Commons on the Lunacy Laws on the 14th inst. We are not at present concerned to analyse Sir James Coxe's evidence on that occasion, our aim being to point out a practical evil, and not to demolish a very flimsy and speculative structure. That practical evil is the neglect of what are called the single patients in Scotland (that is to say, lunatics residing with their friends, or boarded out), by the Commissioners and Deputy-Commissioners, and the withdrawal from them of that supervision which has been regarded as essential to secure their freedom from cruelty and ill-usage of every kind. The Report of the Board of Lunacy reveals that a considerable proportion of the lunatics in private dwellings in Scotland are overlooked by the Board only in the passive sense of the word. The total number of the insane in private dwell-

ings on the 1st of January, 1875, was 1,472, and the total number of private patients visited by the Deputy-Commissioners was 1,227; so that 245 patients in private dwellings were not visited at all during 1875. It will certainly surprise the public to learn that 245 lunatics, mostly paupers, were left in Scotland for at least twelvemonths, probably for nearly two years, without any of that official inspection that has been prescribed for them by the Act of Parliament, and the value and importance of which the General Board of Lunacy in Scotland has so often and so strongly insisted on. Surely such a state of matters cannot be allowed to continue. It is out of the question that so large a number of helpless persons should be left unreservedly to the tender mercies of those with whom they live, and who in many instances receive very inadequate pittances for their maintenance. The Chancery visitors, Dr. Crichton Browne, and Dr. Lockart Robertson, tell us that great vigilance on their parts and at least four visits per annum are necessary to secure humane and suitable treatment to the insane wards of the Court, who have for the most part ample means. It is painful to reflect to what hardships and cruelties those miserable and impoverished lunatics in Scotland, who are not visited by the Deputy-Commissioners for two years together, may be subjected between the inspections. Their lot is at best servile and squalid. We fear that it is now sometimes intolerably wretched and burdensome. We are far from attaching an extravagant value to one annual visit by a Deputy-Commissioner, and should much rather know that numerous visits were paid at short and irregular intervals: but still even one yearly visit is some check upon those who have the care of the insane poor, and some guarantee that they shall not practice atrocities upon their charges with impunity. Atrocities figured largely in the earlier reports of the Scotch Commissioners, but of late years they have disappeared from their pages, at least as regards the insane in private dwellings, an elaborate indictment against asylums having taken the place of the old charges against the custodians of the single patients. We wish we could believe that there was now no cause of complaint against the latter, but circumstances convince us that they are still often hard and oppressive, that they still sometimes pinch and half-starve their afflicted boarders, who are incapable of reporting their wrongs or of seeking redress, and that the old melancholy relation between lunacy and illegitimacy, so often deplored by the Commissioners, still subsists to a considerable extent. We do not suggest that there is any wilful suppression of the truth, but the system of reporting has evidently been altered and perhaps vigilance has been relaxed.

It is, we think, certain that the country will not be content with less than one visit in twelvemonths to lunatics in private dwellings in Scotland, and it would be well for the Commissioners to realise this fact forthwith, and to make their arrangements accordingly; and, after all, it is only a matter of arrangement. In Scotland, with its 8,225 lunatics, there are four inspecting officials, who operate singly; and in England, with its 64,916 lunatics, there are only six inspecting officials, who operate in pairs. If the Deputy-Commissioners cannot overtake the duties assigned to them, why should not the Commissioners afford them some assistance in their work? The Commissioners had just forty days of visitation each during 1875, which left what might perhaps be considered a rather broad margin of leisure. A couple of months spent in helping their Deputies would supply them with healthful exercise, and pleasantly vary those literary and antiquarian pursuits in which they so copiously indulge. It is said that a former Commissioner did take a large share of the Deputy-Commissioner's work, and we see no good reason why the present Commissioners should not follow his excellent example in this as in many other things.

THE HABITUAL DRUNKARDS' ACT, 1877.

We have on two or three occasions drawn particular attention to the movement that is now going on to facilitate the control and care of habitual drunkards. Some such Act as that now proposed, has been long felt to be wanted, and as our readers are probably aware, a society has been got up with the express purpose of promoting legislation on the subject. That this Act should be thought necessary in this country is certainly a circumstance of which we, as Englishmen, have some reason to be ashamed; but that intemperance and drunkenness are so prevalent among all classes of society as to warrant some interference on the part of the Government, few can offer more satisfactory evidence than members of our profession. We shall, therefore, not question the propriety of the present movement but merely consider whether the Bill which has just been drawn up, and which, subject to certain modifications, will in all probability receive the assent of Parliament, is calculated to attain the object in view without infringing too much upon the liberty of the subject, or interfering with other social interests. For in considering a Bill of this sort we have to consider not only how it looks on paper but how it will probably work.

This Bill, which has been introduced into Parliament by Dr. Cameron, authorises the opening of retreats as temporary abodes for the reception and curative treatment of habitual drunkards, and also gives power to the governing bodies of counties and boroughs to provide for the establishment of industrial hospitals for the same purpose if they shall see fit. Private individuals are to have, under certain restrictions, a licence to keep a retreat, to which persons may be admitted either on their own application or compulsorily upon the order of a justice of the peace. And with regard to public establishments of this sort, local authorities are to have the power of taking and purchasing land, pulling down and erecting buildings, making contracts, and contributing sums of money out of the public rates, with other privileges that may further the establishment of such industrial hospitals as may appear to the local authorities to be wanted. Provisions are also made for the inspection and visitation of these retreats and hospitals, for the payment out of the local rates of all costs and expenses incurred in the execution of the powers given and in the discharge of the duties prescribed by the Act, and for other circumstances and contingencies which we need not now particularise.

Should this Bill become law any parent, husband, wife, relations, or guardians of an habitual drunkard may apply

to a justice of the peace, who may then summon such person to appear within a certain time and show cause why he should not be placed in a retreat under this Act; and upon proof that the person summoned is an habitual drunkard within the meaning of the Act, the justices in petty sessions assembled may make an order authorising "the apprehension of such person, his conveyance to a licensed retreat, his delivery to the proprietor thereof, and his reception, detention, and curative treatment therein for any term not less than one calendar month, and not exceeding twelve calendar months." Moreover, an habitual drunkard, if convicted at any time by any court of summary jurisdiction of being drunk, or drunk and incapable, or drunk and disorderly, shall be also liable to be committed to, and detained in, an industrial hospital for any term not less than one calendar month, and not more than twelve calendar months, either at the expiration of any sentence to which he shall have previously been sentenced, or immediately on conviction. Again, any person who shall be legally convicted of being drunk and incapable, or drunk and disorderly three times within twelve consecutive calendar months may, in addition to any fine or imprisonment, be ordered to find sureties for his good behaviour during any period not exceeding twelve calendar months from the date of his third conviction or from the date of the expiration of such imprisonment as last aforesaid; and, in default of his finding such sureties, he shall be deemed to be an habitual drunkard within the meaning of this Act, and may be committed to, and detained in, an industrial hospital.

It will be seen from the above that it is proposed to give the State great control over the career of the habitual drunkard; but that this control will be only exercised in the case of the more hardened and criminal forms of habitual drunkenness will be apparent on a closer examination of the Bill. The great pivot on which the whole working of the Act will turn, and one of the chief difficulties in the framing of the Bill is the definition of the expression "habitual drunkard." By this term the Act means "a person who, by reason of habitual intemperate drinking of intoxicating liquor, is dangerous to himself or to others, or is incapable of managing himself or his affairs." It will be seen, however, that this definition receives further extension in Clause 83 (which we have just cited), and according to which a person who has been convicted three times within one year of drunkenness, and who cannot find the sureties required of him, shall be deemed to be an habitual drunkard within the meaning of the Act.

With the above formal definition no fault can be found. It is not so worded as to be liable to misconstruction, and it is not likely to be taken advantage of to the injury of those who may only occasionally become intoxicated, as it would be incumbent upon the plaintiff to prove that the defendant was dangerous to himself or to others, or incapable of managing his affairs. On the other hand, it would reach all that inveterate, brutal, and criminal drunkenness that is so prevalent among the working classes. Nor would it, in our opinion, be necessarily restricted to these cases. "There is," says the Society to which we have already referred, "a large amount of drunkenness which never becomes public, but which is probably even a more fertile source of misery, poverty, and degradation than that which comes before the police courts. For this no legal remedy at present exists." But though the framers of this Bill contemplate chiefly the control and reclamation of the former class of inebriates, there can be no doubt that it would, under power of its third or defining clause, also reach that pitiable class of people which is to be found among the middle and higher ranks of life. For surely the gentleman, or the gentlewoman, who, through giving way to intemperate habits, is plunging his family into poverty and misery, and who, perhaps, is, by his own acts, hastening to the grave; surely, such a person, whatever his position in society, ought to be considered as dangerous to himself, and incapable of managing his affairs. These are the cases which come more frequently under the notice of medical men than of the public. They are indeed examples of misery, poverty, and degradation, and if the contemplated act did no more than bring this class of people under control, it would be conferring a great benefit upon society. On the other hand, we think that some fault may be found with that amplification of the third or defining clause to which we have just referred. For not only may it be thought to apply to those occasional offenders, with whose liberty no Government would think of interfering, but its wording and meaning are certainly at variance with the definition of an "habitual drunkard" that has been laid down in the above clause. If a man has been convicted three times within a year of being drunk and incapable, and could not, moreover, find the required sureties for his future good conduct, could he on that account be considered to be dangerous to himself, or incapable of managing his own affairs.

It was also our intention to show that this Bill does not propose to unduly interfere with our personal liberties, and that while it is specially drawn up in the interests of society, and of those unfortunate individuals who are to be brought under its control, there are also considerations of a prospective and preventive nature, which should give it additional claims upon the attention and support of the public. We have, however, already trespassed too much upon the space allotted to us, and must therefore postpone for the present any further remarks we might wish to make on the subject.

LONGEVITY OF INVALIDS.

THERE cannot be a stronger incentive to perseverance in in the treatment of chronic disease, or to the adoption of a guarded prognosis, than the contemplation of the long life frequently passed by confirmed invalids. Dr. B. Southey in one of his recent lectures on Personal Hygiene, truly remarks that "health and longevity are not synonymous; neither are health and great muscularity. . . Longevity, like height, is a race attribute, but it does not signify health. The three oldest people I ever knew, women who reached 89, 98, and 100, were valetudinarians, and had been so nearly all their lives."

We have often thought what a strange sight it would be if all the physical infirmities to which mankind is

liable were alike open to public observation; if the damaged lung of a pulmonary cripple were as clearly visible as a broken arm, or the atrophied liver of the habitual tippler as remarkable as his neighbour's club foot. How many who are apparently in the enjoyment of good health, would discover a hideous canker that was slowly sapping the foundations of existence. We should see a man sitting down to a sumptuous dinner who was to all outward appearances in the best of health, while his kidneys were evidently fast succumbing to the influence of gout, indolence, and port wine. One would be seen going about with holes in his lungs, and another with a hole in his stomach, while a cancer on the liver would be the death-warrant of a third. This man would be seen taking a fresh lease of his house, while, in consequence of an aneurism that was just ready to burst, he was on the point of losing the lease of his life. That old lady, who at an advanced age still enjoys tolerable health, has had for years a pulse every beat of which seemed to be the last; while this gentleman who, with portmanteau in hand, is running to catch the train, will probably drop down dead without having had any warning of the fate that is hanging over him. Truly, we neither "know what we are nor what we may be," but although Nature has kindly hid from us secrets of which it is best for us to be ignorant, in some cases perhaps it would be as well if those little mutinies of the flesh which threaten our existence could be discovered before they had become so formidable as to be beyond our control. We might then be able to check them, or entirely put them down, while we took the precaution of removing all those causes or grievances which gave rise to their occurrence. Then again, such a view of their internal economy might be of service to those men whose vices were thickly sowing the seeds from which death was about to reap a full harvest. If drunkards could only have as clear a glimpse of their cirrhosed livers as the public have of their "brandy blossoms," or staggering gait, intemperance would receive a severer check than it is ever likely to experience from the passing of the Permissive Bill, or the lectures of Dr. Richardson. And if the habitual glutton were favoured with a similar inspection of his inside, he would probably be inclined to live the life of an anchorite for ever afterwards.

But, to leave this digression, it will be generally admitted that the tenacity of life, under circumstances which would appear to threaten its very existence, is often surprising, and is, as we shall presently show, not without its lesson to those who, like ourselves, are continually engaged in resisting the ravages of disease. It seems as if life would not, in many cases, give up without a struggle the stronghold of which it has had so long possession, however battered about that stronghold may be, and as if Nature made use of all the resources at her command to fill up the breaches which disease had made in some of her most vulnerable parts. A few years ago we examined the inside of a woman, who had lived to the age of seventy-five. All her life she had enjoyed pretty good health, and up to the moment of her death (which took place suddenly) she had never made any complaints nor had required any medical advice. Yet the *post-mortem* examination revealed such extensive ossification of the heart and great vessels as not only to show that the disease must have been of long standing, but to make those who were present wonder how the old woman could have lived for a day with a heart in such a condition as hers was found to be in. Not long ago we exposed a large cancerous perforating ulcer of the stomach, which had taken some years to kill the patient, and even then it was evident that Nature had been doing her best to ward off the fatal event by glueing the ulcer to the under surface of the liver.

But the great lesson we should draw from a contemplation of the above facts is this: that whatever may be the case under our care, we should never give up all hope of being able either to cure the disease or prolong the patient's life. We should not merely, as many of us do, take refuge in the common saying, "while there is life there is hope," but act in such a manner as to show that the resources of medicine are alone calculated to strengthen this common belief. We live in an age in which the resources of medical science are greater than at any former time. That medicine which (as Lord Macaulay once said) now enables us to "resist the slow sap of chronic disease" was unknown in former times; and it would ill become us if we did not turn to account the rich legacy of medical knowledge which our predecessors have bequeathed to us. There is a good deal of scepticism at the present day with regard to the value of drugs and other remedies in the treatment of disease, and therefore there is all the more reason for our doing all in our power to assist Nature in the efforts which she is continally making to maintain her offspring—Life; and to study the various conditions under which her efforts prove most successful. The most approved medicines, the best of food, the purest of air—these and similar gifts we should place at her disposal. Then we shall often have the pleasing satisfaction of finding that our help has been crowned with success, and that the longevity of invalids, as well as the cure of many serious maladies, are in no small degree owing to the resources of medicine and to the manner in which we have availed ourselves of them.

Notes on Current Topics.

Thoracentesis in Effusions of the Pleura.

In a very good monograph on the subject Dr. Beverley Robinson, of New York, draws attention to the good results attending thoracentesis in almost all cases of pleuritic effusion, and to the prejudices which still exist in the profession with regard to the performance of the operation in any but the most urgent cases. He contends that the operation should be resorted to not only in all cases where there is imminent danger to life from the presence of effusion, and in all cases where independently of alarming symptoms the effusion is very large, but also in all cases where the amount of the effusion is "moderately large," or even "appreciably large." The objections that have been made to the early performance of the operation are: that the liquid will surely re-accumulate if withdrawn from the pleura before the morbid process has reached its height; secondly, that the fever will be increased by the

puncture, the inflammation increased, and the effusion rendered purulent by too early appeal to an operation. With regard to the first objection, there is plenty of evidence to show that in only a small percentage of cases does the effusion re-form, while in some of those the re-accumulation has been remarkably small. Indeed, it may be shown that if the fluid be drawn off with the aspirator and if diuretics and other therapeutic means be at the same time adopted, the re-accumulation of fluid that has been drawn off during the formative period of the disease is neither necessary nor probable.

Then, with regard to the risk of augmenting the febrile state and the inflammation, and this objection, says Dr. Robinson, is not yet established, while, in the opinion of many eminent observers, the operation is not necessarily attended with an increase of the fever and a rise of temperature, and where this increase has been noticed it was generally so light that it should scarcely be taken into consideration, especially in face of the fact that early paracentesis has no injurious effect upon the ulterior march of the effusion. Nor can more weight be attached to the objection that by use of the aspirator a serous effusion may be turned into a purulent one. Dieulafoy has never seen it once among several hundred cases in which he has operated by puncture, and when it does occur he regards it as a coincidence rather than as a consequence of the operation. In twenty-eight cases tabulated by Dr. G. H. Evans, the operation was performed more than once, and in twenty-four of these the fluid drawn off was serum each time Besides the fact that a serous pleuritic effusion has of itself in certain constitutions a tendency to become purulent, should not be lost sight of, especially in the case of children. Moreover, numerous instances have been cited where thoracentesis has been the means by which purulent effusion has been rapidly cured. Much has been said about the entrance of air into the pleural cavity, but with the improved instrument of Potain or Dieulafoy this accident can be easily avoided.

Similar arguments to the above are used in favour of performing the operation even in cases where the quantity of effusion is appreciably large. Dr. Bowditch, of Boston, he observes, who has had greater experience of this operation than any other practitioner, has remarked that he has perhaps erred in not operating immediately after finding even a moderate amount of effusion.

The latter part of Dr. Robinson's *brochure* is taken up with a discussion of the causes giving rise to sudden death in pleuritic effusion, and after showing that these accidents do not detract from the value of thoracentesis, he draws the following practical conclusion on the whole subject:—"Inasmuch as it is proved that puncture of the chest-walls, with a capillary needle attached to the improved aspirator, whenever performed with due precautions against the entrance of air into the pleura, is a perfectly simple and harmless operation, and, further, that any appreciable amount of liquid, irrespective of its nature, is by its presence pernicious, and may become dangerous: therefore I hold that, *in all cases of pleuritis, in which fluid is present, we should without hesitation make use of the aspirator to withdraw the morbid effusion.*

"To this law I shall only affix *one* limitation and *one* exception. . . . . *The exception is:* If the patient be very much enfeebled and the effusion be small or moderate, we may with advantage delay the operation, during a brief period, until his forces have been somewhat re-established."

False Death Certificates.

We are sorry to see that a Member of the College of Surgeons has been summoned, and fined, for making a false declaration respecting the death of a child nine months old, who died on the 14th ult. Mr. Pridham, who prosecuted on behalf of the East London Medical Defence Association, stated that the defendant practised in a very poor neighbourhood, and kept an unqualified assistant. The child in question was taken to him, and he attended to it. The child died, and the mother called on the defendant, who gave her the certificate, of which the following was a copy:—"I certify that I attended Louisa Moore, nine months old; that I last saw her on the 4th of March last; that she died on the 14th, at 7 Adams Place, and that to the best of my knowledge and belief, the cause of death was as hereunder written: Primary convulsions, one day. —Witness my hand this 14th day of March, 1877. It appears, however, that the defendant had never seen the child, and consequently he was guilty of a very serious offence. Mr. Benson, the magistrate, observed that the Association had very properly brought the defendant before him, as it was important that the Act of Parliament should be strictly carried out, for if certificates were to be signed by medical men who never saw the deceased there would be an opening for foul play and serious crime. It was a very dangerous practice, and as a caution to other medical practitioners he fined the defendant £5 and 2s. costs.

This is not the first time we have had to comment upon this practice of giving false or irregular death certificates. We say "practice," for we are afraid that this offence is more often committed than is generally supposed, especially in poor neighbourhoods. In this case the attention of the Coroner happened to be called to it, and through the Coroner also the excellent and useful Association above mentioned. But such cases often escape the notice of the authorities, especially as parents themselves are sometimes disposed to connive at the irregular conduct of the medical attendant. Then, again, when a Registrar of Deaths sees a certificate signed by a qualified medical man, he never questions the *bonâ fide* character of the certificate, so that the practice we complain of might be carried on to a very great extent without the Registrar knowing anything about it. Fortunately, however, the profession generally consists of a respectable body of practitioners, and although there are some black sheep amongst us, their number is, we hope, growing less every day.

The London Water Supply.

Although the inhabitants of the metropolis are compelled to partake of the dirty water drawn from the River Thames, and known to be polluted by the washings of the miles of manured lands which drain into it from Oxford to Hampton, the London brewers look upon it with too much suspicion to make use of it in the brewing of their beer. The large brewers, it appears, at a large expense, bore through the London clay, until the great

underground lakes are reached either in the chalk, or through this to the deeper green sand; and thus take care to obtain the purest of nature's filtered water; and it is upon this that the quality of the beverage which Englishmen so much admire depends. Messrs. Gordon having built a new brewery at Peckham, pierced the chalk strata in Chadwick Road, and found an inexhaustible supply of good water. The Messrs. Meux and Co., of Tottenham Court Road, have just completed borings to five times the depth of Messrs. Gordon, and came upon a beautiful supply in the lower green sand. Messrs. Meux write, that "the boring was commenced in 1872, with a full reliance on the opinion entertained by many leading geologists, and subsequently expressed by Professor Prestwick, that water, if not found in the chalk strata, or in the upper green sand, would be found in abundance in the lower green sand, if it were possible to bore perpendicularly to such a depth, and supposing there was no geological fault." This has been fully confirmed, and attended with perfect success. The public are deeply interested in this question, and the inhabitants of Richmond will take heart, fully relying upon the efforts of the vestry to sink a deep artesian well, for supplying the town with a pure drinking water, a luxury quite unknown to the oldest among them.

Dr. Frankland reports of the water supplied to the metropolis during the past month, that the water from the artesian wells of the Kent Company and to the outer circle of the Colne Valley, was wholesome and palatable, and of excellent quality for dietetic purposes; while the water supplied by the Chelsea, Middlesex, Southwark and Vauxhall, Grand Junction, Lambeth, New River, and East London Companies were all polluted with organic matter, although not to so great an extent as they were in December and January. Some of them sent out slightly turbid water, containing moving organisms and coloured fibres.

Opposition to Small-pox Hospitals.

It appears somewhat strange that the principle of "looking after number one," which is so prominently brought forward by the public whenever its interests are threatened, should exert itself in an opposite direction, when sanitary measures are proposed. Small-pox, for instance, breaks out in a neighbourhood, and the sanitary authority, with a view to protect the public by isolation, proceeds to erect a temporary hospital. This is the signal for fanatics, on the one hand, and nervous people on the other, to get up an agitation, make violent speeches, and create a feeling of distrust in those whose only care is the protection of that very public which is loudest in its abuse and opposition.

This has been more than once exemplified during the recent epidemic, and again on Friday last, when a deputation of the residents of Isleworth parish attended at the Local Government Board to protest against the proposed erection of a small-pox and fever hospital by the guardians of the Brentford Union. Having explained their views, Mr. Salt said the Government were very desirous that sanitary authorities should make provision for the isolation of infectious cases, but there would be no objection in this case to reduce the size of the proposed building. Of course, Government officials are expected to show politeness to deputations, but had Mr. Salt given the Isleworth petitioners a gentle hint that they had better leave the matter in the hands of those who understood their interests better than themselves, it would not have been out of place.

"Revue Medicale Roumaine."

The state of medical science in any country is pretty well indicated by the character of its medical literature; and if we may judge from the first number of this *Roumanian Medical Review*, the position of medicine and of medical literature in that country bids fair to be as good as it is in any other part of Europe. This *Review* is to appear monthly, to treat of all questions relating to the medical sciences, to acquaint the profession abroad with the progress of medicine in Roumania, and, at the same time, to keep medical science in this country *au courant* with that of other countries. In order to carry out this design and facilitate the circulation of this journal throughout Europe, it is published in the French language; and both foreign medical men and Roumanian medical students are invited to contribute to its pages.

In this first number we find some interesting matter. In the first place, we have a valuable account of the present condition of medicine in Roumania, by Dr. Polichronie. This article (which we shall more fully notice on a future occasion) occupies more than fifteen pages of the journal. Then follows one "On Anomalies of Important Arteries, from a Surgical Point of View," by Dr. Màcesco. "Recherchés Physiologiques sur L'Apomorphine" is a long and able article by the editor (Dr. Polichronie). "Insanity in its Social and Scientific Aspects" is a review by Dr. Petrini, of Galatz; while, under the heading "Varia," we have "A Case of Blue Urine," some hospital reports, and obituary notices.

Extraordinary Conduct of a Chemist.

The charge that has just been brought against Messrs. Rouch and Co., chemists, of 180 Strand, is remarkable for the example it offers of careless dispensing, the circumstances under which the explosion took place, and the insolence with which the charge had been met by the defendants. To send out a bottle full of nitro-hydrochloric acid without proper instructions, without even an address, and simply stopped with a cork, was about as culpable a piece of negligence or of ignorance as can be imagined. No doubt the explosion was occasioned by the generation of chlorine gas within the corked bottle, thus affording to the student a striking—though, to the plaintiff in this case, a very dangerous—illustration of the chemical properties of strong nitro-hydrochloric acid.

The sentence which Mr. Flowers passed upon the defendant was not more than the latter deserved. When gross negligence is met by impertinence instead of by apology and regret, and when, moreover, such behaviour is not merely confined to a temporary ebullition of temper, but is even carried into court, we seem to lose both pity and respect for the man, however severe his punishment may be.

It appears from the evidence that, but for the incivility

of the defendant in the first instance, we should never have heard of the case. Now he has not only had to pay heavily for his mistake, but has courted a publicity of which he is by no means to be envied.

The Vivisection Act.

From a return placed before the House of Commons on the 17th inst. we learn that twenty-three licenses have been granted under the "Experiments on Animals Act" – 4 for Cambridge University, 2 for Edinburgh University and 1 for the Veterinary College, Edinburgh, 1 for Glasgow University, 1 for the County Asylum, Gloucester, 5 for University College, London, 2 for Guy's Hospital, 1 for Oxford University, and 5 in places not specified. The Cambridge Museum has one for experiments without anæsthetics. The Inspector under the Act is Mr. Bush. No special license has been granted for experiments on cats, dogs, horses, mules, or apes, and no experiments have been made in which curare has been employed. Our contemporary, *The Spectator*, observes of the working of the Act that, "if there be no vivisection which goes on without official acknowledgement the Act has done more than we expected of it in the way of diminishing the evils of the practice."

New Anæsthetic Agent.

Rabuteau, in a memoir read before the Académie des Sciences, states that he has investigated the physiological properties and mode of elimination of hydrobromic ether. He has satisfied himself that this anæsthetic agent, which possesses properties intermediate to those of chloroform, bromoform, and ether, might be advantageously employed to produce surgical anæsthesia. The hydrobromic ether is neither a caustic nor an irritant. It can be ingested without difficulty; and applied without danger, not only to the skin, but to the external auditory meatus and to the mucous membrane. It is eliminated completely, or almost completely, by the respiratory passages, in whatever way it may have been introduced inte the system.

Suppression of another Diploma-Swindling Concern.

The New York Society for the Suppression of Vice has succeeded in closing the doors of the "Clinton Medical and Surgical Institute," at No. 147 East Fifteenth Street, in that city. In September, 1873, the Society for the Suppression of Vice, having learned the character of the publications which the institute was scattering over the country, procured the arrest of the consulting physician, James Bryan, on a warrant issued by United States Commissioner Osborn, charging him with mailing obscene books, and advertisements of articles for malpractice, &c. Bryan was bailed in the sum of 5,000 dollars, and in the following October was indicted.

Printer's Errors.

Those contributors to journals who become so deeply aggrieved at occasional errors in proof, may console themselves that their cases are rarely so bad as that of a certain Parisian *confrère*. The story is this :—

"Dr. M. recently sent to press a pamphlet on the causes, &c., of insanity. At the end of the last sheet he noted: '*Il faut guillemeter les alineas*' (attend to paragraphs), which the unfortunate printer changed into '*Il faut guillotiner les alienes*' (all mad people should be guillotined); and the doctor's work went forth with this astounding recommendation.

Obituary Notes.

Dr. Gordon Buck, a leading surgeon of New York, died in that city three weeks since. Dr. Buck was a member of the New York Pathological Society, of which he was at one time President, and of the County Medical Society, the State Medical Society, and the American Medical Association, and was a frequent contributor to medical journals, many of his articles being accounts of important surgical operations.

We are pleased to notice that the small-pox epidemic is steadily on the decline. The mortality five weeks since was 125, declining weekly to 112, 93, 85, and last week to 77 throughout the United Kingdom. Of this number 60 deaths occurred in London against 78 the previous week. Of this number 29 were certified as unvaccinated, 6 as vaccinated, and 25 not stated.

The mortality last week per 1,000 of the population in the principal cities of the United Kingdom, was 24 in Edinburgh, 25 in London, 25 in Glasgow, and 34 in Dublin. It will thus be seen that the average is considerably reduced from the previous week in the three former cities, in the latter it is slightly in excess.

The mortality in some of the principal continental and Indian cities is still terribly high. We learn that Madras has a death-rate of 162 per 1,000 of the population, Bombay 52, Buda-Pesth 47, Naples 39, and Alexandra 38. New York is the same as London—viz., 25 per 1,000,

We are glad to notice that Dr. Croft has just been returned at the head of the poll of Guardians for the important parish of St. Marylebone.

We are pleased to learn that Dr. W. J. Wheeler has returned to Dublin perfectly restored to health, after a stay of several months in the Mediterranean.

Dr. Prokop von Rokitansky, one of the sons of the famous Vienna pathological professor, has been appointed Professor of Medicine at Innsprück.

THE ABUSE OF MEDICAL RELIEF.

The momentous question of medical relief discussed by Sir Charles Trevelyan in a paper read before a meeting at the Society of Arts last week, and presided over by Dr. Acland, is one of very deep interest to the medical profession. The labour involved by the system of indiscriminate relief afforded in our out-patient's department of hospitals and dispensaries is of no light character, and every one will be ready to admit that the time has come either for an entire change or for placing some restriction on the system. Surely the medical labourer is as worthy of his hire as the lawyer or even the butcher, for what

would life be without health? And if medical help is not forthcoming at the right moment an enormous amount of suffering would be entailed not only upon individuals but also upon society at large. It is almost incredible to think that upwards of a million of the inhabitants of the metropolis apply for and obtain gratuitous medical relief during the year. One-fourth of the population of London and a larger proportion of some of our provincial towns receive help from our hard working profession on the free ticket system at our hospitals and dispensaries. To hundreds of thousands this eleemosynary medical relief proves to be but the commencement of vicious habits of dependence and mendicity, all the acts of deception are regularly practised to live a life of idleness, and hang about the doors of hospitals when illness overtakes them. The physicians and surgeons of hospitals and dispensaries are fully alive to the injustice of being expected to do an amount of unpaid work unknown to other professions or in other walks of life. What Sir Charles Trevelyan said is perfectly true, that "a totally disproportionate share of the burden of public charity is thrown upon a profession dependent for their subsistence upon the exercise of the skill derived from an expensive education, and by the same arrangement they are deprived of a large proportion of the practice which would fall to them and be of a remunerative nature, if a better state of things existed."

It is not so generally known as it should be that the services of the medical officers of hospitals and dispensaries are entirely gratuitous. No doubt some advantage is derived from their connection with them; an amount of experience is gained which could be obtained in no other way, and this offers some slight compensation; but neither the experience gained nor the consciousness of having done a vast amount of good, will enable them to live without bread; and it is only after years of toil and anxiety spent in hospital work that the physician or surgeon can reasonably hope for reward, and then, alas, the lottery-ticket too often proves a blank.

There can, however, be no two opinions on this question that the indiscriminate bestowal of gratuitous medical relief interferes to a very large extent with the rights and maintenance of the medical profession; and it is more than doubtful whether it is a real boon to the working-classes. What can we substitute in its place? The resolution passed at the meeting on Tuesday will hardly be thought to meet the case, although it certainly received the support of Sir William Gull, Mr. Prescott Hewett, Sir Rutherford Alcock, and other members of the profession. The terms of the motion were as follows:—

"That the improvement of the people of London in health and habits of thrift and independence demands that, while, on the one hand, out-patient departments should be regulated so as to secure the prompt treatment of cases requiring the special resources of a hospital, on the other, free dispensaries should be converted into provident dispensaries, and new provident dispensaries should be established in proportion to the wants of the population."

We can scarcely bring our minds to believe that the evils so justly complained of will be met by a further extension of provident dispensaries. We can quite understand that in country towns and rural districts, the provident dispensary system has been attended with some success, but in London the success it has met with and its value to the profession may be said to be of a questionable character. We observe that since provident institutions have received the countenance of the Charity Organisation Society, that, *so-called*, provident dispensaries have sprung up in all directions; these appear to be carried on in connection with private surgeries, and as speculations of private individuals, who engage to treat the ailments of the working classes at fourpence and sixpence a head; a degrading kind of trade enough, and one that will land the afflicted and deserving poor in a slough of despair. Surely, a system which leads to the establishment of sham dispensaries and medical missions, is not the sort of thing that deserves well of the community, or will for a moment be looked upon as a substitute for the out-patients department of the hospitals, and which by the way has received scant justice at the hands of Sir Charles Trevelyan. The way in which the work of the out-patients department is done at all reputable hospitals is, we venture to say, highly creditable to the profession. The proportion of applicants for medical relief is certainly quite out of all reasonable proportion to the population; but here again we ask, will the extension of the provident system in any way lessen the evil. We fear not. There is also another side to this question, one in which the public are as deeply interested as the profession; and it is this: by destroying the out-patients department of hospitals, we shall seriously interfere with a means of obtaining a knowledge of a great many diseases of every-day life, of the greatest value to the future general practitioner. To leave this work until the student is able to find time to attend the Metropolitan District Asylums, or until after he has "obtained an appointment at a provident dispensary and engaged actively in visiting patients at their own homes" would, we fear, prove a sorry business for the penny members and supporters of these institutions. We, however, see the full force of the observation that, "it is the medical profession itself who ought to decide what alterations are needed and how they shall be carried out;" and we feel extremely indebted to Sir Charles Trevelyan and the Charity Organisation Society, for the great interest taken in the important question of "Metropolitan Medical Relief."

Correspondence.

PROFESSOR LISTER AND PROFESSOR AZAM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—M. Azam has no fair ground for complaint; he has even reason to thank me, as I shall show.

I did not travestie his letter, but gave your readers a fair but literal translation; the sense I attributed to M. Azam is far superior and more generous than his own construction of it.

These are only statements—I give you proof. The French words are:—

"Je n'en reconnais pas moins le grand mérite du chirurgien d' Edimbourg, et je n'ai envie de rire que lorsqu' on fait de sa méthode une sorte de religion, dont il est le Pontife, l'acide phénique le Dieu, et le germe le diable.

My Translation.	*M. Azam's Translation.*
I none the less recognise the great merit of the Edinburgh surgeon, and I am not disposed to laugh at him, because his system has been consecrated into a form of religion, of which he is the high priest, phenic acid the God, and the germ the devil.	I recognise the great merit of the Edinburgh surgeon, and I am disposed to laugh only when *I see his system consecrated by his fanatic admirers into a form of religion, etc., etc.*

I imagined M. Azam had all possible respect for Mr. Lister, and I certainly did not think M. Azam even capable of calling Mr. Lister's admirers *fanatics.*

I make M. Azam the *amende*, and regret I misinterpreted his thoughts; I accept his correction, and allow him the free use of the muscles of Sir Charles Bell.

But this is not a question of a mere word or a grammatical difference, but it rests on a higher ground.

I am not a partizan of Mr. Lister, but I am a partizan of truth and justice.

M. Azam says again: He does not lay claim to priority, but that others claim it for him, and I must thank him for the pamphlets and papers he has so kindly forwarded me.

M. Azam also expresses in his reply to me his admiration for Mr. Lister, but these assertions are rather inconsistent with what I shall quote from his first letter.

What fair inference can we draw from the following words?

Mais elle a une autré advantage c'est de venir de l'étranger ; l'eloignement, le mystère, le nuage, sont les conditions necessaires de la foi.

J'allais oublier qu' ils ont une chance, c'est que sur les bords de la Tyne ou du Mein on ait la même pensée, ou qu'on la leur prenne ; un *traducteur* la découvre il la fait connâitre à la France étonnée *et elle fait son chemin sur le nom d'un autre.*

But there is another peculiarity, it has emanated from a foreigner ; distance, mystery, obscurity, are the necessary conditions of faith.

I had almost forgotten the possibility of the same thoughts existing at the same time in different minds on the banks of the Tyne and Mein or of their being carried from one to the other. A translator discovers it, makes it known to astonished France, and *makes his way on the name of another.*

Is there not a grave insinuation conveyed in these words? Who was the *traducteur?* Shall Echo answer ...ister? Upon whose name did he make his way? Shall Echo answer ...zam?

I did not find in M. Azam's letter his position supported in reference to the antiseptic system and to the claims of the Bordeaux school to priority of use, *and I asked for better evidence.*

The evidence has come, and, as it will be interesting not only to M. Azam, but to Mr. Lister and every surgeon in England, I must give you some extracts.

The name of M. Gosselin is well known to me through his writings, and this question will assume a graver aspect from the association of his name with it.

In a paper published by M. Gosselin—"Du pansement des plaies :" 1877 : Paris—the following words occur :—

Un chirurgien de Bordeaux imagina, un monde de pansement qui s'eloignait tellement des données ordinaires, qu'on n'y apporta qu'une mediocre attention ;

. . . . . .

Cependant cette méthode fut precisement empruntée, en grande partie, par Lister et farme sinon la base, du moin le côte le plus solide de le pansement de Lister si preconisé à l'heure qu'il est.

He then directs attention to M. Azam's work and mode of procedure, and at the end of the chapter, page 26, says—

Ce fut precisement à ce moment qu'en France eclatà tout d'un coup la connaisance du dernier pansement de Lister, qui va constituer notre septiénne et dernier groupe.

Then follows an account of Lister's antiseptic method, of which M. Gosselin recognises the important advantages and the real progress made by the Edinborough surgeon in the surgical treatment of wounds, though he adds, page 27—

Mais aussi je m'eleve contre l'exaggeration, contre cette tendance exclusive dont à mes yeux la découverte de Lister se trouve entachée.

At page 28 occur the following words :—

N'êtes vous pas frappes comme moi de cette similitude qu' il y a entre la méthode de Lister et celle de M. Azam?

Ne remarquez-vous pas cette singulière coincidence dans les deux methodes, suture profonde, suture superficielle, etc., etc.

Are you not struck as I am by the similarity there is between the method of Lister and that of M. Azam?

Do you not remark the singular coincidence in both methods—deep suture, superficial suture, &c., &c.

I have given these quotations so that M. Azam may have justice done him, and had he, in his letter, quoted these words my criticisms would not have been so severe, but I dealt with facts as they were presented to me, not in a privileged communication, but in a letter "to be used in the interest of the question."

But I must not omit another important quotation affecting this question of coincidence, as regards priority, date, &c., &c., for at page 28 M. Gosselin says :—

Je veux bien admettre qu'a Edinbourg ou n'ait pas eu connaissance de la communication de M. Azam qui date cependant de 1871 (1870),

M. Lister can now judge as to M. Azam's modesty in not desiring to share with him any honour or priority in the use of carbolic acid, and perhaps some of the *fanatic admirers* of the Edinburgh surgeon may be induced to clear up some of the disputed points, both as regards the *riboté pheniquée,* the mystery, &c., &c., surrounding the method of Mr. Lister. I, like M. Azam, am a Provincial, and occupy too humble a position to undertake this task and share M. Azam's modesty.

I must again repeat, M. Azam ought to thank me for gaining him publicity, for introducing his name in connection with that of Mr. Lister through an influential and widely circulated journal to the scientific worlds of England, Scotland, Ireland, America, Australia, France, Germany, &c., &c.

Yours faithfully,

T. M. Dolan, L.R.C.P.E., L.R.C.S.E.
Physician Halifax Fever Hospital, &c., &c. &c.

Halifax, April 13th, 1877.

ERYSIPELAS AND PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. McCarthy, in his letter which appeared in your issue of the 4th inst., gives the particulars of a case in which a woman, four days after labour, was exposed to the risk of infection from her husband who was suffering from erysipelas of the head, and "yet escaped a terrible malady." Few physicians of any experience have failed to observe a similar immunity in patients exposed to infection, and I should not comment on it were it not that some practitioners might, from reading that letter, be lulled under similar circumstances into false security. I think the following facts will remove any doubts, if such exist, from the minds of your readers as to the danger of exposing puerperal women to risk of infection from erysipelas.

The mortality in this hospital during the winter of 1876-7 was very low, from the 1st November to 15th February only 4 deaths from all causes having occurred. At about 2 o'clock on the last named day a woman, suffering from erysipelas of the head and face, was sent to the hospital in labour, and in my absence was injudiciously admitted ; she was placed by herself in a small ward adjoining the large ward No. 2, which also was empty, it having on that morning undergone the usual process of cleansing to which each ward is subjected prior to a fresh batch of patients being admitted.

On my arrival at the hospital, about two hours subsequent to her admission, I found her labour so far advanced that she could not be removed, and shortly after she was delivered of a healthy child. She passed a good night, and next morning was, to all appearance, doing well. But though there was every reason to hope that she would make a good recovery, the danger to other puerperal patients in the hospital from her presence was in my opinion so great, that I deemed it right to have her removed, and early in the day she was sent to the Hardwicke Hospital ; all the bedding was then removed out of the ward which she had occupied to be washed and stoved, and the ward itself was fumigated and then left unoccupied for some weeks. On the afternoon of the day (15th Feb.) on which she was delivered four patients were admitted into No. 1 ward, which is on the opposite side of the corridor to the ward which this patient occupied, and from which it is further separated by the width of the staircase. These patients were all delivered on the 15th. On the 16th and 17th six patients were admitted into No. 2 ward, which was separated from that in which the case of erysipelas had been by a small ward occupied by one of the patient. These wards opened directly off each other. Five of these six patients suffered ; they had well-marked rigors, high temperature, quick pulse, severe abdominal pain, and tenderness on pressure ; some doubtless were more seriously ill than others, but the condition of them all was suchas to give rise to much anxiety, and I anticipated an outbreak of puerperal fever. Happily, my fears were not realised, all these patients recovered ; one was treated with 5-grain doses of quinine with 10 drops of tincture of opium every fourth hour, the others with 30-grain doses of the hyposulphate of sodium with 15 drops of the tincture of opium administered at similar intervals.

The only one who altogether escaped was a case of abortion occurring in the third month of pregnancy.

So much for the patients in No. 2 ward, which communicated with that in which the erysipelas case had been. Bear in mind that none of these patients had been admitted till after the date of the removal of that patient. All recovered, though the symptoms in all were very serious, and two were alarmingly ill. Of the four patients in No. 1 ward, two merely complained a little, a third had symptoms similar though in a less marked degree to those exhibited by the patients in No. 2 ward ; the fourth, a very delicate woman, and who had been ailing before admission, was attacked in a similar manner and died. Here, then, of ten patients

admitted into an hospital, of which the sanitary condition had, previous to the admission of a case of erysipelas, been most excellent, nine were attacked with illness more or less severe, and one died, the only one who escaped being a case of abortion.

I should add that the disease, thanks to our admirable sanitary arrangements, spread no further, and that the health of the hospital remains in the same satisfactory condition as previously.

Yours, &c.,

Rotunda Hospital. LOMBE ATTHILL, M.D.,
April 9, 1877. Master of the Hospital.

CHLOROFORM DEATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your remarks in your impression of the 11th instant are perfectly justifiable. I read them with the greatest pleasure, and I fully endorse them without any reservation whatsoever. There are a great deal *too* many deaths from chloroform; they are indeed of so frequent occurrence that one is as much accustomed to them as railway accidents and wife castigation; and I certainly think that the frequency of them should be prevented, if possible; for they do not at all redound to the credit or humanity of the profession, nor to the skill of the administrator.

Where chloroform is indicated, after careful examination of the heart and lungs, it should at least be administered with care, and by means of an appropriate apparatus, not administered, as I have often seen it by house-surgeons at the hospitals, by means of a piece of lint, or pocket-handkerchief, in lieu of a proper inhaler; as if it were the most harmless performance, quite forgetful that every one, however slightly under its influence, may pass, in the twinkling of an eye, from life into eternity. Undoubtedly, familiarity with death makes some indifferent, but the medical profession, whose duty it is to preserve life, should certainly be free from such anti-human callousness. If Cheselden and others, during the last century, could perform successful operations, without the aid of an anæsthetic, certainly *we* of the modern school, and in the present enlightened nineteenth century, who are so apt to regard the science of surgery as in a far more advanced state to what it was during this great surgeon's lifetime, should not allow our patients to slide so easily from life into the land of the unknown, through carelessness, indifference, or lack of skill.

Great credit is due to you, Sir, for your severe, though just observations, for though they may be rather unpalatable to a great many, yet I am sure no one can dispute their appropriateness or truthfulness, or disapprove of their scathing severity.

I am, Sir, yours, &c.,
EVAN M. BODDY, F.R.C.S.

Camberwell.

Medico-Parliamentary.

THE SANITARY CONDITION OF PUBLIC OFFICES.

In the House of Lords on Thursday last, EARL BEACONSFIELD, in reply to Lord Enfield, said: The sanitary condition of this capital is certainly not satisfactory, but in the particulars to which the noble lord has drawn our attention I may give your lordships some information which may lead you to believe that the noble lord who has properly undertaken to introduce this subject has been induced to take too dark a view of the situation of affairs. It is very true that some illness took place at the War Office a few months ago, which attracted some attention. I immediately took upon myself to order a commission, composed of very distinguished medical men and other competent persons, to make inquiry into the state of the War Office with minute detail, and to report upon it. The commission recommended many alterations which they thought should be made at the War Office; and the Board of Works have been sedulously alive to these recommendations. Many of them have been carried, or are in course of being carried, into effect. With regard to the Admiralty, I am informed that so far as the main building is concerned there have been no complaints, but that complaints have arisen in regard to several of the houses in New Street occupied by the Admiralty. Steps have been taken to investigate these complaints, but no report has as yet been made in regard to them. Now as regards the ventilation of the Audit Office at Somerset House, drainage, and other matters of that kind, there is no doubt its condition—and of Somerset House generally—is no better than the great majority of the best buildings in London which are not of modern erection, and no complaints have been made relative thereto. In regard to the new offices, there is not the slightest doubt that in their original construction there was great deficiency as regards the drainage, but when this was discovered immediate steps were taken of a remedial character, so that the present condition of these offices is all that we could desire. Her Majesty's Government have directed the Board of Works to prepare a report on the sanitary condition of all the public buildings which are under their control.

VACCINATION.

IN the House of Commons on Wednesday last, Mr. SCLATER-BOOTH, in reply to Mr. P. Taylor, said he was generally aware that Mr. Pearse, of Andover, had been frequently proceeded against for non-compliance with the Vaccination Act. His (Mr. Sclater-Booth's) opinions were well known on this subject, and had been embodied in a letter addressed to the board of guardians. He believed that Mr. Pearse was an active member of the Anti-Vaccination Society, and that he, by his example, stimulated others to carry out his own views. It was not the intention of the Government, however, to take any proceedings to prevent further action being taken against Mr. Pearse.

Obituary.

DR. R. J. O'GRADY, J.P.

THERE have just been consigned to their last resting-place in the family burial ground in Swords the remains of the above popular gentleman.

Dr. O'Grady had been for many years medical officer of the Swords Dispensary District, but on becoming in '62 heir to large estates in co. Mayo he resigned his position in Swords, and since then resided in Mayo, where (to give but an idea of his popularity) it may be truly said he was beloved by his tenantry and numerous friends. He was a magistrate and grand juror of the co. Mayo. His funeral, which was immense, was attended by the carriages of all the principal gentry for several miles surrounding Swords, as well as by a large number of his many Dublin friends, and by the several farmers resident within the district of Swords and those adjoining it. Dr. O'Grady, who was just in the sixtieth year of his age, was son of the late Dr. O'Grady, of Mount Gamble, Swords.

ARMY MEDICAL STATISTICS.

NEW regulations for the guidance of army medical officers in the computation of statistics, have been issued with this month's *Army Circular*. All regimental returns are abolished; only those from the station hospital are to be rendered to head-quarters for the future. Sanitary reports are to be furnished quarterly, instead of monthly, as heretofore, and several of the returns have been simplified. By these means a considerable amount of clerical labour is saved. The hospital becomes the unit of the medical service, and military surgeons are in practice

divided into those in charge of hospitals, effective troops, and at certain stations, when specially appointed, of officers, women and children.

ADMISSION OF WOMEN TO DEGREES IN MEDICINE.

At the next meeting of Convocation at the University of London it is intended if possible to carry a resolution praying the senate to rescind their decision in favour of the admission of women to degrees in medicine. It is also said that upwards of two hundred medical men have signed a petition to the same effect to be presented to the senate. Whether such a petition and such a resolution will have any weight with the senate remains to be seen.

It is certainly an astonishing fact that after the senate of the University has by a majority of two to one resolved upon extending the privilege of university medical education to women, some few members of the senate should, at a subsequent meeting, endeavour to annul a resolution of such vast national importance, and one upon which so strong an opinion had been expressed by an overwhelming majority. That some few men should, by a resolution passed at a small meeting, endeavour to stultify and render ridiculous a body of gentlemen occupying a position of scientific repute, chosen for their learning and judgment, and in whom is vested literally the power of advancing or retarding the progress of education in this country, seems indeed a painful reflection.

Such a course of action must tend to lower that august body in public estimation, but furthermore, it is evidence that intrigue surrounds and insinuates itself into every action where a number of individuals are concerned regardless of their position or the question at issue. It is not for an instant to be supposed that the senate will be influenced by the petition signed by two hundred medical men, when 1,200 medical men have on a former occasion signed in favour of the admission of women to the profession, and did time allow, probably double the number would now be found to sign a counter petition to be forwarded to the senate; nor is it likely that the senate will allow themselves to be coerced—by the resolution of Convocation who have hitherto voted indifferently sometimes in favour of, sometimes against this particular question—into the withdrawal of a motion which is the unmistakeable expression of the opinion of a large majority of their number.

A Dr. Campbell, of Coleraine, was last week sent to jail for a month, without the option of a fine, for knocker-ringing. This interesting member of our profession was found by the watchman in a public house at four o'clock in the morning with the stolen knocker in his possession, and the magistrates very properly refused compliance with an appeal for mitigation of his punishment.

The Annual Election of Examiners to the Royal College of Surgeons in Ireland will take place in pursuance of the Charter on the first Tuesday in May. Dr. Peter Little, a Fellow of the College of considerable standing and a former contributor to our columns, has announced his candidature for a seat on the Surgical Court.

At Albany in America, a bag of arsenic was not long since found fastened to the mouth of the court house pump, in such a way that all water drawn from the pump would have to percolate the bag and be infected with the poison. One of the principal schools in the city draws its supply of water entirely from the pump; so that, had the danger not been discovered in time, there would have been widespread sickness, if not death among the young people.

M. Emmanuel Moiana, lately deceased, has bequeathed to the city of Paris the sum of one million francs, 500,000 to be devoted to the construction of a hospital, 500,000 to be invested for its endowment.

Medical News.

Royal College of Surgeons of England.—At the last meeting of the Council, the following member was elected a Fellow of the College:—

Robert Bowie Walcott, M.D.Lond., Barbadoes, West Indies.

The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Board of Examiners on April 13th, 16th, 17th, and 18th:—

E. Russell Cree, James T. James, Fallow P. Wightwick, and E. Wenham Alden, Middlesex Hospital; Henry T. Preston, Charles C. Shepherd, George L. Partington, William T. Freeman, James Mudge, Henry C. Nance, Edw. M. Cuffe, Jas. D. Priest, Arthur Franklin, P. A. Holland, D. Astley Gresswell, Thos. H. T. Mudge, Geo. E. Fooks, Gilbert H. Barling, Arthur J. Wharry, Anthony A. Bowlby, and Gerard Mackee, St. Bartholomew's Hospital; Wm. T. Crew, Harold E. B. Flanagan, W. Hall White, Leonard C. Wooldridge, Frederick F. Jones, James T. Bishop, Herbert E. Wright, and Edwin O. Jago, Guy's Hospital; Arthur E. Permawan, Arthur E. Buckell, Charles J. Bond, Percy E. Shearman, B. Harris Mumby, Reginald Pratt, Angel Money, Francis H. Saunders, William Pasteur, John F. Easmon, and James J. Paddle, University College; John Davidson, J. F. W. Silk, Norman Dalton, Arthur T. Sloggett, William J. Penny, and John H. Nankivell, King's College; A. M. Sheild, Cecil L. S. Branson, Frederick J. Bennett, Thomas V. Dickinson, Arthur O. Evans, Geo. A. Buckmaster, Charles A. Webb, and Frederick C. Fisher, St. George's Hospital; Jakaki Kanehiro, Robert J. Boyd, Herbert A. H. Fenton, Thomas Fort, Sidney F. Harvey, Frederick W. Lerew, Charles B. Richardson, George S. Hatton, Arthur Purkiss, D. S. Davies, Francis W. Sutton, and Ho Kai, St. Thomas's Hospital; Joas H. Fialho, Bombay and University College; Theodore D. Acland, Leipzig, Oxford, and St. Thomas's Hospital; Edward J. H. Midwinter, Samuel E. Pritchard, and Alton K. Hoets, London Hospital; Walter H. Day, Charles Curde, and Frederick W. Brookes, Charing Cross Hospital; Arthur M. Davies, and G. H. Butler, Westminster Hospital; Edward Little, Belfast and St. Bartholomew's Hospital; C. D. Adam and Andrew Baird, St. Mary's Hospital.

University of Edinburgh.—The following Medical and Science Degrees were conferred at the Graduation Ceremonial on 21st April:—*The Degree of Doctor of Medicine*—William Allan Jamieson, Scotland, M.B. & C.M. 1865; Thesis, "On Acute Rheumatism." John Halliday Scott, Scotland, M.B. & C.M. 1874; Thesis, "On the Nervous System of the Dog, with some other points in its Anatomy specially bearing on Experimental Physiology." *The Degree of Doctor of Science, in the Department of Public Health*—Samuel Drew, England (M.D. Aberdeen), B.Sc. 1876; John William Taylor, England (M.D. St. Ahdrews), B.Sc. 1876; William John Vereker-Bindon, Cape of Good Hope (M.B. & C.M. Edinburgh), B.Sc. 1876. *The Degree of Bachelor of Science, in the Department of Public Health*—Peter Macpherson Grant (M.B. & C.M. Edinburgh), Scotland; Thomas Wilson Jackson (M.B. Glas-

gow), Scotland; Stewart Aaron Lithgow (M.D. Edinburgh), Scotland; received the degree on 25th November, 1876.

The German Hospital, Dalston.—The thirty-second anniversary dinner of the patrons and friends of this institution was held on Thursday last, at Willis's Rooms, St. James's. About 160 guests sat down to the banquet, which was presided over by the Duke of Cambridge, president of the institution. Amongst those noblemen and gentlemen supporting his Royal Highness were Count Beust, Count Münster, Baron de Cetto, Count Döhnhof, Baron Schröeder (the treasurer), Baron de Bunsen, Sir Julius Reuter, &c. After the usual loyal and patriotic toasts had been duly honoured, the Duke of Cambridge gave the toast of the evening, "Prosperity to the German Hospital," remarking that no institution could be found in this or any other country better conducted than the hospital at Dalston. There were a great many Germans in this country, and representatives of nationalities identified with Germany. Amongst the seafaring population were many Germans, and this hospital afforded to such persons not only hospital comforts, but social comforts. During the last twelve months they had been enabled to alleviate the sufferings of a great number of their fellow-creatures. One thousand two hundred and thirty-two patients, including 313 cases of accidents, were received into the hospital, of whom about nine-tenths had been discharged as cured; 15,321 out-patients, inclusive of 768 dental cases, were attended to at the dispensaries—viz., 11,501 at the hospital dispensary, 3,400 at the eastern, 870 (200 more than in the previous year) at the western dispensary—making a total of in and out-patients of 17,321. The new buildings now completed had been much needed, and a handsome church, of which he had himself laid the foundation-stone, had been erected. He believed that the future of the hospital might be looked forward to with the greatest confidence, and he trusted that the result of the subscriptions that evening would show that the institution enjoyed the continued support of Englishmen and foreigners in this country alike. Other toasts followed, and subscriptions amounting to £3,780 were announced.

City of London Hospital for Diseases of the Chest.—The anniversary festival on behalf of this institution was held last Thursday at the City Terminus Hotel, the Lord Mayor presiding, supported by the Sheriffs of London and Middlesex, and several of the vice-presidents of the charity. The chairman in proposing the principal toast appealed to the company to liberally assist the funds of the hospital, and adverted to the benefits the institution extends to the suffering poor. The class of affections relieved embraces all the various diseases of the heart and lungs so prevalent and fatal among the indigent and working portion of the population. The hospital contains accommodation for 124 patients, and a new wing approaching completion will increase the number of beds at disposal to 164. During last year 809 in-patients were admitted, whilst 14,365 were under treatment as out-patients. The institution relies wholly upon donations and annual subscriptions for the means of carrying on its meritorious work. The income from the latter source last year amounted only to about £2,100, or about one-fourth the average expenditure. The Lord Mayor dwelt upon these facts, urging the claims of the charity upon the benevolent, without whose permanent support it would not be possible either to maintain or extend the relief at present afforded to the poorer classes. The appeal met with a hearty response, Mr. Odling, the treasurer, being enabled to announce later in the evening subscriptions amounting to about £2,600, including £760 contributed by several working men's societies at the East-end.

NOTICES TO CORRESPONDENTS.

Notice—Removal of Offices.—The Offices of the Irish Department of the MEDICAL PRESS AND CIRCULAR, have been removed from 23 Ely Place to 3 Molesworth Street, Dublin, where all further communications should be addressed.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

DR CLARKE.—Communication will appear, if possible, in our next.

COMMUNICATIONS, Enclosures, &c., have been received from—The Right Hon. Mr. Cross, London. Sir Charles Trevelyan, London. Mr. Boddy, Camberwell. Dr. Robertson, Buxton. Dr. Azam, Bordeaux. Dr. Dolan, Halifax. Dr. Dudfield, London. Dr. Campbell Black, Glasgow. Dr. Carpenter, Whitechapel. Prof. Tichborne, Dublin. Mr. Golding-Bird, London. Dr. Buchanan, Glasgow. Dr. Abrath, Sunderland. Dr. Bayes, London. Mr. Brodrick, London. Dr. Evans, Dublin. Mr. Boddy, Thetford. Dr. Edmunds, London. Mr. H. C. Bendett, Seamen's Hospital, Greenwich. Miss Jex-Blake, Rugby. Dr. Brunton, London. Dr. Griffiths, Pimlico. Dr. Griffiths, Dublin. Dr. Chapman, Dublin, Dr. Tuckey, Castletownroche. Mr. Ledwich, Dublin. Mr. Cotterell, London. The Secretary of the Statistical Society. Dr. Francis E. Clarke, Drogheda. Dr. Bratt, Shipston-on-Stour. Prof. Vogt, Geneva. Dr. Bourneville, Paris. Dr. O'Flanagan, Houghton-le-Spring. Dr. Fort, Paris. Dr. Davy, Swords. Mr. Jabez Hogg, London. Dr. M'Grigor Croft, St. John's Wood. Dr. Birchenall, Macclesfield. Mr. Banks, London. Mr. T. F. Cuavasse. Birmingham.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

The Year-book of Pharmacy, 1876. London: J. and A. Churchill.
Lectures on Diseases of the Liver. By Charles Murchison, M.D. London: Longmans, Green, and Co.
Army Medical Department Blue Book for 1875.
Sanitas Sanitatum et Omnia Sanitas. By R. Metcalfe, F.S.S.
Metropolitan Medical Relief. Report of Committee.
Congrès International des Sciences Medicales Session, 1877.
The Cottage Hospital. By H. C. Burdell. London: J. and A. Churchill.
The Science of Life. London: James Burns.
Butter, its Analysis and Adulterations. By Messrs. Helmer and Angell. London: J. and A. Churchill.
Ten Pamphlets of the Hospital Medical Department, United States Army. By J. J. Woodward. Medical Department, Philadelphia.
British Journal of Dental Science. The Westminster Review. New York Medical Journal. The Buffalo Medical Journal. Canadian Medical Journal. Students' Journal. The Practitioner. Le Progrès Medical. Le Paris Medical. La Presse Medicale Belge. Nature. Science Gossip. The Clinic. Philadelphia Medical Times, &c., &c.

APPOINTMENTS.

ANDERTON, W., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Ormskirk District and the Workhouse of the Ormskirk Union.
BRADFORD, P., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Chorlton-on-Medlock Dispensary.
BURKE, R. J., M.D., Medical Officer, Public Vaccinator, &c., for the Douglas Dispensary District of the Cork Union.
CRAN, J., M.B., C.M., Assistant Medical Officer to the Royal Lunatic Asylum, Aberdeen.
GWATKIN, O., M.R.C.S.E., Senior House Surgeon to the Royal Southern Hospital, Liverpool.
MARSHALL, J., M.B., C.M., Resident House Surgeon to the Brecknock County and Borough General Infirmary.
MUNDY, Mr. E., Assistant House Surgeon to the Rotherham Hospital and Dispensary.
NORTH, J. C., M.B., C.M., a Physician to the Brecknock County and Borough General Infirmary.
ROUGHTON, W., L.R.C.P.L., M.R.C.S.E., Junior House Surgeon to the Royal Southern Hospital, Liverpool.
SANDERS, T., F.R.C.S.E., L.S.A.L., Medical Officer for No. 7 District of the South Molton Union.
WARD, J. L. W., L.R.C.P.Ed. & L.M., M.R.C.S.E., Medical Officer to the Merthyr Tydfil Union Workhouse and Infirmary.

Marriages.

CROKER—MARA.—April 18, at Dublin, John Randall Croker, Staff Surgeon, Army Medical Department, to Pauline, youngest daughter of the late J. Mara, Esq., Portarlington, Queen's County.
TILT—HIBBERT.—April 17, at St. James's, Spanish Place, London, W., Edward John Tilt, M.D., to Georgiana Charlotte, third daughter of Thomas Hibbert, of Birtles Hall, Cheshire.

Deaths.

BRODIE.—On April 13, at Rothbury, Malcolm Brodie, L.R.C.P.Ed.
BROWN.—On April 13, at Strathaven, Lanarkshire, Hugh Brown, M.D.
EDWARDS.—On April 10, at St. Mary's, Scilly, Alfred Edwards, M.R.C.S.E., aged 28.
HAWETT.—On April 14, at Standishgate, Wigan, Thomas Hawett, M.R.C.S.L. & L.S.A., aged 77. R.I.P.
MOORHEAD.—On April 5, at Simpson's Hospital, Dublin, William Moorhead, M.D.
SKINNER.—On April 14, at Winchelsea, David Skinner, M.R.C.S.E., aged 73.
WILLIAMS.—On April 14, at Lime House, Abertillery, John Jones Williams, Surgeon, aged 62.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 2, 1877.

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Original Communications.

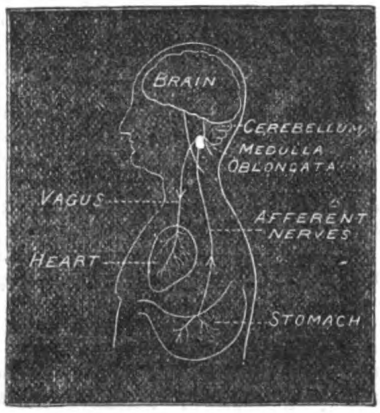
ON PHARMACOLOGY AND ITS RELATIONS TO THERAPEUTICS. (a)

By T. Lauder Brunton, M.D., D.Sc., F.R.S.,

Fellow of the Royal College of Physicians, Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital.

The lecturer next passed on to consider the gains obtained by therapeutics through the employment of the experimental method. These are fourfold in character. We have obtained new remedies, and learnt how to use old ones; we have learned what to do and what to avoid. As an example of the last sort of learning, the lecturer took casca and discussed the reasons why it would not be useful in aortic disease. These were that the drug would increase the strain upon the arteries already severely tried by the jerking nature of the pulse, and by slowing the heart's action, would be apt to cause syncope. He considered, however, that when aortic disease led to dilatation of the right side of the heart, casca and digitalis would be useful, as the danger to be met was then nearly the same as in mitral disease. He remarked that, it is not only in the treatment of organic diseases of the heart that we have gained much from scientific pathology and pharmacology. One of the greatest obstacles to the successful employment of any general empiric rule, such as *contraria contrarii curantur*, or *similia similibus curantur*, is, that symptoms do not always arise from disease of the organ apparently most closely related to the disordered function. Thus we have seen that, although the laboured respiration may be the most urgent symptom in mitral disease, the heart, and not the lungs, is at fault. In the same way, we sometimes may have the heart palpitating and the pulse irregular or intermittent, when the disorder is really in the stomach. But physical diagnosis enables us to ascertain the absence of organic lesion, and experimental pathology has shown us the mechanism by which gastric disturbance produces cardiac irregularity. The irritation from the stomach is transmitted up the afferent nerves to the medulla oblongata, and down the vagus to

Fig. 6.



the heart, interfering with its pulsations. It is evident, then, that, instead of meddling with the heart, the proper treatment is to remove the irritation of the stomach; but, if we cannot immediately do this, we may prevent its effect upon the heart in two ways. As the action is reflex, we may lessen or destroy it by diminishing the activity of the centre through which it occurs. Since it is produced through the vagi, we may stop it by destroying their power. As no experiments have been made on the influence of drugs over this particular form of reflex action; we must use one which we know to lessen reflex action generally, such as bromide of potassium, opium, or chloral, without being able at once to select the best. But we do know that, if the long intermissions should threaten danger, we can avert it by a free use of atropia; for this alkaloid completely paralyses the ends of the vagus in the heart, and no amount of stimulation to the nerve, either direct or reflex, can then stop the pulse.

(a) Abstract of the Goulstonian Lectures.

Nor is this the only action of this drug. It has another of considerable importance, for it paralyses the sensory nerves of the heart. It is, therefore, theoretically indicated in irritable heart; and at Netley Hospital it has practically been found very efficacious. The lecturer had, himself, prescribed it with great advantage in such cases; but, while successful when given shortly after the first appearance of the symptoms, it failed to benefit at a more advanced stage of the disease.

Besides the vagus, there seems to be another nervous apparatus for regulating the blood-pressure. This acts, not upon the heart, which forces the blood into the arteries, but upon the arterioles or capillaries, through which it flows out of the arteries into the veins, which form a great reservoir, large enough, when dilated completely, to hold all the blood in the body, as they indeed do after death. When the regulating mechanism is disturbed danger is the result. This is the case in angina pectoris. Some years ago, the lecturer was placed in exceptionally favourable circumstances for studying this disease. By the aid of Marey's sphymograph, he discovered that, during the paroxysm, the blood-pressure rose and the pulse became quick. He might have imagined that the rise in pressure was due to the quickness of the heart's pulsations; but the experiments of Marey and Chauveau enabled him to say, from the form of the tracing, what he could not have discovered by the finger, that the arterioles were excessively contracted (*a*). As the pressure rose, severe pain came on in the heart, and when the pressure fell the pain disappeared. It was, therefore, natural to look upon the pressure as the cause of the pain, and his opinion was confimed by the effects of bleeding; for this lowers the pressure, and each bleeding prevented an attack. The pathology of the disease thus seemed clear, and the next question was how to treat it. The remedy wanted was one which would dilate the vessels, and this the researches of Richardson and Gamgee supplied. Nitrite of amyl they had shown to possess the very power which he desired, and thus their experiments on the pharmacology of the drug and his observations on the pathology of the disease, united, led to successful therapeutics. He administered the remedy, and the pain disappeared.

While angina seems to depend on general spasmodic contraction of the vessels, local spasm may cause pain or disturbance of function. Du Bois Reymond's observations of the contracted condition of the arteries in migraine led the lecturer to use the nitrite in headache, and sometimes with success. On the hypothesis that epilepsy depends on spasm of the cerebral vessels, he administered it during the fits of epilepsy, but without result. By giving it before the fit comes on, Dr. Crichton Browne has been more fortunate, and has succeeded in averting the paroxysm. But in this disease the remedy, *par excellence*, is bromide of potas-ium, for the extended use of which we are greatly indebted to the late Dr. Begbie. How it acts in epilepsy we do not as yet know; but experiment has shown that it lessens reflex action generally, and we thus have a general rule to guide us in its use. It is not an astringent in the usual sense of the term, yet it may sometimes check diarrhœa. In a patient where the looseness of the bowels seemed to depend upon reflex irritation from the uterus, the general rule just mentioned led Dr. Ferrier to use it, and his success was complete.

Various researches have shown that the substance of the nerve-centres may be affected by drugs independently of the circulation, but the experiments of Durham have shown the connection between sleep and anæmia of the brain. The difficulty which the congested condition of this organ, after poisoning by opium, was supposed to present to Durham's theory, has been explained by the experiments of Hammond. He finds that in the sleep produced by a small dose of opium, the brain is anæmic, but, as the sleep passes into coma after a large dose, the anæmia gives place to venous congestion, slow circulation to stagnation. Knowing, then, the connection between anæmia and sleep, active circulation and mental activity, we are able to choose our remedies accordingly. When the patient constantly falls asleep when standing or sitting, and cannot sleep when lying down, we know that the vessels are probably flaccid and allow the blood to gravitate to the lowest point, away from the head in the upright and to it in the recumbent posture. In such cases, we know that digitalis will probably be useful by giving contractile power to the vessels and chloral injurious by weakening them. But when the tight arteries and powerful heart seem to be driving the blood quickly through the brain, then we have recourse to chloral, for its weakening action on heart and vessels will now aid its action on the nervous tissue.

Nor is it only on the nerve-centres that we are able to act. As Bernard showed, we can influence peripheral nerves also by our drugs. Hemlock deadens the motor-nerves as well as enfeebles the cord, and renders movement more difficult and wearisome. We are thus able to ameliorate the symptoms of chorea by its aid, even though we may not touch the real source of the disease.

Let us now pass on to the respiration. The respiratory movements are excited by the respiratory centre in the medulla oblongata. The activity of this centre increases or diminishes with the venosity of the blood which circulates through it, although it may be reflexly affected by various nerves. When the blood is exceedingly venous, the respiratory movements become great or convulsive: when it is excessively arterialised, they cease altogether. If the blood be deficient in hæmoglobin, as in anæmia, it cannot carry a sufficient quantity of oxygen to the medulla, and thus such patients pant and blow after slight exertions. The administration of iron has been shown to render the blood corpuscles more numerous, to increase the hæmoglobin they contain, and augment the oxygen-carrying power of the blood. Iron is consequently the remedy indicated in anæmic dyspnœa, and clinical experience shows how beneficial is the result of its administration. Cardiac disease may prevent the blood from sufficiently getting to the air, but obstructions to the respiratory passages may also prevent air from getting to the blood. The former condition requires remedies which act upon the heart, the latter those which will affect the lungs. In bronchitis the air-tubes are clogged with mucus, which interferes with the passage of air through them, and by its constant irritation causes troublesome cough. Cough being a reflex act, we can diminish it, like other acts of the same sort, by drugs, which, like opium, will act on the reflex centres. But in old and debilitated persons, this centre, though irritable, lacks power, and the expulsive expiratory efforts require increase rather than diminution. Clinical experience has shown the value of carbonate of ammonia in such cases, but it is pharmacological experiment which informs us that ammonia stimulates the respiratory centre, and thus gives us a reason for our treatment.

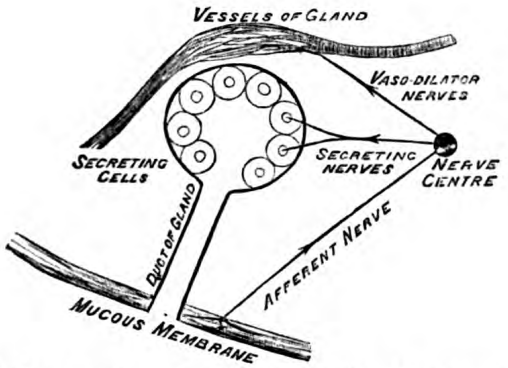
Regarding the action of drugs upon the bronchial secretion we have no experimental knowledge. We know that something to eat and a drink of warm fluid before rising generally lessen the troublesome morning cough of chronic bronchitis better than any expectorant; but still experience shows that tartar emetic, ipecacuanha, and iodide of potassium will also diminish the tenacity of mucus, and aid expectoration, while balsams will lessen the profuse secretion in bronchorrhœa. But how these drugs act on the bronchial glands we do not know, and it is a comfort to turn from our unsatisfactory acquaintance with the action of expectorants to the action of remedies on digestion. For here we are acquainted with the chemical processes which go on and the agents which originate them. We have a good knowledge of the mechanism of secretion in the various glands of the alimentary canal, and in the case of the stomach we have the great satisfaction of being able to see what our drugs are *doing* inside the body. It is cheering, too, for the physician

(*a*) *Lancet*, July 27th, 1867.

who has been giving cough-mixtures without success until he has nearly lost all confidence in medicine, to have his faith re-established by a sight of the wonderful relief given by rhubarb and soda in flatulent dyspepsia.

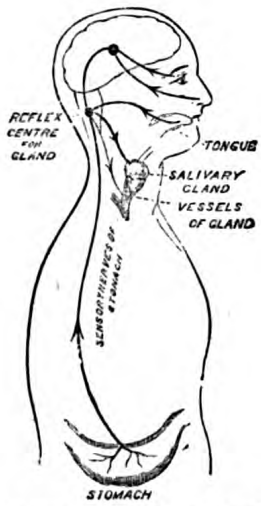
Experiment has taught us that the food begins to be digested in the mouth, and its starchy constituents are even then partially converted into sugar. In the stomach it meets with the gastric juice, which converts the albuminous matters partly into syntonin and partly into peptones. In the duodenum it is mixed with the bile, which emulsionises the fats, and with the pancreatic juice, which combines the properties of all the three others, digesting the starch, albumen, and fats. Lastly, the intestinal juice probably finishes the solution of albumen and starch, as well as converts cane into grape sugar. In each secretion, we find its ferment: ptyalin in the saliva, pepsin in the gastric, and trypsin in the pancreatic juice. But these ferments do not exist ready-formed in the glands. They are stored up in the form of a mother substance or zymogen in the secreting cells, and, when these are called into activity by the nerves of the gland, the zymogen yields up the free ferment ready for its work. But something more is required than the nervous impulse. Unless the glands have a free supply of blood to yield them oxygen and nutriment, they cannot secrete much, however strong the nervous stimulus may be. The secretory nerves of a gland are, therefore, accompanied by other filaments, which cause the vessels of the gland to dilate, so that a copious stream of blood pours through them, making the veins pulsate and jet like arteries. But, though these nerves may often run together, yet their functions are quite distinct. Stimulation of the secretory nerves alone will only cause the gland to yield a few drops of juice and then cease, if the vaso-dilator nerves do not quicken the blood-stream at the same time; and no action of the vaso-dilator nerves, no rapidity of the circulation, however great, will produce a single drop unless the secreting nerves act also. Usually, they are both excited simultaneously, and in the

FIG. 7



following manner. A stimulus applied to the mucous membrane lining a part of the alimentary canal, mouth, stomach, duodenum, or ileum, is conveyed by different nerves to a nervous centre. Thence the stimulus is reflected down efferent nerves, as in the adjoining diagram, both to the cells and vessels of the glands connected with the part to which it was applied, and the secretion is poured out, and each gland seems to have its own favourite stimulus: for the salivary glands, acids, and sapid substances, for the stomach alkalies, for the liver acids applied to its duct, for the pancreas food in the stomach and duodenum, and for the intestine the presence of food. When savoury substances or acids are taken into the mouth, the stimulus they apply is conveyed up the fifth nerve to the encephalon, and is thence reflected down the seventh to vessels and secreting cells of the salivary glands. When the secretion is insufficient, it can be increased by applying a stronger stimulus to the mouth, and it is in this way that pellitory and such other sialagogues act. But sometimes there may be a strong and permanent stimulus in the mouth, such as the loose teeth or sore gums produced by the action of mercury, or a stimulus in the stomach, such as acidity or gas, which causes salivation excessive in quantity, and not merely useless, but annoying to the patient. This

FIG. 8.

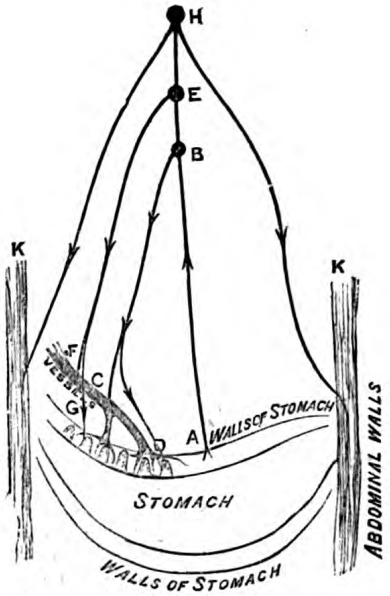


may be checked by opium, which acts on the nerve-centre, lessening its irritability; so that the strong stimulus only excites the same reflex action that a weak one, under normal conditions, would do, and the excessive flow is arrested. But, supposing the opium fails or cannot be given in sufficient doses to produce the desired result, without affecting other organs in an undesirable manner, is there any other drug which we can use? It is not very long since we would have been obliged to reply in the negative; but pharmacological research, besides explaining the *modus operandi* of opium, has given us another remedy more powerful still. This is atropia, which Heidenhain (*Pflüger's Archiv*, v. p. 40) found to paralyse the ends of the secreting neves in the submaxillary gland, so that no irritation would excite the slightest flow of saliva. At the same time, it leaves the vascular nerves unaffected, and, on the application of the stimulus, the vessels dilate as usual. The paralysis may be removed by Calabar bean, and secretion again will occur. The bean alone has a curious effect, for it excites the secreting nerves, but at the same time causes contraction of the vessels. The gland, therefore, begins to secrete, but soon stops from want of blood. The profuse show of saliva occasioned by smoking is known to everyone, and examination of the action of nicotine shows that this is just what we might expect; for the drug has a double action on the gland, and does not merely stimulate the sensory nerves of the mouth as pellitory would do, but stimulates the ends of the secreting nerves within the gland itself. In larger doses it paralyses these nerves and arrests the secretion, but as the poison is quickly excreted, the stoppage only continues for a short time. Thus we can understand how moderate smoking may increase the flow of saliva, and excessive indulgence in it may cause temporary dryness of the mouth, especially if the tobacco be strong.

A great part of our knowledge regarding secretion in the stomach has been obtained from the observations made by Dr. Beaumont, through a fistulous opening accidentally made by a charge of duck-shot in the stomach of a Canadian voyageur. But this information would have been very imperfect, had it not been supplemented and extended by observations on the stomach of animals, through circular openings, made by a much less tedious and painful process. From both classes of observation, we learn that the healthy stomach during fasting has a pale colour and velvetty appearance, and is covered with a thin coating of transparent mucus. When a moderate stimulus is applied, such as gentle friction with a glass rod, the introduction of food, or of a weak alkaline liquid, it begins to secrete, the gastric juice oozes out from the

follicles, and collects in drops on the surface of the mucous membrane. At the same time the circulation is increased, as in the salivary gland, and the colour becomes rosy. The stimulus has been conveyed by efferent nerves to nerve-centres, and then through efferent nerves to the

Fig. 9.



vessels and cells, as indicated by the letters A, B, C, D, in the diagram. But if the stimulus be stronger—if, for example, the stomach be violently rubbed with a rod introduced through a fistulous opening, the rosy colour at once disappears, the vessels contract, the membrane becomes pale, and secretion of gastric juice stops, a flow of mucus is produced, and nausea comes on. The stimulus has now awakened a different nervous mechanism (A, E, F, G, in the diagram), and the results are different. If the irritation be still increased, the muscles of the abdominal wall are called into action, and vomiting occurs (A, H, K, K). Weak alkaline solutions, such as saliva, are amongst the most powerful stimulants to the gastric secretion, while acids diminish it. Thus vinegar will lessen the quantity of juice, and will thus interfere with digestion. If constantly employed for some time, it will not only reduce *embonpoint*, but lead to fatal emaciation. Increase in the quantity of saliva will act as an increased stimulus to gastric secretion, and, where digestion is slow, well-cooked and sapid food will aid the process by making the mouth water, *i.e.*, by increasing the secretion of saliva. But the sapid food must not be bolted; it must be turned slowly about in the mouth and well masticated. so that time may be allowed for the stimulus given by the agreeable taste and prolonged mastication to have full effect. The effect of dilute alkalies upon the stomach is a good example of the errors into which one may be led by a purely chemical view of digestion. Mialhe, regarding the stomach merely as a test-tube, recommended that when a person was taking metallic iron as a medicine, he should abstain from drinking lest he should dilute the gastric juice, and should take especial care to avoid alkalies, which would neutralise its normal acidity, and prevent its dissolving the iron. The same reasoning may be, and has been, applied to the ordinary process of digestion; for pepsin will not act except in acid solutions, and one might imagine that fluids at meal times, and especially alkalies, such as soda-water, would prove very injurious. But Bernard's experiments show that, although a weak alkali will saturate a little of the acid contained in the gastric juice, yet it will so stimulate secretion that very quickly it will become completely neutralised, leaving a large excess of acid fluid ready to digest any albuminous food that may be presented to it.

Thus it is that weak alkalies, such as bicarbonite of soda, given before meals, are so useful in the treatment of atonic dyspepsia. When the food is taken into the stomach, the organ only responds slowly to the stimulus; too little gastric juice is secreted; the food lies heavy at the epigastrium; and, decomposition of an abnormal kind occurring, gas is formed and eructations annoy the patient. But, when a small quantity of alkali is given shortly before the meal, it stimulates secretion; a quantity of gastric juice is poured forth before the food is actually swallowed, and is ready to attack it so soon as it reaches the stomach; the food is quickly digested, and the unpleasant symptoms disappear. If given with, or immediately after a meal, the alkali may have a similar action, but will not be so effectual, for the stomach will already contain some gastric juice secreted under the stimulus of the food. This will immediately neutralise part of the alkali, so that little or none may remain to stimulate the stomach. It is possible that a pipe of tobacco, smoked after dinner, may act by stimulating a flow of saliva, and thus acting upon the stomach; but it is not impossible that it may have an action upon the gastric follicles similar to that which it exerts upon the salivary glands. That it has some action upon the stomach is rendered probable by its power to allay hunger when no food can be obtained.

(To be continued.)

NOTES ON EXTRACTION OF FOREIGN BODIES. (a)

By William Stokes, F.R.C.S.,
Professor of Surgery, Royal College of Surgeons.

I desire, very briefly, to draw attention to the particulars of a few cases that occurred recently in the Richmond Hospital, in which the removal of foreign bodies by operative measures was indicated. The first of these was that of a man, æt. 48, a labourer by occupation, who was admitted into hospital under my care last February, suffering from a supposed fracture of the internal condyle of the humerus, although he had no recollection of ever having sustained an injury likely to cause such an accident. Being a man of somewhat intemperate habits, he had admitted to the person he first consulted—namely, a bone-setter—it was possible that, while in a state of intoxication, he might have received an injury sufficient to cause the supposed fracture. He suffered a good deal of pain in and about the left elbow-joint, sufficient to prevent him altogether from following his ordinary occupation.

On examining the joint, I soon satisfied myself that no fracture had been sustained; but, deep in the tissues over the internal and anterior aspect of the elbow, I felt a hard movable body, the nature of which it was not very easy to determine, owing to its great depth. Feeling convinced that I had to deal with a foreign body, I stated my belief to the patient, adding a recommendation to have it removed by operation. The patient heard my diagnosis with considerable astonishment and incredulity, asserting that it was quite impossible there could be anything of the kind there, unless (to use his own expression) it "grew there."

The following day a second examination confirmed me in my diagnosis; and on the patient consenting to submit to whatever I thought right to do, I applied an Esmarch bandage to the limb and cut down a little in front of the internal condyle, and, not without experiencing some difficulty, succeeded in extracting the large needle which had been the source of so much suffering to the patient. The wound healed by the first intention, and the patient was enabled to return to his work in a few days.

This case is, I think, one of considerable interest, as it illustrates the remarkable fact that large foreign bodies similar to this can, without the knowledge of the patient,

(a) Read before the Surgical Society of Ireland. The debate will be found on page 349.

enter the tissues, and give rise to symptoms that are at times as distressing as they are anomalous. Some years ago a case somewhat similar to this came under my observation, in a gentleman who is a member of our profession. For several years he suffered most acutely from pains which at one time he referred to his shoulder, at another to his elbow, or his loins, or hip, or knee; and several physicians and surgeons in this city, as well as in London and Paris, were consulted by him. There was, I need hardly say, great difference of opinion as to his case; but one day the nature of it was determined by the appearance, under the skin at one side of his neck, of a sharp-pointed foreign body, which was easily removed, and it turned out to be a needle very similar to the one I extracted from my patient in the Richmond Hospital. The supposed anomalous neuralgic pains ceased from the moment the foreign body was extracted.

The next case is one which, perhaps, I should hardly place among notes of cases necessitating extraction of foreign bodies; but I shall venture to do so, as the case illustrates a practical point that I think is of importance. The case is one of a male child, æt. 3½ years, who was admitted into the Richmond Hospital under my care early in the present session, suffering from retention of urine. The mother stated that he never previously had experienced any urinary trouble. About four hours previous to his admission, during micturition, the flow of water suddenly stopped, and the distress then commenced. The patient was evidently in great suffering; he cried piteously, and I found the bladder was greatly distended. On examining the perinæum, I could not find anything abnormal; but at the root of the penis, immediately in front of the scrotum, I detected a hard body. This, I felt satisfied was either a urethral calculus or a foreign body, such as a kidney-bean, one that children are occasionally in the habit of introducing into the urethra. Having regard, however, to the age of the patient, I thought the former condition was the one that I most likely had to deal with, and my supposition turned out to be correct. As the calculus was too far back to hope to remove it by forceps from the situation in which I found it, I endeavoured to get it further forwards in the first instance; and this I succeeded in doing by pressing it from behind forwards. I then passed in a small urethral forceps, and seized the foreign body, but found it quite impossible to remove, owing to the small size of the urethral orifice. It then occurred to me that the three-pronged dilator (an instrument originally, I believe, devised by Nélaton for use in the operation of tracheotomy, and recently advocated by Dr. Cruise in the treatment of congenital phymosis) would probably prove of service in enlarging the urethral orifice sufficiently to enable the foreign body to be removed. My anticipations were realised, and I succeeded in removing this calculus without any laceration at the orifice of the urethra.

The next case was one in which another instrument of Nélaton—namely, the bullet-probe—was found to be of much service.

The case was that of a young man, a weaver by occupation, who was recommended to my care by my friend Dr. McCorry, of Lurgan. During some disturbance in the north of Ireland the patient sustained a gun-shot injury, about a year previous to his admission into hospital. The foreign body entered a little above, and to the inner side of the inferior angle of the scapula, and took a direction upwards and outwards underneath the spine of the scapula towards the shoulder-joint. Any motion of the joint was attended with the most exquisite pain, so much so that the limb was practically useless, and the patient had been obliged to completely abandon his occupation. Through the opening a thin sanious fluid issued, which had gone on ever since the receipt of the injury. On passing an ordinary probe nearly its entire length along the tract of the wound, a foreign body was struck, the nature of which, however, it was impossible to determine. I then got a Nélaton's probe and inserted it, and soon determined not only that the foreign body was metallic, but that the metal was lead. I then cut freely down on this bullet, and extracted it without the slightest difficulty. The wound united readily, and the patient soon returned to his work perfectly well.

The fourth and last case to which I shall draw attention is one the particulars of which will, I feel sure, be heard of with interest, as the case is, I believe, unique, being one in which, on two separate occasions, I removed from the male bladder, by means of a lithotrite, a full-sized and entire gum-elastic catheter.

A young man, æt. 21, by occupation a labourer, was admitted into the Richmond Hospital under my care on the 17th of last September, suffering from the effects of a beating which he had received on the day in question. He stated that he was knocked down and severely kicked, chiefly about the genital organs, and that since these injuries were inflicted he had been unable to pass water. On examination by the resident surgeon, it was found that the bladder was greatly distended, and he at once passed a medium-sized catheter and drew off a considerable quantity of apparently normal urine.

On the following morning I saw the patient, and could not satisfy myself that there was very distinct evidence of the severe contusions he stated he had received. In fact, the only abnormal condition I could discover was an enlargement—not a very great one—of the prostate gland, not by any means sufficiently great to account for the retention of urine. However, he stoutly maintained his total inability to pass water; and, accordingly, a catheter was again introduced and the bladder emptied. This had to be repeated morning and evening, and various means were adopted, having for their object a restoration of the supposed loss of power of the bladder to expel its contents. However, all our efforts were in vain, and the urine had to be drawn off twice daily. This went on for some months, during which time the patient had three epileptic seizures, the conviction growing stronger in my mind every day that he was not by any means in so helpless a state as he wished us to believe. I expressed this opinion to Mr. Coury, our resident surgeon, and he discharged the patient from the hospital.

Two days subsequently, on going round my wards, I was surprised to see our patient again; and learned he had the night before been brought to the hospital in a state apparently of great agony, and with the bladder again distended. At this time he commenced to pass the catheter for himself. On Feb. 8th, after passing the instrument, he stated, the bone nozzle of it came off, and the catheter slipped back into the urethra. In less than ten minutes after this the resident surgeon saw him, and after careful external examination, could find no sign of the instrument. I was then sent for, and passed an ordinary medium-sized calculus-sound, and struck the foreign body.

The next day I passed a small-sized lithotrite, kindly lent to me by Mr. Porter, and, fortunately, succeeeded in seizing the foreign body about its centre, and without much difficulty removed it. I then gave orders that the patient should not be allowed to practise auto-catheterisation again.

On Feb. 13th I was astonished to learn that the patient had again allowed an instrument to pass into the bladder. On my questioning him as to why he had done this, the answer he gave confirmed me in the opinion I had already formed—that his mind was unsound. He stated he considered he had derived so much benefit from the operation performed on Feb. 8th, that he wished to have it repeated; and accordingly he passed into his bladder a No. 7 catheter, which he had got from another patient.

On Feb. 14th I again passed in a lithotrite, and experienced some difficulty in grasping the foreign body, which I believe to have been coiled round the neck of the bladder. However, I eventually succeeded in doing so, and extracted this large-sized instrument. The patient a few days subsequently left the hospital.

I learned subsequently that when the patient left the Richmond Hospital, he shortly after entered Jervis Street Hospital. Dr. E. W. Collins (under whose care he came) determined that the patient had been practising auto-catheterisation, and that in doing so a small portion of the instrument broke off, and passed into the bladder. The foreign body was successfully removed by Dr. Collins.

I believe that in this case the inability to evacuate the contents of the bladder was feigned, and feigned for the purpose of having instruments introduced twice or three times daily; that, in fact, it was a form of masturbation the patient (who is a person of unsound mind) was indulging in during the five months he was in hospital. Professor Van Buren, in his classical work on the "Diseases of the Genito-Urinary Organs," mentions a case that occurred in the practice of Dr. J. R. Wood, of New York, in which the patient was in the habit of introducing a long, thick leather thong through the urethra, and used to amuse himself "by working it backwards and forwards until the free end in the bladder became knotted;" and Dr. Wood was called upon to extract it. Dr. Wood found the patient with several inches of the thong projecting from his meatus (*a*).

The case I operated on is, to my mind, one of special interest, whether regarded in its medical or its surgical aspect. The particular form of self-abuse that I believe the patient indulged in is, happily, very rare, and it has not, I think, as yet been satisfactorily explained by what agency a catheter in the urethra can be drawn up, as it were, into the bladder.

I have removed an entire catheter from the bladder by the median lithotomy operation; and Mr. Fleming, in his recently-published practical work on "Injuries and Diseases of the Genito-Urinary Organs," has recorded a case in which he removed a bougie from the bladder by the same operation. Mr. Porter has removed a catheter from the bladder with a lithotrite, in a patient who suffered from urethral stricture; but I am not aware that there has ever before been recorded a case in which two entire catheters were removed from the bladder in the same individual, and for this reason the case is, I think, one of surgical importance.

Clinical Records.

ST. MARY'S HOSPITAL.

Secretion of Milk in the Breast of a Female Infant.

Reported by MR. SWORDER.

SOME three weeks before the child was brought to the out-patient department of St. Mary's Hospital, the mother noticed a swelling around the nipples about the size of a nut, this swelling seemed to spread over the breast and at the time when she came under treatment the mammary glands were as large as a walnut. Milk had been noticed coming from the swelling at its earliest appearance, and the mother said that there was often a collection of congealed milk upon the breasts.

There was no discoloration of the breasts, and the glands were movable beneath the skin; they were painful to the touch, and the child screamed violently when the fluid was pressed out. On squeezing the glands, a tolerably large quantity of opaque milky fluid squirted out, through several openings, at first in the form of a spray, but afterwards in streams. The first milk drawn was lymph-like, the rest was more opaque and milky; as the fluid was pressed out the glands considerably diminished in size. The fluid drawn off was examined by the microscope, and showed the ordinary milk oil-globules.

The treatment adopted was the application of the extract of belladonna, and compression by a bandage.

(*a*) "Surgical Diseases of the Genito-Urinary Organs." By W. H. Van Buren. Page 546.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the last meeting of the Society an interesting case of all but universal paralysis in a child was described by Dr. James Andrew and Dr. Dyce Duckworth. The child was 2½ years old, fairly nourished, but rather ricketty. There was complete loss of motor power in all the limbs, the sphincter being also involved. The muscles were wasted and flabby, and did not respond to Faradaic stimulation, and anæsthesia was apparently present, but there were no cerebral symptoms. About a month before the child was admitted into the hospital she had been exposed to great heat and sunshine, and had suddenly lost the use of her legs, falling down, but without loss of consciousness. She became also at times delirious and irritable. At the hospital she was treated at first with good nourishment, cod-liver oil, and steel, and afterwards with belladonna, and the daily application of a Faradaic current. With the exception of an attack of broncho-pneumonia, and the passing of a lumbricus, her health improved, but at the end of two months she had a slight attack of anasarca and albuminuria. This soon passed off, and at the end of three months from her admission she had quite recovered. At first the case was thought to be one of infantile paralysis, but the anæsthesia, implication of the sphincters, and subsequent recovery, militated against this view, and therefore the authors came to the conclusion that the symptoms were due to a form of sunstroke, affecting chiefly the spinal system. The President, Dr. West, supported this view of the case, and said that sunstroke in children does not necessarily depend upon actual isolation.

A communication from Dr. Vandyke Carter on the "Delhi boil" gave rise to much discussion. Dr. Carter gave a full description of the disease attributed to the presence of a mycelium-like growth within certain dilated channels or cavities which are contained in the midst of those new formations.

Dr. THIN complained that Indian medical officers did not give us a full clinical history of the disease, only one of such a general nature as to be applicable to several skin affections already known. He did not think that the existence of a fungus had been made out by Dr. Carter. Sir Joseph Fayrer said that the disease was not now so common in India as it was formerly. It was not peculiar to Delhi, but is also found in the N.W. provinces, and also in Syria. After the Mutiny it was very prevalent among the men who drank water from certain wells. As to the Delhi boil not having a separate existence, it was simply absurd, for the disease was as well recognised as cholera. He did not think with Drs. Lewis and Cunningham that it was a form of lupus, although it might resemble it in certain pathological and structural characters. The fact of its depending upon the drinking of certain waters was sufficient to distinguish it, for it had been found that the water of the wells in Delhi contained from 45 to 50 grains of carbonate of lime per gallon. He did not agree with Dr. Carter that the fungoid mycelium was the cause of the disease. The disuse of certain wells for drinking purposes and other hygienic improvements had much to do with diminishing the prevalence of the disease.

SURGICAL SOCIETY OF IRELAND.

THE last meeting of the Session was held at the College of Surgeons, on Friday, April 6th; the VICE-PRESIDENT of the College, and subsequently the PRESIDENT, in the Chair.

FATTY TUMOUR.

Dr. BARTON said the specimen which he begged to exhibit was worthy of the attention of the Society. It was a tumour that grew from the lumbar region, almost over the spine, a little above the sacrum. The patient was a woman 35 years of age, and had carried this growth for 17 years. She stated that when about 18 years of age, she first noticed it after her first confinement as a very small tumour, but it regularly increased after each of her confinements, that when she got fat it got large, and as she got thin it reduced in size to some extent, but remained steadily increasing year by year. At last it ulcerated on the surface, and then became the source to her of great torment. When admitted into hospital, it was found to be the seat of inflammation, and ulcerative action was

progressing on the surface of the tumour, that gave rise to a copious discharge of a most offensive kind. They found it was tunnelled, so that carbolised wash, when applied to one portion of the tumour came through in another. The tumour was tunnelled in various directions by a sloughing process. He removed it, and considered it a fine example of fatty growth. The ulcerated surface had undergone a change. At first sight it looked like epithelioma: there was a kind of papillaceous growth all over the surface. Portions of the tumour had been subjected to microscopic examination, but it was not yet in a state to pronounce upon. Mr. Richardson had promised to settle the point as to whether the ulceration on the surface of the tumour was epitheliomatous. It was 3½ lbs. in weight.

INTRA-CAPSULAR FRACTURE OF NECK OF THIGH-BONE.

Mr. CROLY said the specimen which he exhibited was a very well marked example of intra-capsular fracture of the neck of the femur. The patient was a woman, aged 80 years, who was admitted into the City of Dublin Hospital under his care on the 14th Feb. last, it being stated that the cause of her injury was that she accidentally slipped when coming down stairs, and fell. She had all the symptoms on admission of intra-capsular fracture. There was great difficulty, in fact it was impossible to measure the limb by the ordinary method, owing to the fact that the woman had had for many years a bent knee. Though there was neither eversion nor inversion of the foot, the patient could not lift it from the bed, owing to pain in the region of the hip. From the history of the case there was no difficulty in diagnosing the nature of the injury. The measurement he adopted was a modification of Nélaton's test line, as he used it in diagnosing diseases of the hip. Adopting that measurement from the anterior superior spinous process to tuber ischii, then a line to the trochanter, and then a line forming a base, he was enabled to make out that there was ½ an inch of shortening as compared with the sound limb. The case progressed very favourably for about a month, when she got, though they had her propped up in bed and on water cushions, symptoms of suffocative bronchitis, and she died. On making the *post-mortem* examination, they found that the capsular ligament was torn through at a place corresponding with the fracture of the femur. The head of the bone lay in the acetabulum perfectly separated from the rest of the bone, and there was not the smallest attempt at union. The resident pupil of the hospital had removed the sound femur, as well as the injured one, so that the members of the Society would the opportunity of contrasting the two.

FATTY TUMOUR.

Mr. B. WILLS RICHARDSON exhibited a fatty tumour which he had removed from the shoulder of a patient in the Adelaide Hospital within the past few days. As there was so much business for the meeting, he would not occupy the time of the Society, and would simply content himself by saying that the specimen was a remarkable exemplification of the coincidence of surgical disease that was sometimes met with in practice. Those two large fatty tumours, Dr. Barton's and his own, being admitted into hospital about the same time.

Mr. STOKES read his paper

ON EXTRACTION OF FOREIGN BODIES,

which will be found on page 346. In the discussion which followed,

Mr. E. W. COLLINS said he would supplement Mr. Stokes's last very interesting case by a few remarks. The man alluded to, on leaving the Richmond Hospital, went home to Mullingar, bringing with him an old No. 5 gum elastic catheter. This he was in the habit of passing for himself three times each day. Rather more than a fortnight after his return, one morning (March 6) he found unusual difficulty in withdrawing the instrument. To his horror he found that the catheter had broken, and that a portion of it had remained behind. He took the next train to Dublin, and presented himself at Jervis Street Hospital about 2 p.m. I saw him shortly afterwards, and found that the portion of the catheter had either remained in or passed backwards into the bladder. Two hours later, having procured the necessary instruments, I put him fully under the influence of ether. Having ascertained the presence of a soft foreign body with a sound, I succeeded, with some little difficulty, by means of a No. 11 lithotrite scoop in withdrawing the two inches of the gum elastic catheter I now exhibit. It exactly corresponded in its line of fracture with that of the remaining portion which the patient had brought with him. No untoward consequence ensued; and a fortnight afterwards the patient left the hospital. I think there is some practical importance in recognising the fact that on each occasion the gum elastic catheter, or portion of a catheter, in this case was withdrawn safely through the urethra doubled upon itself. Surgical writers are agreed that such foreign bodies can be thus removed, provided that they be caught in their long axis by the lithotrite. It must, however, be impossible in many cases to catch them in this manner; and I think it satisfactory to know that, when caught transversely, bodies such as gum elastic catheters or bougies, which can be softened by the heat and mucus of the bladder, will double upon themselves, and can thus be drawn with safety through the urethra, even when somewhat narrowed by a dilated traumatic stricture. In my own case, notwithstanding the extreme slowness and gentleness with which I withdrew the catheter after I had grasped it, the specimen shows how little more pressure, or force applied, would have severed it into two portions, and thus still further have complicated the operation. This was doubtless largely owing to the brittleness consequent on the long use of the instrument. In such cases, therefore, even extra caution must be employed to prevent so untoward an occurrence. The patient, while in Jervis Street Hospital, had one well-marked epileptic seizure, and I am inclined to agree with Mr. Stokes, that he employed the catheter more frequently than was necessary.

Dr. STAPLETON said, that surgery, like history, repeated itself, and especially so in relation to the finding of foreign bodies. Some years ago when in Jervis Street Hospital, a man was brought in, bandaged up in the most approved style, and he stated that he had been in hospital under treatment for an injury to the shoulder-joint. The bandages were removed and the shoulder-joint was examined, and the patient was questioned a good deal as to his occupation, habits of life, and so on, when suddenly, while he, Mr. Stapleton, was passing his hand over his shoulder, he came upon something a little rough, which turned out to be a knot of thread. This was very cautiously drawn out, and at the end of the thread a long needle was discovered, the patient stating that he followed the occupation of a tailor. He said he remembered having got very drunk and having rolled about on the tailor's board. When bullets got about the scapula it was not an easy thing to extract them, the reason being that they got, as he might term it, into a sort of sheath. The surgeon cut down on the bullet, the patient moving about all the while, and, unless the sheath could be gripped, they would not remove the bullet until they cut through that sheath. A girl came to Jervis Street Hospital complaining of a pain in the external ankle. He examined the part and found there was something sharp. He made a small puncture, and he extracted half of a coarse knitting-needle. The girl stated that she was knitting a garter and that her cousin came in, and she hastily put her unfinished work into her pocket. She struggled with her cousin, who wanted to kiss her, and she fell on the ground, and when she took out her work again she could not find the other half of her knitting-needle, and could not tell what became of it. It had entered the gluteal muscles, and had worked itself down, and never gave her any inconvenience until coming through the part he had already mentioned. That was only one of perhaps 50 or 100 instances. A reference to Matthieus' Catalogues would show that he (Dr. Stapleton) was the first man who had ever brought the dilating instrument into Ireland, and he could show the first person that he had ever operated upon with it. He dared say there were some gentlemen who recollected cases of phymosis in children having been brought into Jervis Street Hospital, and when he, with a common clip (used for holding clothes on a line) which he pared down, put it in, and by gradually tightening it, instead of putting the child or patient to a great deal of pain, gradually distended the prepuce. Any person who went into the subject knew that there was only a single line at the orifice of the prepuce between the mucous membrane and the skin. After that was ruptured everything came right. Mr. William Colles found that out and used to make some nicks in it, and then he could dilate most successfully. He (Mr. Stapleton) claimed, as many other things had been published as belonging to gentlemen who had no claim to them, the employment of worsted in extension for making a power of extension which no other power would do. He certainly was the first who brought the Nélaton dilating instrument to

Ireland, and if there was any doubt about it a reference to the books of Mr. Matthieu, of Paris, would decide the point.

The VICE-PRESIDENT would like to mention, in reference to the first case Mr. Stokes had brought forward of needle in the elbow-joint, a case in which he (the Vice-President) had met with a needle in the knee-joint, and in which the diagnosis was rendered obscure, and, owing to the difference of opinion that prevailed, one was left completely in doubt as to whether there was a needle there or not. The case was that of a little girl, 12 or 13 years of age, who was sitting on a bank using her crochet-needle. While running about she fell down on the bank and the crochet-needle penetrated the knee-joint and broke off in her hand at the handle. She insisted that the needle had gone into the knee, but the child's grandmother assured him that there was no mark to denote that the needle had gone in. He was in great doubt whether it was there or not, as there was nothing to be felt. Some time afterwards, beneath the patella, and some distance from where the child said the needle had perforated, a slight fulness made its appearance. He was still in extreme doubt as to its being the needle, so he had recourse to what he regarded as a very delicate means of diagnosing such cases. He placed a delicate galvanometer in a perfectly secure place, free from any magnetic influence except that which might be caused by the needle if present in the knee, and he found unmistakeably that upon two or three trials the needle of the galvanometer was slightly deviated upon bringing the child's knee near it. He then had no doubt that the foreign body was there, and he cut down upon it and found the portion of the needle. The joint suppurated, and the child recovered with a stiff joint.

Dr. BIGGER said, they all remembered the remarkable case in the Whitworth Hospital in which 270 needles were taken from the body of a nurse, the extraordinary feature of the case being that, previous to the woman's death, she had told some person that she had swallowed needles. They made their way through all parts of the body, and, finally, one caused inflammation of the elbow-joint, and it became necessary to remove the arm, in doing which the knife came upon the needle.

Mr. B. WILLS RICHARDSON said, some years ago he removed a sewing-needle from over one of the lumbar vertebræ of a young woman who had swallowed it. It was several months in making its way to this locality; and with regard to the leather-thong that Mr. Stokes mentioned, Dr. McClintock some years ago had lent him (Mr. Richardson) a calculus which was removed by an American surgeon. The nucleus of that calculus was formed by a coiled leather boot thong which the subject of the case had passed into the bladder, and the calculus formed around it. He illustrated the specimen at the time in the *Dublin Hospital Gazette*.

Mr. CROLY said he had in his possession the small blade of a penknife which had entered the knee-joint of a young gentleman, a patient of his. The knife was broken in the knee. The patient was driven three miles to him from the outside of the city. He was told the history of the case, and shown the knife, which was shortened about an inch, and there was a wound corresponding with it over the internal condyle. Nothing could be felt on examination of the joint, and as the accident occurred at a hall-door before he examined the wound, or attempted to put any instrument into the knee-joint, he took the precaution of going and examining the door and its vicinity to see if the missing portion of the knife was there. Not being able to find it he returned to his patient, and then examined the joint. On introducing a probe pretty deeply into the joint he came down on the point of the pen-knife, and with a very fine incisor tooth-forceps, introduced through the wound in the joint, he extracted the piece of the knife. The patient recovered, and no bad symptoms followed. With regard to foreign bodies, he brought before the Society about two years ago a case in which they removed a hair-pin from the bladder of a hysterical young girl, and in that case the hair-pin was coated with a coral-like deposit of phosphates. The urethral stones that Mr. Stokes exhibited were very generally impacted in the urethra. He had a case in which a child had undergone great suffering, and the bladder had never been explored, but he extracted a stone. With regard to needles, he had a case of a little child who had suffered great pain in the region of the stomach, and was treated for some days with all kinds of remedies, the child almost screaming with the agony it was in. When the abdomen was touched it screamed the louder. He examined that child in the region of the rectus muscle, and found that there was a large foreign body, which he had no difficulty in diagnosing as a large part of a darning-needle. He extracted it, and gave the child immediate relief.

Mr. STOKES, in reply, said that had he known Mr. Stapleton was the gentleman who introduced Nélaton's instrument he would have given him the credit of it. All he thought it necessary for him to say further was that it was extremely satisfactory to him to find that his observations had been the means of eliciting so much valuable information as to the diagnosis and the best means of removing foreign bodies.

NEW LITHOTOMY STAFF.

The VICE-PRESIDENT said he desired to show a modification of a lithotomy staff which he had been for some time in the habit of using. He agreed with Mr. Syme in his observations, as follows :—"The fiddle-faddle instructions that emanate from the schools of the present day, not only for using, but even for holding the knife, sufficiently denote the poverty of intellect whence they proceed, and the lowness and aspiration to which they are addressed." The truth was that every surgeon had some little observation of his own to make as to the great many ways, each according to his own view, of doing these cases very well. Some persons preferred one way, some another, and all turned out tolerably successful. There were, however, one or two points in reference to the operation for stone about which all lithotomists are agreed, and one was that it was a great advantage to have the largest sized groove they could get in the staff. It occurred to him that in a canal like the urethra, where their calculations could be made mathematically correct, it would be of great value if they were to have the shape of the groove slightly modified, so as to make it triangular. Therefore, if they had the staff made somewhat slanted off they would be able to get a very large groove. In point of fact, in that way a groove as large as they would get an ordinary 12 or 13 staff would go into a urethra which would admit only a No. 10. The way in which that facilitated the operation was obvious to everybody. He desired to make one or two observations as he was speaking of the staff, with regard to some other points about it. In none of the staffs exhibited was there any stop at the end, and it would be observed that they had a very full large curve. He thought that a matter of considerable importance, and for this reason—he had seen on several occasions in the hands of those persons who got the assistant to hold the staff for them, that when the knife was got into the groove of the staff, and they came to the important part of the operation the assistant was directed to withdraw the staff from the bladder, when the point of the knife hitching in the stop at the end of the staff was accidentally withdrawn from the bladder, and the operator had the misfortune to get the knife and his finger into the space behind the bladder. He had seen that accident happen more than once—and it was a very unfortunate accident, of course—but he thought it might be completely avoided by not having any stop at the end. The advantage that was said to arise from the stop at the end was that it prevented the far side of the bladder from being cut. He did not know whether that accident ever happened. He had operated a great number of times on dead bodies, and he never knew the accident to happen on the dead subject. The late Dr. Peile, of whom he (the Vice-President) was an apprentice, was a distinguished lithotomist. He made him operate very frequently on the dead body, and his advice always used to be "always introduce the staff yourself, and always hold the staff yourself, for if anything goes astray you have no one to blame but yourself." He (the Vice-President) found that the older surgeons took it as a matter of course that the surgeon should hold the staff himself, but it was not the ordinary practice now-a-days. Sir Benjamin Brodie, Thompson, and all the principal writers on the subject now took it for granted that the staff shall be held by an assistant. He (Dr. McDonnell) had operated for stone fourteen times (a considerable number considering how rare the disease was in Ireland), and in only one instance was there a fatal result, and in that case the patient had one kidney about a pound in weight, and the other was only about an ounce, so that, in point of fact, death did not follow from the operation, but from long standing renal disease. He always held the staff himself. He thought a great deal of the nicety of the operation turned upon that. Some persons would of course be attached to the practice that they were in the habit of having recourse to, but he could not help thinking that having a large groove in the staff was a thing of great consequence. The staff he exhibited gave the surgeon the largest space which could be obtained in a circle like the urethra.

Dr. STAPLETON quite agreed with Dr. McDonnell, as to the advantage of a large-sized groove, and he thought that if the Vice-President looked at the staff of Dupuytren he would find it was the same. He also quite agreed with him for more reasons than one that the surgeon should hold the staff himself. He believed that in the first step of the operation, while the staff was held, and where they cut down on it and get to it, but once they cut into the staff, and performed what he believed was called a consensus, it should be in the hand of the surgeon. He believed in that step of the operation it was better for the surgeon to hold the staff in his own hand, and not leave it to another, because it was a common saying that no two men could perform an operation, as their ideas could not be equal. By using a staff and using a knife that was not properly guided, particularly in children, the urethra had been pushed before the knife, and it never got into the bladder. The way to prevent that occurrence was by using a knife made many years ago for him, that is, to have a very small point, and that the cutting edge should be always outside the point. In having that they could not push the urethra before them, but if they had the large point which was on the knives, with the cutting edge seen projecting beyond the blunt point, then the urethra was pushed before it, and the bladder was never entered; but if they used a very small pointed knife, and it was only necessary to have it so far blunted when it entered the urethra, and it was in the surgeon's own hand, it was impossible to push the urethra before it, but must cut the urethra and go into the bladder.

Mr. CROLY had never any difficulty in getting into the bladder of a grown-up person. It had always struck him that the difficulty, for it was always in children that these cases arose, was with regard to getting between the rectum and the bladder, and that was often occasioned from the table not being sufficiently high. With regard to the holding of the staff, he was taught to cut for the stone, the assistant holding the staff, and he had seen a great many lithotomists operating, and he had seen Mr. Tufnell cutting for stone on many occasions, and the staff was always held for him. Mr. Tufnell had no difficulty in getting into the bladder, and they had had no difficulty in cases that had come under their notice in the hospital. As far as he (Mr. Croly), was concerned, he liked to have the staff held for him, but he liked to know the man who held it, but he thought the surgeon should introduce the staff himself. He thought the shaped instrument exhibited by the Vice-President was of great advantage in the cases of children. Of course, with an adult they could get any instrument large enough, but for a child he thought this instrument had great advantages.

Mr. TYRRELL said, that in the last case he had of cutting for stone, wishing to get in as large a staff as possible, he put in an instrument that passed with difficulty. The urethra was so dense that he had some difficulty in feeling for the staff, so that Dr. M'Donnell's modification would enable the surgeon, if he was anxious, to have a large groove. Of course they were not obliged, if they were anxious to have a large groove, to extend the urethra so far that they would have difficulty in feeling for the staff. He thought that, since the days of Cheselden, no real improvement had been made in the operation for stone. Many of the members would probably recollect a remarkable paper, which was published in the *Dublin Journal*, by an Indian surgeon, giving an account of the manner in which the operation was performed in India. The writer said, in substance, that if a man could get the staff into the bladder, and get the point of the knife into the staff, he must be a stupid man if the knife would not pass on to the bladder. That writer said the operation was quite a simple one, and in that he (Mr. Tyrrell) quite agreed.

Dr. MELDON could corroborate what the Vice-President said with regard to the advantages of the staff which he exhibited. During the past session, he (Mr. Meldon) had published two cases in which he operated with that staff. Both of his cases showed in a remarkable degree its great advantage. The urethra would admit a staff of the shape described, at least two sizes larger than the ordinary staff in use. In the first case, the urethra was only a small one, admitting only a No. 6 catheter, but by the aid of the staff exhibited by Dr. M'Donnell, a corresponding No. 7 was introduced with ease. In the second case, in which a stricture existed, there was great difficulty in getting in an instrument, and on the day of the operation, when the patient was under the influence of chloroform, a No. 5 was the largest sound he could introduce; but by the aid of the new staff, an instrument corresponding with No. 7 was introduced with ease.

The VICE-PRESIDENT, in reply, said, he might mention that he assisted Dr. Darby in operating for stone the week before last, and he (Dr. Darby) used the largest of the staffs which he (the Vice President) exhibited that evening, on a boy, seventeen or eighteen years of age, and the large instrument was introduced with the most perfect facility. It was a good illustration of the beneficial result of the staff having a large groove, that it could be introduced in that young person. He thought it made the operation much more brilliant and rapid, if they had a good large groove to get the knife into at once. Besides the size of the groove, it had the advantage of making the structures sufficiently tense for the knife to divide them with facility. He also wished to allude again to the fact of the staff having no stop at the end, but a full curve, like the one he exhibited. Without doubt the question was, which was the most likely to put one astray, as in the withdrawal of a staff having a stop at the end of it, the knife being slipped out of the bladder, the operator lost the all-important guide, and got into the wrong place entirely. That was the accident which he believed to be most likely from what he had himself seen, and it would be best avoided by having a staff with the largest possible groove, a full curve, and without any stop at the end.

INSTRUMENT FOR THE BETTER ADJUSTMENT OF FINGERS SEVERED BY MACHINERY.

Mr. EDWARD HAMILTON desired to bring under the notice of the Society an apparatus sent by Dr. Bernard, of Derry. In the northern counties of Ireland the accident of removal of a portion of the fingers by machinery was a much more common occurrence than in Dublin. Dr. Bernard had large experience of this accident, and had expressed himself much dissatisfied with the plan of treatment he was in the habit of adopting—that of bringing the severed portions of the fingers together by strips of adhesive plaster. He found in many of these cases that union failed in the immediate vicinity of the wound, and that led him to adopt the little instrument which he had asked him (Mr. Hamilton) to bring under the notice of the Surgical Society. It consisted of a wristlet, secured by a screw. The injured portion of the finger was received into a cap, which was adjusted to the wristlet, and the finger kept in its place without any pressure. Dr. Bernard had spoken of the instrument very highly. It struck him (Mr. Hamilton) also as a valuable instrument, because by it they could securely adjust the finger without any unnecessary pressure, and the vascular supply would not be interfered with, nor would those changes which were necessary for direct union.

(To be continued.)

YORKSHIRE ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE quarterly meeting of the members of this association was held last week in the board-room of the Halifax Infirmary, Mr. S. W. NORTH, of York (President), in the chair.

THE SEWAGE QUESTION.

In opening the proceedings the President made a few remarks upon the relative merits of the Goux and Rochdale systems of sewage removal. He said he had the opportunity that morning of examining the Goux system for the removal of nightsoil in operation at Halifax. He had gone into the matter with much interest, but the result of his observations was that that system did not present any advantage over the Rochdale tub system. It was well worthy of consideration by the members of that association whether any, and if so, what improvements could be effected in the tub system. It seemed to him that it was a system which sooner or later, in some form or other, must be applied to a large part of the low districts of most towns. It had the advantage of necessitating frequent removal, and thereby ensuring cleanliness and decency. The Goux system had the disadvantage that it added considerably to the cost, and necessitated the employment of a considerable number of men in the preparation of the receptacles. In considering any system for the removal of nightsoil economy should have attention as well as efficiency.

ON ISOLATION OF CASES OF INFECTIOUS DISEASES.

Mr. J. B. PRITCHETT, Medical Officer of Health for Huddersfield, read a paper on this subject. He said that he regarded the provision of hospitals as the chief and most valuable

means, and it was a question whether it would not be better to provide different hospitals for different zymotics. Some authorities asserted that the hospitals should be on the summit of the area they had to serve; his own opinion was that a large open space was all that was required all round the building, with good sewers, no dampness of soil, plenty of disinfectants, and extreme cleanliness. The space allowed to each patient should be very large. The organisation for detecting, reporting, and removing such cases was of nearly equal importance to the erection of hospitals, because unless cases were forthwith removed into the isolating hospital, they had little chance of overtaking the spread of the disease. In Huddersfield it was incumbent, under a special Act, on medical men practising in the district to give information on a form provided by the Corporation. The certificate did not state the nature of the disease, but simply that so-and-so was suffering from an infectious disease. It was the duty of the medical officer to see the patient, and, if there were not sufficient means of isolation, to compel his removal to the hospital. People were now anxious in such cases to send their friends to the hospital. Clothing, &c., was also taken to the hospital and disinfected. Mr. Pritchett mentioned that the compulsory system of education had been the means of spreading disease, children having been sent to school when others in the same house were suffering from infectious diseases, and he had impressed it strongly on the School Board that their visitors should make careful inquiries when anybody was ill, and he had offered to give a certificate in all cases of infection. In answer to questions, Mr. Pritchett said medical men were allowed to follow their own cases to the asylum, and they were allowed 2s. 6d. for each certificate.

SOME THOUGHTS ON INFECTIOUS DISEASES.

Dr. BRITTON, of Halifax, the author of this paper remarked, that at the commencement of an epidemic of scarlatina, measles, or whooping-cough, he need scarcely say, the disease was usually of a more severe type, and seemed to wear itself out gradually, the cases at the end being of a very mild character. There must be different strengths of the poison, and what caused this difference? Was it that a certain amount only of the poison was developed, and that by transmission from one to another it became used up, each system through which it passed taking a certain portion? If so, what produced the poison in the first instance, and by what process was it generated in such large quantities? In investigating the origin and propagation of the diseases he had been struck with the fact that they often occurred together, especially measles and whooping-cough, and not only so, but when prevalent as epidemics (and not as sporadic cases) they usually came in regular routine—firstly scarlatina, secondly measles, and lastly whooping-cough. Was this merely a coincidence in his experience, or was it borne out by the observations of others? He had also observed that, speaking generally, the same children were attacked. Dr. Britton gave a number of examples.

In the discussion which followed the reading of these papers, Dr. PARSONS, of Goole, said the prevalence of a certain disease in a certain period at any place was accounted for by the fact that a number of susceptible persons had accumulated since the last occurrence of the attack, and this infection formed a nucleus from which other cases took their origin; and so the disease spread, as it were, in geometrical progression. One reason why there were often a number of bad cases together in a house, was because the poison was more concentrated in such a house. The co-existence of measles and whooping-cough was well known, but he did not know that it could be explained. A great argument against having a number of hospitals in which to isolate infectious cases was the great expense entailed in keeping up such hospitals, even when they were empty. These hospitals should not be in the highest point, but in the lowest point of a district, in order to avoid affecting the main system of the sewers.

Dr. SCOTT, of Ilkley, said, with reference to the sequence of diseases mentioned by Dr. Britton, his own experience was that of measles and whooping-cough preceding scarlatina. He was not inclined to agree with Dr. Britton in regard to the strength of the poison becoming weaker as time passed on. On the contrary, he thought the reason of the cases becoming milder was because the people in the district became acclimatised. He advocated the erection of cheap and light hospitals, which should be destroyed as soon as the necessity for their existence had passed, and he also thought that in villages the cottage hospital system should be adopted.

Dr. DEVILLE, of Harrogate, said, his experience of the sequence of diseases was different to that mentioned by Dr. Britton. His experience was that whooping-cough was followed by scarlatina and then by measles. That was the order in which those diseases had occurred at Harrogate. With regard to the hospitals, he suggested that those in the small towns should be made of sections, so that when they were not required they could be taken down and disinfected, and then removed to some other place where they were wanted.

Dr. WADE, of Wakefield, stated that in the prevalence of an epidemic those persons who were attacked last showed that they had more power of resistance. He deprecated the erection of fragile hospitals, and stated that a tent hospital at Wakefield had been burnt down.

After some remarks by Dr. Farquhar of Pudsey, Mr. Giddings of Calverley, Mr. H. Wright of Halifax, Dr. Dolan of Halifax, and Dr. Britton, Mr. Pritchett was inclined to believe that there was some direct relation between whooping-cough and measles, as whooping-cough often followed measles.

The PRESIDENT said his own experience hardly led him to say that there was anything like that positive sequence which Dr. Britton had pointed out, and he was rather inclined to agree with Dr. Parsons. The question of isolation of disease was a very important one, for it lay at the bottom of almost all sanitary work, but he thought some very justifiable reasons ought to be shown before medical gentlemen should ever be compelled to report the infectious cases they had in charge. This would be a very serious encroachment on the confidence reposed in the profession, and any departure from the ancient custom would not be justified except on the highest ground of public good. But he did not see how such a course of compulsion could promote the public good. It was a medical fact that measles were most highly contagious during the catarrhal stage and before eruptions took place. Were they therefore to remove every case of catarrh on the suspicion that it was one of measles? If not, they allowed the time to pass by when the disease was most infectious, for at the time of rash the period of contagion had to a large extent passed. During an epidemic of scarlet fever there were a large number of cases in which there were no distinct characteristic symptom for a long period. There might be slight sore throat or a febrile condition; but were they to remove every case of sore throat or febrile condition? In small-pox, too, it was held by many persons that the disease was contagious before the eruptions appeared. Enteric fever was in many of its conditions one of the most obscure and most difficult to distinguish. There were large number of cases of enteric fever following their work without being seriously ill, and yet this large amount of unrecognised disease was capable of propagating itself. If that was the state of medical knowledge the period of removal could only apply to those stages when the disease became thoroughly developed. In conclusion, he expressed himself as strongly in favour of permanent structures as hospitals.

The next meeting of the association will be held at Sheffield.

AMONG recent experiments made in Bavaria, relating to the preservation of animal food, the military authorities have derived great satisfaction from those in the desiccation of eggs. These can be preserved, in a dry state, retaining all their nutritive qualities, for transportation.

THE latest remarkable industry is reported from Indiana, namely: hog resurrecting. The hog resurrectionists scour the country to find the bodies of porkers that died of cholera, which are made into soap. A petition to the Legislature recites these facts, and asks the prohibition of the business, on the ground that it is liable to scatter and extend the disease, and that the soap made from such diseased meat is unfit for use.

WE are pleased to notice the steady decline of the small-pox epidemic. The mortality six weeks since was 125, declining weekly to 112, 93, 85, 77, and last week to 81 throughout the United Kingdom. Of this latter number 68 deaths occurred in London; 33 were certified as unvaccinated, 13 as vaccinated, and 22 not stated as to vaccination.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 2, 1877.

MEDICAL RELIEF AND HOSPITAL SUNDAY FUND.

IN his lecture on "Metropolitan Medical Relief," Sir Charles Trevelyan attempted to show that the Councils of the Hospital Sunday and Saturday Funds were in a measure to blame for not having brought "the power of the purse" to bear upon the evils of the free system of administering hospital medical relief. To any one who impartially examines this question it will appear somewhat unreasonable to cast blame upon these bodies for the shortcomings of institutions over which they cannot for a moment be expected to exercise any kind of control. The "Central representative bodies of the Hospital Sunday and Saturday Funds have, it is true, undertaken to assist in collecting funds urgently needed for the great unendowed medical charities, but it would be thought that they were very much exceeding their duties if they were to interfere or appear to dictate how the work of hospitals and dispensaries should be carried out, and on pain of withholding a share in the fund collected, demand that they should at once abandon hospital letters. The Council of the Hospital Sunday Fund can do no more than follow rules laid down for its guidance by the majority of those who labour to collect the fund, and who are perfectly able to satisfy their constituents that the best possible use is made of money entrusted to them for the work of charity. The great body of clergy upon whom the collection devolves determined at the onset that *the merits and needs of each institution* should be the test, and we think that no better principle can be acted upon. To systematise medical relief, or induce all the institutions in the metropolis to act in concert, "upon a well-arranged plan," not yet laid down, is to ask for something which would exceed the bounds of reason, and could only give offence to all concerned. So long as hospital letters are recognised by the public and looked for as a means of obtaining hospital relief there is no help for it, and the Council of the Hospital Sunday Fund can not be asked to say to the clergy—"the system of admission by letters is radically wrong, and must be abolished." Indeed, if it did, the reply would be—"Then we shall refuse to preach or have anything to do with the Hospital Sunday Fund. Sir Charles Trevelyan must first undertake to educate the public on the question, and possibly, in course of time, a better state of feeling may be brought about. In the mean time, for our own part, we cannot see that the arguments employed to show that the abuse of hospital relief is entirely due to the system of hospital letters is, as the Scotch say, "not proven." Neither can any blame be thrown upon the clergy for employing a means ready to hand, and which enables them to secure prompt treatment for the deserving amongst their parochial poor. A hospital letter at once commends the case to the medical officer, saves much waste of time, in letter-writing, &c., and, on that account, the clergy will not be easily persuaded to abandon the practice. Apart from this, it is somewhat difficult to see in what way hospital letters are "one of the chief sources of the abuse of hospitals." On inquiry it is found that only about one-fifth of hospital patients come provided with letters. The great majority are seen without letters of any kind, and, therefore, the letter system cannot be said to contribute a fractional part of the overcrowding of the out-patient's department of hospitals. There must be some other and far more important factor, and one which has not been taken into calculation by those who heap abuse upon hospital letters. The reason why the poor flock to hospitals for advice and treatment is, that they know full well the best of both will be obtained there, and the same feeling occasionally prompts well-to-do people meanly to assume the garb of servants, jostle with the crowd, and cheat the medical officer of his just fee. Provident dispensaries would in no way satisfy this craving of the public mind. To say that provident dispensaries have suffered by the establishment of the Hospital Sunday is not an argument in their favour. It certainly does appear that if the managers of these institutions were able to convince the clergy of their usefulness their wants would be periodically brought before the inhabitants of the neighbourhood." If it be the great "object of provident dispensaries to encourage habits of forethought and independence by inducing our people to rely for medical treatment rather upon their own thrift than upon the charity of others," it is tolerably clear that by making awards to them out of the Hospital Sunday Fund in aid of maintenance, would be to strike at the root of the principle upon which these institutions are founded. But there can be no reason whatever why provident dispensaries should not be extended under the auspices of the Charity Organisation Society. By all means let every encouragement be given to working men to take the matter into their own hands and establish any number of provident dispensaries, if by their establishment a fair day's pay for a fair day's work can be secured to the toilers of our overworked and underpaid profession; thus transforming a part of the work which is now done gratuitously into a remunerative service.

ARMY MEDICAL REPORTS.

THE volume for the year 1875 before us commences with the usual statistics bearing upon the health of the army at home and abroad. The following are some of the more important results of sickness :—

Troops at home and abroad - -	169·235
Admitted into hospital - -	166·919
Died - - - - -	2·169
Sent home as invalids- - -	3·277
Discharged as invalids - -	3·351
Constantly non-effective from sickness-	7,679·75

Quite a small army in themselves. On 1st January, 1875, there were 909 medical officers on the active list in charge of the army; 4·5 per cent. of the men were constantly sick, 1·2 per cent. died, and 1·9 per cent. were discharged as invalids. India shows the largest number constantly non-effective from sickness—5·6 per cent., then Ceylon, Malta, and the United Kingdom. The largest mortality occurs in India—nearly 2 per cent. per annum of mean strength.

Table 3 is a very interesting one. From it it appears that during the 10 years—1865 to 1874 inclusive—the average strength was 1,685,806 men, more than that number were admitted to hospital; 24,930 died, 37,449 were discharged as invalids, and 76,361 were constantly sick, representing a goodly share of medical work.

In the United Kingdom diseases of the constitutional group and of the circulatory and respiratory systems account for the greater proportion of deaths in the army.

The creation of a number of brigade depots in 1875 has involved the necessity of a new grouping of stations. The existing military districts are taken as the most useful units for purposes of comparison. Turning to Ireland we find that we had quartered there 21,708 officers, non-commissioned officers, and privates.

Admitted to hospital - -	16,016
Constantly sick - - -	737·8
Died - - - -	173
Constantly sick (per cent.)- -	3·2

There were only five admissions during the year in the army at home for small-pox, three in Jersey, and two in Ireland.

For all the districts together the prevalence of enteric fever was in the proportion of 1·03 per 1,000. The rate of mortality to cases treated was 29·6 per cent. Half of the admissions, and more than half of the mortality, occurred in Ireland where less than a quarter of the strength was stationed, due in greater part to an outbreak of the disease which took place at Kinsale—25 attacks and 9 deaths were referable to this short and well-defined house epidemic.

There was reason to believe that the reduced number of admissions for syphilis since 1873 was consequent upon the pecuniary loss now resulting to the soldier when under treatment in hospital for primary syphilis. The increase of the constitutional form of the disease was equal to about 370 additional admissions. The ratio of admissions for primary venereal sores in the 4 stations under the Contagious Diseases Act was 35 per ,000 as against 59 per 1,000 at all other stations. The highest admission, death, and invaliding rates were conjoined in the 5th Lancers, returned from India the preceding year. The evidence of recent tropical service was shown in the admissions for ague, dysentery, diarrhœa, and hepatitis. The fewest admissions to hospital come from the class of men whose ages extend from 30 to 40—a little over one-half that of young men under 20 years of age.

The table at page 63, showing the causes of rejection of the recruits raised in 1875, is in a greatly improved form. Muscular tinnitis and defective vision were the two chief causes of rejection.

At Malta, five admissions for remittent fever are returned by the 42nd regiment, relapses of West African fever, "caused usually by a chill." Among the diseases of the cutaneous system, one admission is returned as due to "beef-worm." The medical officer of the detachment at Honduras states, that the parasite producing the affection is common in that colony, and that it appears to be the same as that which causes the "bulama boil" of the West Coast of Africa, figured in Aitken's "Practice o f Medicine," as originally described by Dr. Gore.

At our military sanitorium at Newcastle, in Jamaica, wet clothes, intemperate habits, and the drinking of water containing suspended vegetable matter and other deleterious substances, are believed to conduce more to disease than general atmospheric conditions—an opinion endorsed by Surgeon-Major Thornhill.

Apropos of the incubation of Guinea-worm, it would appear that the field service of the Ashantee campaign has not led to any material increase in the admissions for this disease. We are told by the medical officer at Cape Coast, whose name is not handed down to posterity, that "the ulcers on the legs were often caused by the uncomfortable gaiters" worn by men of the West India regiment, and that they were often difficult to heal, and apt to recur on the slightest irritation.

On the eastern frontier at the Cape, we find our men still quartered in "old wattle and daub huts." Surgeon-Major Herbert states that small-pox has not visited St. Helena "within the memory of the oldest inhabitant," where the "steepness of the hills and the direct solar and radiated heat" render the climate a very trying one for Europeans, and that these causes tend to induce disorders of the heart and great vessels. In the Mauritius, it has been generally remarked that the seasons which are very stormy are usually the most sickly, and that a comparatively dry one has a beneficial influence on the troops.

In Ceylon, we find the surgeon of the 57th regiment commenting upon the difficulty of differentiating between simple continued fever and typhoid, and that the convalescence in mild cases was extremely protracted—a month or six weeks being required before a man was fit for duty after an attack of fever of five or six days' duration. We still read of the "miserable lighting of the rooms in barracks;" no wonder that they are deserted for the beer-shop, with its many attractions.

At Hong Kong, the hospital-ship *Meeanee*, which is anchored in the middle of the harbour, and in which the whole of the sick of the European troops are treated, was entirely repaired and re-modelled. "By far the greater number of fevers were really of malarial origin, and almost without exception of the tertial type." After repeated relapses, well-marked anæmia followed, and with it the characteristic sallow complexion (melasma).

In our great Indian dependency, 5·6 per cent. of the troops were constantly sick, 4 to 6 per cent. were invalided, and 1·8 to 2·1 per cent. of mean strength died. In Bengal alone, 19,057 cases of fever were treated, with 245 deaths. Among the most unhealthy stations are Chunar, Saugor, Jhansi, Meen Meer, Attock, Kalabagh, Peshawur, Noushera, yielding high ratios per 1,000 of admissions, extending over a series of years. In one regiment only, in Peshawur, the admissions for fevers of all kinds were 2,408 in number, reducing the corps to such a state of inefficiency that all duties, with the exception of the necessary guards, had to be suspended from September 1st to December 31st. The regiment was in its first year of service at the station. The rate of mortality to cases of enteric fever treated in the Bengal command was very high—53·7 per cent. Delhi sore, when occurring, "appeared to be a purely local affection." In a table contrasting the effects of residence in the Command, "no constant specific differences are seen in the results for the various groups."

In the present volume a good deal of information is given in respect to the officers, women, and children. Out of 1,349 officers serving in Bengal there were 1,037 cases of sickness and 18 deaths, or 1·3 per cent. Women died in the ratio of 2·8 per cent. in Bengal, where the average strength of non-commissioned officers' wives was 3,768. There were 7,141 children, and in the Command 520 deaths, or 7·2 per cent.

The appendix of this interesting volume contains papers by Dr. De Chaumont and Surgeons-Major Faught, Staples, Surgeons McNamara, Hannah, Hodder, and Douglas; and concludes with an abstract of the results of the meteorological observations made at various stations. Like the preceding volume, it is not too bulky, and in this respect contrasts favourably with former ponderous tomes. The report contains much valuable information on the health of the army, and is well worthy of a careful perusal by those specially interested in tropical diseases and their causes.

THE PROPOSED DOUBLE DIPLOMA FOR IRELAND.

The Conference Committee of the Irish Colleges of Physicians and Surgeons have terminated their sittings, and have submitted to their respective Colleges the first principles of an arrangement for combined examination as agreed upon by them.

After mature deliberation and discussion, the following resolutions have been unanimously adopted:—

1.—"That it is desirable that a combined examination should be held by the Colleges of Physicians and Surgeons, for the granting of their licences."

2.—"That any arrangement which may be come to for combined examination shall not preclude either College from granting its licence independently to such Candidates as may present themselves to either College."

3.—"That the Fee for the combined diploma shall be £31 10s., which sum shall be divided between the Colleges of Physicians and Surgeons in the proportion of $\frac{3}{8}$ to the College of Physicians and $\frac{5}{8}$ to the College of Surgeons."

4.—"That every candidate seeking admission to the combined examination shall complete such curriculum as each College requires."

5.—"That the Colleges be recommended (in case the combined examination scheme be approved by them) to appoint a Committee of Four (two elected by each College) to report to the Colleges on the *details* of the combined examination."

It will be observed that the Committee have not entered upon any detail of the examinational arrangements, but have simply suggested the groundwork of a double diploma scheme. They have not gone further than first principles because it would be obviously useless to proceed to devise the mechanism of the examination until the Fellows of each College had assented to the motive principles, especially as three analagous propositions have already been thrown out by the Colleges.

The questions upon which dispute may probably arise, are the third and fourth of those quoted above. It is known that an influential party in the College of Physicians holds that that College is entitled to an equal share of the diploma fee with the College of Surgeons; and, therefore, will probably resist the division by $\frac{5}{8}$ and $\frac{3}{8}$. A superficial consideration of the circumstances of each College will suffice to make evident the error of this view. The College of Surgeons contributes to the College of Physicians almost all the candidates who come to seek its licences; while on the other hand, the latter College does almost nothing for the Surgical Corporation in the way of supplying candidates for its diplomas. The College of Surgeons, moreover, has charge of the student in the dawn of his education, and gives him his preliminary examination in all cases; the College of Physicians not even, we believe, going through the form of holding an examination in general education; and for its reception of the student at this period of his career, and for admitting him to its libraries and museums and to certain courses of lectures, the College of Surgeons now receives a fee of £5 5s., which it would certainly not be reasonable to ask it to forego. The College of Surgeons is also subject to heavy expenditure for the maintenance of its museums, library, and school, none of which the College of Physicians possesses to anything like the same extent. Furthermore, the professional examinations of the College of Surgeons are much more elaborate than those of the sister College, inasmuch as they involve anatomical dissections, surgical operations, and extended clinical examination. Each candidate thus costs the College of Surgeons £9 9s., for examiners' fees and expenses, while he costs the College of Physicians only £4 4s. Lastly, the College of Surgeons will, by a $\frac{5}{8}$ and $\frac{3}{8}$ division of the fee, be obliged to submit to a deduction of £6 11s. 3d. from the present diploma fee, in the case of all double diploma candidates, while the College of Physicians will only sustain a reduction of £3 18s. 9d. in the fee receivable from each of its licentiates.

The reasons which we have given above will, we believe, satisfy any reasonable thinker that an even division of the double diploma fee between two Colleges which are perfectly different in all their circumstances, would be an unreasonable proposal which the Surgical College could not be expected to assent to.

The best that can be said by the profession at large respecting the proposed Irish double diploma is, that it is a mild and harmless cathartic, a weak and undecisive line of treatment of the ills of the medical diploma traffic. It will

reform nothing and satisfy nobody who desires medico-educational purgation, but it may have a partial effect in rescuing Irish students from the cheap allurements of the Queen's University and of the Scotch Colleges, and it is at least worth something as an evidence, that Irish Licensing Corporations are not easy in their minds in view of the prospects of medical reform, and are anxious to go as far as the money interests of Colleges and Teachers will allow them in the direction of a less expensive entrance into the profession.

Notes on Current Topics.

Dr. Abrath on the Vaccination Question.

THERE can be no doubt that the anti-vaccinators have a very redoubtable champion in the person of Dr. Gustav Adolph Abrath. It appears that some remarks in the *Students' Journal* have excited the wrath of that worthy gentleman, which finds expression in no less than three columns of the *Sunderland Daily Post*. We do not know the position this paper holds among provincial journals, but it is evident that suffering humanity, and especially the victims of vaccination, will have reason to be grateful to that paper for its having so liberally opened its columns to the learned and closely reasoned letters of the "Medical President of the Anti-Compulsory Vaccination Societies of Southampton, Sunderland, &c., &c." It will be seen, moreover, from the following quotation that the opponents of vaccination may well be proud of Dr. Abrath, for this gentleman, according to his own showing, is gifted with common-sense, which the framers of the Vaccination Acts had not. He has a profound knowledge of physics, statistics, theology, and what not? And he has actually lectured "in the mansion of the Countess de Noialles, at Bournemouth." We can more easily imagine than describe the gratification which the learned doctor must have felt at being so much honoured. But, lest our readers may be ignorant of the great blow that has now been struck at Jenner's great discovery, we shall let Dr. Abrath speak for himself. It appears that his "immortal countryman," the late Dr. Nittinger, of Stuttgart, in 1848, "showed the world that vaccination is a mistake and not in accordance with the laws of chemistry and physics, and the principle is a delusion, and its practice a crime."

"In referring," says Dr. Abrath, "to the Blue Book report from the Select Committee on the Vaccination Acts, 1867-1871, page 322, Dr. Seaton styles Dr. Nittinger's work great rubbish. May I ask him, for the sake of justice, does he understand the work, based as it is upon physics and chemistry? I hope he will state where he learned physics, and where he was examined. I wish to repeat what I said in my lecture in the mansion of the Countess de Noialles at Bournemouth, that the anti-vaccinators of England are highly indebted to that noble lady for supporting the anti-vaccination cause so materially. Those who advocate vaccination ignore (1) academical reasoning, (2) statistics, (3) logic, (4) meteorology, (5) technical work, (6) medical jurisprudence, (7) theology, and (8) morality, in conveying a dreadful disease which arises through immoral conduct, and also other diseases. I must appeal to the anti-vaccinators of England to be careful in this agitation, and those who abuse the Legislature for having the compulsory vaccination law in force. They acted on the advice of a selected number of medical men, who, unfortunately, never studied physics nor possessed common sense."

We are quite struck with the various branches of learning with which Dr. Abrath appears to be familiar, and we warn the silly advocates of compulsory vaccination not to think of encountering so valiant an enemy of their cause unless they come well armed, and with all the weight that wit, eloquence, learning, and "common-sense" can give them. His provincial letters, too, are all the more formidable for the alarming headings, by which he would attract the attention of his readers. "How long shall Murder remain legal in England?" is enough to take away one's breath, and when it first caught our eye we certainly expected to see no other signature to it than that of another great champion of the people, whose name we need not mention. We may also remark that this gentleman's logic is very characteristic. "There are," he says, "hundreds of medical men on the Continent, who have all been examined in physics and chemistry; *therefore*, a large number of them are anti-vaccinators." The information, too, is rather startling, as we were not aware that a knowledge of physics and chemistry was confined to the anti-vaccinators. If that be really the case, we are afraid those sciences will be very much neglected.

Dr. Abrath says: "It may be that at present I am the only one of the Nittinger school in England who makes such assertions." This is a great pity, and we think that both the profession and the public will have much to answer for, in being so deaf to the voice of reason as not to listen to the prophet that they have among them. The only consolation the Doctor may have is—that he may feel like one of those knights of old who went forth to contend against fearful odds, with the assurance that the smiles of fair women or the praises of brave men were awaiting his victorious return.

Modern Walking Matches.

THE illogical law, says the *World*, permits thousands of people to assemble, and thousands of shillings to be paid, at the Agricultural Hall, whilst a couple of madmen, under the pretence of sport, shorten the lives allotted to them in the presence of the police as surely as do suicides from the bridges of the Thames. A modern walking match—attended by doctors, priests, ladies, and the representatives of English pluck—is about the most sickening spectacle that could well be devised by a nation indignant at cock-fighting and virtuously outraged at vivisection. Words could not well describe the painful sight of American athletes half-delirious from want of sleep, half-hysterical with tortured nerves, lolloping along a track with their tongues out to the brutal applause of the British people. Ears would be shocked to hear the pitiful pleading of the pedestrians wakened from their restless sleep, and compelled to rush out, half-slobbering up their food as they pursue their merciless and quite unnecessary course; and for what? Sportsmen tell us, for the sake of showing nature racked to its highest tension, and of proving the sublime endurance of man. Common sense tells us, for the sake of earning a few hundred pounds in the most cruel fashion. Let us have no more of these walking matches, lest, encouraged by the mercenary applause, the

bow is bent too far and the thin string of life is cracked. The doctors, the priests, and the noble sportsmen would not care to see O'Leary drop down dead on the track, or to see Weston walking over the brink of his grave and into it. Society would not hold those spectators guiltless if the next walking match ended in a ghastly tragedy.

We fully agree with our contemporary with respect to the injurious influence which the great physical labour and want of rest and sleep endured by these pedestrians must have upon their health. That a repetition of such walking matches as we have just witnessed would tend to shorten the lives of those engaged in them few medical men would deny. But these evil consequences are not confined to pedestrianism. All kinds of physical athletic exercises are hurtful when carried to excess; but the reason why those great walking matches so severely tax the vital powers, is the enforced want of rest and sleep which those matches entail, and the great power of endurance they exact from all who would successfully compete for the miserable prize offered them.

The allusion of the *World* to the doctors is rather out of place. Perhaps few men have less time or less inclination to witness these athletic sports than doctors. Neither idle curiosity, nor a love of sport can be said to be characteristic of the medical profession.

Electioneering Manifestos amongst the Counter-Prescribers.

THE candidates for seats upon the council of the English Pharmaceutical Society have adopted the common form of election address for the purpose of setting forth their particular claims to a vote, and the pages of the trade journals are full of their proclamations. As Home Rule, Fenian Amnesty and sectarian education are just now the inevitable ingredients of an Irish election address, so counter-prescribing and the competition of co-operative stores are the necessary subjects of pledges in English pharmaceutical pronouncements. Counter-prescribers, whether above-board, or in secrecy, are legion, and it is therefore to be expected that vote-seekers will be very indignant over any proposal to check illicit practice, and they are accordingly quite horror-stricken at so atrocious an idea.

It appears to me, says No. 1, that the Pharmaceutical Society has in great measure superseded the Society of Apothecaries in providing for the public a more efficient class of persons for the purpose of "compounding and supplyingmedicines;" and that it is therefore fairly within the province of the Council to use every endeavour to secure to its members the privileges legally due to them!!! The existing practice of medical men *supplying* medicines as well as *prescribing* them, limits the business of the pure pharmacist in small towns so much as to render it utterly impossible for him to obtain a decent livelihood, and he is tempted to diverge from his proper path and to trespass in the preserves of others. Give to every chemist and druggist the opportunity of duly exercising his true and proper calling and the temptation to prescribe will be overcome. I entirely disapprove of the sale of poisons and dispensing of medicines by co-operative societies, and would give my support to some well considered measure to prevent, *if possible*, the continuance of the same.

Although, says No. 2, I do not wish to see any *extension* of the system of counter-prescribing, it is a matter of the highest importance that the right of chemists to prescribe over the counter should be maintained, and I hold that it would be madness for the trade to resign the right until the medical profession has given up the practice of dispensing.

My well-known antagonism, says No. 3, to the unjust system of co-operative stores has by no means decreased by still closer contact. With respect to the delicate but very important question of counter-prescribing, I feel the greatest watchfulness and care will be required by your Council, in order that an unnecessary interference with public convenience and private interests may not be permitted.

It will be observed that these gentlemen advocate counter-prescribing *en revanche* for medical dispensing. Every one knows that the treating of disease by chemists is a matter of cash, not of retaliation, and that a certain number of them would continue to carry on the trade, even if medical men were to abandon dispensing at once. Speaking, however, of the question in the abstract, we most emphatically adopt the view that dispensing by doctors ought to be discouraged in the same proportion as prescribing by druggists, and any movement of the chemists to reduce the extent of the former practice would have our best sympathy. Nothing has been so fatal to professional prestige as a money interest in the quantity of drugs swallowed by patients, and if we resided in Utopia we should doubtless find there a system where a medical man should only care to order for the sick man just as much medicine as the necessities of the case indicated and no more. The chemists, however, need not attempt to counteract an inexpediency which their own exorbitant charges has created by an illegality for which there can be no real defence.

Milk Beer.

M. CHEVALLIER, who has been long known as a writer on subjects relating to hygiene, has recently given an account of this new beverage in the *Journal d'Hygiène*. M. Chevallier has given much attention to the value of beer in a dietetic point of view. He considers it a useful drink, as it contains many of the nutritive salts, nitrogenous substances easily assimilable, and an abundance of elements that support combustion. He thus speaks of this new product of *lacto-alcoholic* fermentation, which he calls *La Bière de Lait*, as one destined to occupy an important place in alimentary hygiene. It is manufactured in the same way as ordinary beer, except that milk is used instead of water. It has a yellowish colour and a density a little greater than ordinary beer, and its taste is agreeable and less bitter than malt liquors in general. It contains about five per cent. of alcohol, and a considerable amount of extractive matter (3 oz. to 1-10 quarts), composed of lactose, an aromatic substance, fatty matter, &c.; while the incinerated extract yielded more than seven per cent. of ashes containing small quantities of alkaline salts, phosphates, lime, &c. This milk beer is considered, says the *Sanitarian*, an agreeable alimentary beverage, uniting the aromatic and the bitter principles of the hop, and the nutritive, tonic, and analeptic principles of the milk and the malt.

NEW YORK has turned out 422 doctors this Spring.

Discovery of a New Metal.

M. PRAT has recently communicated to the Society of Physical and Natural Sciences of Bordeaux a scientific work on the characters and chemical properties of a metal which he discovered without the help of a spectroscope in 1861, and to which he called the attention of the Society so far back as the *séance* of the 5th February, 1862. He has called it Lavoesium, in remembrance of Lavoiseur. This metal is silver-white, malleable, fusible, and forms colourless crystalisable salts. It colours a blue flame slightly purple. In the spectroscope it gives the following spectrum :—Firstly, in the blue indigo, two groups of characteristic rays ; secondly, in the pure green, two other groups, more simple, equally characteristic ; thirdly and lastly, some blue, violet, and green secondary rays—in all twenty-three rays. The characteristic rays coincide with those of copper, which makes it appear that commercial copper must contain some of that metal The spectrum, the resemblance of this metal to white silver, the solubility of its oxide in ammonia, the colour of its *ferrocyanide*, and its hydrosulphuret hydrate, constitute together properties which distinguish it from all known metals. According to M. Prat, this body will become more common than might be expected, because it has been found in many other mineralas, and especially in iron pyrites. Its therapeutic action has yet to be studied.

The Recognition of Abortion.

IN the *Journal des Sages-femmes*, Nov. 1st, 1876, Prof. Depaul draws attention to a peculiar condition of the os uteri as a cause of abortion. He says that the neck of the uterus is a sort of sphincter muscle, and that in some women this is in a lax condition, predisposing readily to abortion. There is often a special irritability of the uterus, exciting it to relieve itself of its contents. There are, in an abortion, two distinct acts : the expulsion of the embryo and the expulsion of the placenta, which latter is effected on, two, fifteen days, or even longer, after that of the embryo.

In this connection we may add that in the *Journal de Médicine*, Dec., 1876, Dr. Lafargue calls attention to the case of a poor girl condemned to prison for three years, on the evidence that she had taken some savin and had aborted. There was absolutely no evidence in this case that the savin had an oxytocic effect. Dr. Lafargue remarks that the public in general, and judges in particular, still cling to the vulgar and exploded idea that such drugs as iron, savin, rue, &c., are abortives. He asks, "What medical man, wishing to bring on an abortion for some contraction, would be so simple as to rely on one of these drugs? Why, then, should he come before a tribunal to declare these substances, in which he himself has no trust, to be abortives?"

"Plucking Animals."

A CORRESPONDENT of *Land and Water* makes, under the above heading, some remarks which are *apropos* of those we have recently made on the same subject. "It is interesting," says the writer, "to watch how nature laughs at the idiosyncrasy of man. The Society for Prevention of Cruelty to Animals will prosecute a poor old woman if she removes the superfluous feathers from a goose, and may I ask them why they do not come down upon those cruel jackdaws (mentioned in our last issue) for their cruelty to the poor donkey? . . . I would also draw their attention to a cat I have, as it brings in birds, rats, young rabbits, &c., and takes great delight in eating portions of them while they are alive ; surely this ought to be put a stop to. The acts of the different benches of magistrates are also instructive. A poor man wanted to go to a doctor. As he could not walk, and was poor, he tried to borrow an ass ; and the only one that could be "loaned" to him was one off whose back a wart had been cut. The poor man following the Divine precept, "how much better are ye than they," used the ass, and for this act a bench of magistrates in the south of Ireland fined him!"

Trout Parasites.

INFORMATION has come from Weymouth that in many of the rivers of that locality there is a plant growing on which a worm lives which attacks the trout, introducing itself as a parasite into the fish, and rendering it unfit for food. These plagues (the plant and the worm) are now established in the river Frome, near Dorchester; the fish infected by this insect become totally black. In a large trout cut in pieces were found a quantity of these worms living at the cost of the fish. To explain the origin of this plague, it is said that some years ago, when the plant in question was totally unknown, the railway company established many wooden bridges over the Frome ; this wood came from America, and it was by these bridges that the plants were propagated. When pillars were placed in the middle of the river the seeds were in their element and got scattered about, and when the summer approached the plant covered the whole of the river like a carpet.

Mimetic Nervous Disease.

A STRIKING example of this class of maladies was reported to the Société de Biologie, at Paris, on November 22, 1876, by Dr. Magnan. At a girl's school near Paris, numbering one hundred and fifteen scholars, a girl, ten years old, was attacked with convulsions in one forearm on July 15, 1876. These convulsions gradually extended, in the next few months, to all the extremities, and were followed by strong tonic contractions of the muscles, but the child ultimately recovered. Up to November 19, *nineteen* other girls, of different ages, became subject to exactly similar attacks. They all finally recovered, and the average duration of the disease was shorter than in the original case.

The Royal Society.

THE following fifteen gentlemen have been selected by the Council of the Royal Society to be recommended for the election as Fellows, at the annual meeting on the 7th of June : Professor James Dewar, M.A.; Sir Joseph Fayrer, M.D., K.C.S.I.; Rev. Norman Macleod Ferrers, M.A.; Thomas Richard Fraser, M.D.; Brian Haughton Hodgson, F.L.S.; John W. Judd, F.G.S.; William Carmichael M'Intosh, M.D.; Robert M'Lachlan, F.L.S.; Professor John William Mallett, Ph.D.; Henry B. Medlicott, M.A.; Henry Nottidge Mosely, M.A.; Professor Osborne Reynolds, M.A.; William Roberts, M.D.; Professor James Thomson, LL.D.; Professor William Turner, M.B. There were fifty-three candidates.

Typhus Fever in the Island of Molene.

NEAR Brest there is a little island called the island of Molène, which contains scarcely five hundred inhabitants, where typhus fever has recently raged to a lamentable extent. Those who have visited the island state that there is not one house whose inmates have not been afflicted with the fever. The fisheries have been neglected for want of competent hands, and the look of those poor survivors is very sad. The Vice-Admiral, who is the maritime officer of the district, has taken the necessary steps to help these unhappy people. He has sent the naval surgeons to the island, and placed at their service the *Souffleur*, which is stationed there. Subscriptions have been made at Brest for the relief of the inhabitants of the island.

New Surgical Lights.

WE recorded the week before last the election of a medical officer of the Cork South Infirmary. The local papers present us with the following amusing excerpt from the speech of a reverend proposer of one of the successful competitors :—

He would call their attention to the liberal education that the candidate had received. He studied here, in England, and in Scotland, and several places abroad. He had been under *Dr. Lysum, of Edinburgh, where he acquired the great knowledge of the inestimable benefits to be derived from glycerine spray*, whereby the cure of a patient was more rapidly forwarded, saving the trustees half what the cost of a patient would be under the ordinary treatment. This young gentleman was at present pursuing a course with a famous doctor in Berlin. His time was up that day, and *if he had time* he would be able to get a testimonial from him. He forgot what his name was—

Mr. Murphy, M.P.—Bismarck. (Much laughter.)

The Rev. Proposer—No. I believe his name is Dr. Langenbeck.

When a proposer, who is supposed to be "up" in the merits of his *protégé*, is so shady as to his facts it is hardly probable that the information of the elective body on the same subject was very exhaustive. The era of rapid testimonials has passed, but it seems we are in the full enjoyment of the foreign education craze when we find that the son of an influential local practitioner cannot be appointed to a little local office without a recommendation from a *savant*, who probably is as intimate with the candidate's qualities as the candidate is with his patron's language.

Another Compulsory Duty for Irish Doctors.

WE note that in giving evidence before the Lunacy Commission Dr. Nugent, the Inspector of Asylums for Ireland, offered a suggestion which portends one more burthen upon the medical profession. He was asked—

You say that there are numbers of single patients under restraint in private families who are unknown to the commissioners in England and the inspectors in Ireland, and you have a proposal to make in regard to them?

Yes. Of course, it is utterly impossible in a population of 5,500,000 that every case of this sort should be known unless some provision is made to insure such knowledge. *I would suggest that in all these cases the medical officer should be obliged to make returns to the inspectors, and that a fine should attach to the neglect.*

Dr. Nugent's proposal is illustrative of the present idea of executive departments of the public service. Instead of offering a premium for services rendered, as would be done in the case of any other profession, Dr. Nugent calmly proposes to impose a penalty, and thus obtain compulsory service. If this precious recommendation ever assumes a practical shape it must be contested with all the influence of the profession.

Dr. Haviland and the Northamptonshire Authorities.

WE have just received a printed letter from Dr. Haviland, Medical Officer of Health, to the Northamptonshire Combination of Sanitary Authorities, in which he calls attention to the fact that a certain portion of his salary still remains unpaid. If this is so we must condemn the injustice and impolicy of the authorities at Northampton, for, considering the importance of the duties which are imposed upon medical officers of health, and the very indifferent salaries which many of them have, the least acknowledgement the authorities can make is to pay regularly, and to the utmost farthing, the salary that is due to them. There seems, however, some question as to the propriety of Dr. Haviland's complaint, for he says—"in law, perhaps, I have no claim—in equity I feel that I have a strong one." But we may observe that where, in such cases there is any doubt about the matter, the medical officer should have the benefit of the doubt, especially when he has fulfilled his duties to the satisfaction of the sanitary authorities. We hope, therefore, that the representations which Dr. Haviland has made will not be in vain, and that he will be treated not only justly, but liberally.

Death from Glanders.

A YOUNG married woman, the wife of a farmer named M'Donnel, residing near Garvagh, has just died of glanders, after twenty-one days of indescribable agony. It is said that deceased's husband had a horse suffering from the glanders; and, *took him into his kitchen and stabled him there*. The unfortunate wife, who was obliged to be constantly in the house, got infected by the horse, which is still alive. The local paper says, that the case has been reported to the district coroner, and asks, what were the sanitary officers about?

Madness and Drunkenness.

A RECENT report by Dr. A. C. Macdonald, physician of the New York City Hospital for the Insane, states that during the past year there were 401 admissions. Of these 280 were hard drinkers and intemperate, and 90 moderate drinkers, whilst only 17 were teetotallers. This record, when combined with those of former years, shows that, in this hospital at least, intemperance is a more powerful cause of insanity than all the other active agents put together.

State Medical Examinations in America.

THE scheme for creating a State board of examiners in Missouri has received the support of the State Medical Association, the St. Louis Medical Society, and also of a large number of the most influential members of the profession in the State.

The Cause of Goitre.

Dr. Lombard, of Geneva, believes that the cause of goitre is a plethora of carbon, produced by the rarity of the oxygen in elevated regions. A sojourn on the shores of the sea corrects affection by the greater abundance of oxygen, and by the iodine, which absorbs the carbon.

Militia Surgeons.

In the *London Gazette* of last Friday week the whole of the militia medical officers were transferred to a departmental list, in accordance with the recent Royal Warrant.

"Dr." Sturman, the schoolmaster who sells the *absentia* diplomas at his rostrum at Blackheath, apparently finds that the sham titles of his customers do not gain them the *entrée* into literary and scientific circles. The directories and other records of the learned professions do not sympathise with "Dr." Sturman's views, and, without mercy, erase the sham titles of his readily-manufactured doctors, so he purposes publishing a directory for himself, for admission to the pages of which his own recommendation must be obtained, and possibly paid for. We can hardly comprehend how any head can be so empty as to derive pleasure from its inflation by the bellows of a preceptor of little girls.

It is not often we have the satisfaction to chronicle the deeds of grateful patients, still more rarely, when it assumes the proportion of four figures in value. Such, however, was the case last week, when Dr. W. B. Brown, of Ascot, was presented with a testimonial of one thousand guineas (£1,050), as a slight expression of their esteem and regard. Few will not envy Dr. Brown *this slight expression*, and hope that their grateful patients may be tempted to emulate the example set by the good people of Ascot, elsewhere.

The mortality last week per 1,000 of the population in four of the principal cities of the United Kingdom was 23 in London, 23 in Edinburgh, 27 in Glasgow, and 37 in in Dublin. There is but one town in the United Kingdom with a higher death-rate than Dublin, that is Oldham, with 38 per 1,00 ; Salford is 37 : all the other large cities and towns are much lower.

The mortality in some of the principal continental and Indian cities is still terribly high. We learn that Madras has a death-rate of 145 per 1,000 of the population, Bombay 56, Buda-Pesth 45, Naples 39; and Alexandra 41.

Correspondence.

THE HABITUAL DRUNKARDS' ACT, 1877.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read your article on the Habitual Drunkards' Bill, and have to thank you for the friendly tone in which it is written, and for the careful consideration which you have evidently given to the machinery, as well as to the principles of the measure. Would you, however, allow me to correct one statement contained in your article, and that is, that it is proposed to deal with a man as an habitual drunkard if he has been three times convicted of drunkenness within any period of twelve months. This was certainly the case in the draft bill which I presume has been placed in your hands by the society formed to promote legislation on the subject; but in the Bill, as it is introduced by me, the three convictions will require to take place within three months, and even that is a point of detail on which the measure will be quite open to amendment. Some such provision is to my mind desirable for the reason that it will enable magistrates to put a pressure on many habitual drunkards who come before them to submit themselves to the discipline of a private retreat as voluntary patients rather than be committed to a public inebriate reformatory. As to the number of convictions which should be required to subject a drunkard to this procedure that is a matter of detail, but I think you will agree with me that if a man has been publicly convicted of drunkenness three times within as many months it is high time that something should be done with him. Yours very sincerely,

Charles Cameron, M.P.

House of Commons, S.W.

THE VISITATION OF LUNATICS IN SCOTLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to the remarks contained in the leading article in your last issue on the "Visitation of Lunatics in Scotland," I should be glad if you would allow me to point out that the annual visits of the deputy commissioners do not adequately represent the amount of *surveillance* which is exercised over insane patients who are boarded out and over those to whose care they are entrusted. Such patients, those at least of the poor class, are visited regularly—I believe once a quarter—by a medical practitioner resident in the neighbourhood, and, in addition, there is a visit made at least once quarterly by the inspector of poor. I believe that, on the whole, to the extent indicated, inspection is systematically carried out.

I am, Sir, yours obediently,

Herbert Coddington Major, M.D.

West Riding Asylum, Wakefield, Yorks.

[*** We are well aware that pauper lunatics boarded out in Scotland are visited by a local medical practitioner and by the Inspector of poor, in the manner referred to by Dr. Major, but our contention is, that such local inspection is practically of little value in preventing abuses, without frequent supervision by a central authority. Chancery lunatics are under the constant *surveillance* of the committees appointed to watch over them, and of local medical men, some of them being visited by the latter daily, and yet the official visitors tell us that their utmost exertions are required to ensure good treatment. If local supervision were all-sufficient, then there would be no pretext for the existence of the Deputy Commissioners in Scotland. It cannot be necessary to point out to Dr. Major the essential differences between mere local inspection and that by a central authority. The West Riding Asylum is under his incessant local inspection, and yet the Legislature has thought prudent to arrange that it shall be under the *surveillance* of the Commissioners in Lunacy also. —Ed. M. P. & C.]

POPULAR SCIENCE TEACHING.

At the commencement of the winter, we announced that Dr. Corfield was engaged to deliver a somewhat lengthy course of lectures at the Society of Arts, for the purpose of educating the masses on the subjects of air, water, infection, disinfection, the spread of infectious diseases and their prevention. The course has been immensely popular, and throughout has been well attended, although we would have preferred seeing more of the working men proper, than so many of the well-dressed classes. However, there has been a fair sprinkling, certainly as many as might be expected from the indifference known to exist to sanitary matters amongst them as a body. Last Saturday was the

end of the series of lectures, when the chair was occupied by Professor Tyndall, who complimented the lecturer on the thoroughly sound instruction which he so clearly conveyed. Once on his legs, Professor Tyndall well knew the audience would not leave satisfied without the enunciation of his views upon a subject he has made peculiarly his own; referring therefore to the cause of diseases, he had made it plain that the contagion consisted of definite particles sometimes floating in gas, or in the air, or in the liquid which we drank; and that, like organic seeds in the soil, they multiplied themselves indefinitely in suitable media, the great probability being that these disease-producing particles were living things. A close study of the subject, extending now over two years, enabled him to agree entirely with the lecturer in the parallelism throughout which he had declared to exist between the phenomena of these disease-poisons and the phenomena of ordinary putrefaction. Take the case of flies communicating diseases from one person to another, that was exactly paralleled by phenomena in putrefaction. Thus he had chopped up a beefsteak, steeped it in water, raised the temperature a little above the temperature of the blood, poured off the water, filtered it, and got a perfectly clear liquid; but that, placed in a bottle and exposed to the air, began to get more and more turbid, and that turbid liquid, under the microscope, was soon found to be swarming with living organisms. By heating this perfectly clear beef-tea, it would be sterilised, everything being killed which was capable of producing those little organisms which produced the turbidity; or by keeping it perfectly stopped from the air, and from coming in contact with any floating particles, it might be preserved for years. He had now some sterilised beef-tea of this sort, which had been preserved for eighteen months, in a state of perfect transparency, but if a fly dipped its foot into an adjacent vessel containing some of the turbid fluid, and then into the transparent fluid, that contact would be sufficient to infect the sterilised liquid—just as a surgeon dipped the point of a lancet into vaccine lymph to vaccinate, and in forty-eight hours the clear liquid would be swarming with these living organisms. In this, as in the case of contagious disease, there was a period of incubation. In proof of what the lecturer had stated that here the contagion of these communicable diseases was not gaseous or liquid, but solid particles, he would describe an experiment he had only made a few weeks since. Eighteen months since he had a place prepared from which all floating particles of dust were removed, and in it he placed a number of vessels containing animal and vegetable refuse, and also two or three vessels containing perfectly clear beef-tea and mutton-broth, as transparent as water, in which the infective particles have been killed by heat. Although all these vessels had stood during that time side by side there had been no communication of contagion from one to the other, the beef-tea and mutton-broth remaining as transparent as when put in, though the other vessels emitted the most noisome stench; but if a bubble was caused in one of the putrefying masses by blowing into it, and that rose to the surface and burst, and the spray of the bubble was allowed to fall on the transparent beef-tea or mutton-broth, in forty-eight hours they became as bad as their neighbours. It was not, therefore, sewer gas which did the mischief, but the particles which were driven up and scattered by the sewer gas. Referring to another point on which the lecturer had insisted—viz., that there was no power of spontaneous generation of the germs or contagion of diseases, Professor Tyndall said that, though at present great names were opposed to that view, he would venture to predict that ten years hence there would be very few great names opposed to the lecturer on that matter. With regard to the power of disease poisons to be generated in decomposing animal matter, he would say that for the last twenty-one years he had been in the habit of visiting the upper Alpine valleys where, amongst the Swiss châlets, there was the most abominable decomposition going on from day to day, and exceedingly bad smells; but there these contagious diseases were entirely unknown. If, however, a person suffering from typhoid fever were transported there it would spread like wild-fire, from this infected focus, and the disease would pass through the entire population. It might be taken, therefore, that any of these special diseases required its special germ or seed for its production, just as you required a grape seed to produce a vine. He entirely agreed with all that the lecturer had stated as to these diseases "breeding true," for they never found the virus of small-pox producing typhoid, or *vice versâ*. The subject was one of the most important which could engage the attention of the scientific physician, for in the whole range of medical art and science there was not a subject of equal importance. But in applying to daily practice this question of infectious diseases the scientific physician must not stand alone, he ought to be aided by the sympathy of an enlightened public. Here, in England, we did not like to be pressed into good behaviour by external influence, and if anything was to come in the way of really great sanitary improvement, it would be from the people themselves. Hence, in a people who were jealous of Government interference, it was of primary importance that they should be properly instructed; and he did not exaggerate in the slightest degree in declaring that solemn, sound, and healthy instruction had been imparted to them in the lecture to which they had just listened.

Medical News.

Royal College of Physicians of London.—On Thursday last, April 26, the following gentleman was admitted Licentiate:—

Sugden, D'Arcy, St. Bartholomew's Hospital, E.C.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on April 24th and 25th:—

Baker, Frederick G., Cambridge Gardens.
Bourke, William, M.B.Edin., Jamaica.
Brock, John, Northwich.
Bury, Judson Sykes, Manchester.
Calder, Augustus B., Leith.
Chapman, James M., Edinburgh.
Cripps, Edward C., Cirencester.
Crook, Herbert D., Keynsham, Bristol.
Cusack, Robert Oriel, L.R.C.P.Lond., Bedford.
De Verteuil, Ferdinand A., Trinidad.
Douglas, Arthur L., Liverpool.
Eccles, Friend R., M.D., Warwick, Ontario.
Giffard, Henry E., Hersham, Surrey.
Gillibrand, William, L.S.A., Wigan.
Hemsted, Arthur, Ickford, Oxon.
Hughes, David A., Westbourne Park.
James, Alfred, Merthyr Tydfil.
Joll, Boyd B., Devonport.
Jones, Edward O., M.B., Surbiton, Surrey.
Jones, James T., Ruthin, Denbighshire.
Kay, William, L.S.A., Coatbridge, Lanarkshire.
Lyddon, Richard, Folkestone.
MacDonnell, Richard L., M.D., Montreal, Canada.
Marsh, Frank, Stafford.
May, Edward P., Russell Square.
Mayne, Walter F., Honiton, Devon.
M'Geagh, William, M.D., Belfast.
Morton, Albert S., Kennington.
Nicoll, Thomas V., Charterhouse Square.
Payne, Henry, L.R.C.P.Edin., Salisbury.
Plumbe, Samuel T., Maidenhead.
Prowse, William B., L.S.A., Wallingford, Berks.
Pugh, John H., L.S.A., Birmingham.
Ransohoff, Joseph, M.D., Cincinnati.
Rhodes, Clement, L.R.C.P.Lond., Halifax.
Robson, Edward Sheddon, L.R.C.P.Edin., Durham.
Sawyer, Henry, Rugby.
Shaw, Oliver C., Chesterfield, Derbyshire.
Smith, Ferdinand C., L.S.A., Brentford.

Smith, Wm. Barron, L.R.C.P.Edin., Manchester.
Sugden, D'Arcy, L.R.C.P., Finsbury Park.
Tidswell, Herbert H., Bayswater.
Warliker, Damodar P., L.S.A., Bombay.
Williams, William R., Felixstowe, Suffolk.
Wilson, Edmond M., Gilston Road.
Worgan, Thomas E., Balham, Surrey.
Wright, Adam H., M.B., Toronto, Canada.

University of St. Andrews.—The following gentlemen, having passed the required examination, obtained the degree of Doctor of Medicine on April 20th :—

Arminson, John, M.R.C.S., L.S.A., Preston.
Chisholm, Edwin, M.R.C.S., L.S.A., Sydney, New South Wales.
Furnell, Michael Cudmore, F.R.C.S., Surgeon-Major H.M.I. Service, Principal and Professor of Medicine, Madras.
Gaye, Henry Searle, M.R.C.S., L.S.A., L.R.C.P.Lond., Newton Abbott.
Larkin, Henry William, L.R.C.P., M.R.C.S., L.S.A., L.M., Bilston.
Marriott, Peter William, M.D. Giessen, M.R.C.S.L., L.S.A., Mentone, France.
Miller, Matthew, L.R.C.P.S.G., Glasgow.
Pickett, Jacob, L.R.C.P.Ed., M.R.C.S.E., L.A.C., London.
Powell, George Dennison, L.R.C.S.I., L.A.H. Dub., Dublin.
Thompson, John, M.R.C.S., L.S.A., L.R.C.P.E., London.

At the same time the following gentleman received the degrees of M.B. and C.M. :—

Murray, Donald Roderick Morrison, North Leith.

NOTICES TO CORRESPONDENTS.

Notice—Removal of Offices.—The Offices of the Irish Department of the MEDICAL PRESS AND CIRCULAR, have been removed from 23 Ely Place to 3 Molesworth Street, Dublin, where all further co mmunications should be ad dressed.

NOTICE TO SUBSCRIBERS—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in Loadon, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader "Subscriber,' "Old Subscriber," &c. Much confusion will be spared by at ention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

SWINEY LECTURER.—In another column it will be seen that the authorities of the British Museum announce a vacancy as "Dr. George Swiney's Lecturer on Geology." The appointment is tenable for five years, of the value of £150 per annum for twelve lectures. Not a bad stipend £12 10s. per lecture. Candidates must be M.D.Edin.

ROYAL INSTITUTION.—On Thursday, May 3, at 3 p.m., Prof. Tyndall, "On Heat."

HARVEIAN SOCIETY.—On Thursday, May 3, at 8 p.m., Mr. George Field, "On the Graver Aspects of Otorrhœa."

ROYAL INSTITUTION.—On Friday, May 4, at 9 p m., Rev. W. H. Dallinger, "Researches on the Origin and Development of Minute and Low Forms of Life."

A SPECIAL Evening Meeting of the Pharmaceutical Society of Great Britain will be held this evening at 8 o'clock. Prof. Redwood will deliver a lecture on "Spectrum Analysis," illustrated by the Electric Light.

THE Fourth Evening Meeting of the Pharmaceutical Society of Ireland was held on last evening, the 1st of May, at the King and Queen's College of Physicians, Kildare Street, Dublin. The following communications were read :—1. C. R. C. Tichborne, Ph.D., F.C.S., &c., "Note on some crystals on *Ung. Hydrargyri Iodidi Rubri.*" 2. H. N. Draper, F.C.S., M.R.I.A., "On a Simple Mode of Detecting the Presence of Alcohol in Essential Oils." 3. R. Jones, "On Sulphite of Soda as a Solvent for Salicylic Acid." 4. For exhibition—"Glars Wool" for filtering purposes.

DR. CAMERON gave notice in the House of Commons yesterday that when the Bill against vivisection came up for the second reading he would move that it be read "that day six months."

F. E. CLARKE, M.D., Drogheda.—Your letter is unavoidably postponed owing to want of space.

THE FRUITS OF PHILOSOPHY.—On an appeal by Mr. Bradlaugh and Mrs. Besant, defendants in the case "The Queen *versus* Bradlaugh and Besant," the Lord Chief Justice decided on Monday to grant the application and to remove the case for trial from the Old Bailey and a common jury to the Queen's Bench where it will be heard by a judge and special jury.

PROFESSOR LISTER AND PROFESSOR AZAM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am highly amused as well as edified in the somewhat interesting correspondence now being carried on through the medium of your columns between Dr. Dolan and M. Azam on the relative carbolic merits of Prof. Lister and the renowned Frenchman who is in the list with Dr. Dolan. I opine that your two correspondents will be so puffed up by their reciprocal compliments that their friends will find it difficult to hit it with them ; besides, their great aptitude for translation proves them both to be unequalled linguists, though peculiarly their several versions do not tally. I cannot resist complimenting both your correspondents in their *humility* and *modesty*, and the unpatronising way in which they speak of each other.

Surely, if Dean Swift were in the land of the living we should hear him repeat with emphasis—

"Strange such difference there should be
'Twixt tweedledum and tweedledee."

Yours faithfully,
LE GERME LE DIABLE.

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8 o'clock, Specimens. Dr. James Braithwaite, "On a New Mode of Treating certain cases of Retroflexion of the Unimpregnated Uterus." Dr. Geo. Roper, "On a Difficult Case of Labour." And other communications.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—We are asked to make the following correction in the Pass List of Licentiates supplied to us by the College : For Patmore, Gower Street, read, Patmore Tennyson Deighton, University College Hospital.

VACANCIES.

University College, London.—Professorship of Anatomy. Full particulars of the Secretary.

Middlesex Hospital.—Resident Physician's Assistant, Applicants must address the Chairman of the Medical Committee.

Chester General Infirmary.—Visiting Surgeon. Salary, £50. Applications to the Chairman of the Board of Management.

Birmingham.—Resident Assistant Medical Officer to the Parkfield Workhouse. Salary, £150. Endorsed applications to "The Guardians of the Poor," Paradise Street.

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary, £200, with board. Testimonials to the Chairman of the Selection Committee.

APPOINTMENTS.

ARBUCKLE, J. H., M.D., House Surgeon to the Stanley Hospital, Liverpool.

BARRON, J., M.A., M.B., C.M., Assistant Medical Officer to the Berks County Lunatic Asylum, Moulsford.

MARA, W. F., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Athy Dispensary District of the Athy Union, co. Kildare.

MARKBY, T., M.R.C.S.E., Medical Officer for the Woodbury District of the St. Thomas Union, Devonshire.

NEWMAN, H., M.R.C.S.E., Certifying Factory Surgeon for the District of Hadleigh, Suffolk.

THORP, C. W., L.K.Q.C.P.I., F.R.C.S.I., Medical Officer of Health for the Todmorden Urban Sanitary District.

WICKS, W. C., M.B., C.M., Assistant Physician to the Hospital for Children, Newcastle-on-Tyne.

Yeo, G. F., M.D., Assistant Surgeon to King's College Hospital.

Deaths.

ARKINS.—On April 16, at Tolka Lodge, North Richmond, Dublin, Matthew A. Arkins, L.R.C.P.Ed., aged 56.

BAKER.—On April 17, at the Royal Infirmary, Edinburgh, James Baker, M.B., aged 25.

CARTER.—On April 12, at Clifton, Bristol, William Grover Carter, M.R.C.P.L., aged 60.

DOWD.—On April 9, at White Lion Street, Chelsea, Charles Dowd, Surgeon, aged 72.

GAMAN.—On April 17, at Hambledon, John Gaman, M.R.C.S., aged 51.

HARRIS.—On April 18, at New York, Dr. John Harris, formerly of Ashford, Kent.

SHAW.—On April 16, at Lurgan, William Shaw, M.D.

DR. GEORGE SWINEY'S LECTURER ON GEOLOGY.

The TRUSTEES of the BRITISH MUSEUM are about to appoint a Lecturer on this foundation. The Office is tenable for five years. The stipend is £150 a-year. All charges incurred for the delivery of the Lectures are to be defrayed by the Lecturer.

The number of the Lectures is not to be less than twelve in any year, nor more than three in the same week. The first Course is to be delivered before the end of July, 1878 ; and each subsequent Course between the first of November and the end of July following, at such public places within the United Kingdom as the Trustees shall from time to time after approve ; the public to be admitted thereto without fee. Candidates must have taken the degree of Doctor of Medicine at the University of Edinburgh. Certificates to this effect, and other Testimonials as to Qualifications are to be submitted to the Principal Librarian of the British Museum, not later than the 1st day of November, 1877.

J. WINTER JONES,
Principal Librarian.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 9, 1877.

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ON PHARMACOLOGY AND ITS RELATIONS TO THERAPEUTICS. (a)

By T. Lauder Brunton, M.D., D.Sc., F.R.S.,

Fellow of the Royal College of Physicians, Assistant Physician and Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital.

The question, What is the cause of hunger? is one which cannot be regarded as definitely answered. It is, no doubt, immediately dependent on some condition of the nervous centres in the cranium, and may be present when the blood circulating in these centres is impoverished, although the stomach be full, as in children suffering from tabes mesenterica; yet the stomach is the part in which it is apparently felt, and it may be produced by local conditions of the stomach which do not affect the nutrition. For the stomach has little power to discriminate sensations, and the bitterness which quassia or quinine causes in the mouth, and the heat caused by mustard or cayenne, are both felt by the stomach as appetite; and so is the slight irritation caused by small doses of tartar emetic or arsenic, which on this account are said to act as gastric tonics. The usual appetite felt by the healthy stomach after a short period of abstinence seems to depend upon slight irritation of the nerves in the stomach, caused by some condition either of the gastric follicles or blood-vessels. Increased irritation causes violent appetite, and such an appetite may be induced by the stimulus of a bitter taken before meals or an irritable condition of the stomach itself. This craving appetite may be observed in some forms of dyspepsia, and not unfrequently precedes a so-called bilious attack with vomiting. When the irritation is increased still farther, the appetite, as shown by Bernard's experiments and by Beaumont's observations (*vide* Beaumont, "Physiology of Digestion," 2nd edition: Burlington, 1847, p. 251), disappears, and is succeeded by nausea or even by vomiting.

From these observations we learn how to treat anorexia due to different conditions of the stomach. When the stomach is languid and lacks its normal sensibility, there will be want of appetite, because the condition of its walls does not afford sufficient stimulus to its nerves; but when this is supplemented by the additional stimulus of food, appetite is felt. Thus, such persons have no appetite before a repast, but after they begin to eat acquire a relish for their food, and make an excellent meal. When the appetite is due, on the other hand, to excessive irritability of the stomach, the persons feel beforehand as if they could eat a great deal; but as soon as they have swallowed a morsel or two the additional stimulus of the food acts like the excessive friction of the rod in Bernard's experiments, appetite disappears, and nausea or even vomiting succeeds.

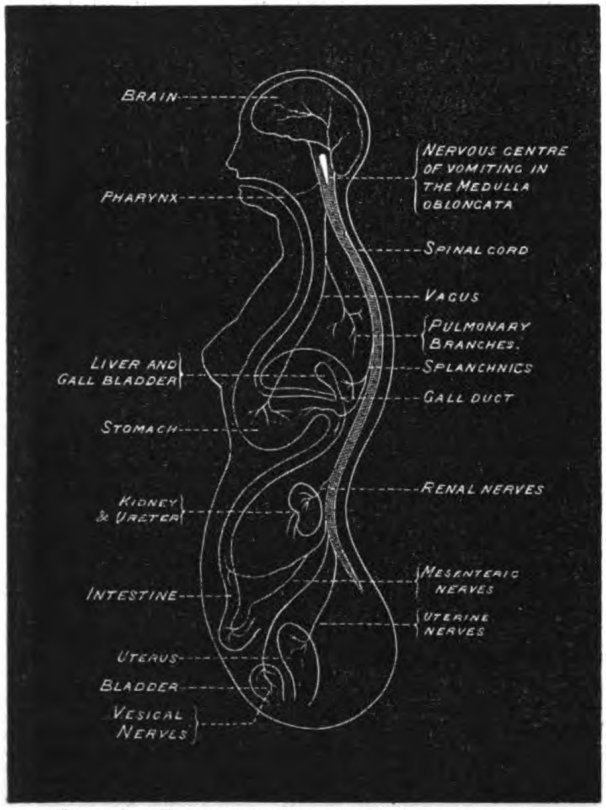
The treatment is evident from the pathology. If the anorexia be due to deficient sensibility, we must give an extra stimulus—such as bitters before meals, or a little more spice and seasoning with the food. Many a time, however, the result is disappointing, when quinine or quassia before meals as an appetiser is ordered without considering the pathology of the particular case, it being one, not of deficient sensibility, but of excessive irritation. The proper treatment here is to soothe the mucous membrane, instead of stimulating; and on adopting this, and giving bismuth and magnesia instead of bitters, the lecturer has seen the appetite return. Sometimes one meets with persons who complain that, after a full meal, they feel as empty as if they had not had anything to eat. Normally, hunger is appeased by eating, probably because the condition of the gastric walls, whatever it may be, which causes appetite, is relieved by secretion; but in the cases just mentioned, the food does not produce its ordinary effect. The reason which suggests itself to explain this is, that the stomach does not react so readily as it ought.

We have no experiments to show what drug will affect the reflex action of the gastric nerves; but we know that strychnia increases other reflex actions, and why not this?

(a) Abstract of the Goulstonian Lectures.

Strychnia appeared theoretically to be the most likely remedy for such cases; and, on trying it experimentally, the lecturer found it successful. Theoretically, also, it ought to be useful in those cases of atonic dyspepsia in which we give alkaline solutions, and its utility in such cases is practically well known. But supposing the stomach to be too debilitated—either from old age or from exhaustion by disease—to respond to such stimuli as bitters, alkalies, or alcohol, even when aided by strychnia, what is to be done? The organ is then a passive vessel, and as such we must treat it. It possesses a temperature of 99 deg. Fahr.; and we know that, under such circumstances, weak hydrochloric acid with pepsin will digest meat actively when mixed with it in a glass vessel. By introducing pepsin and acid into the stomach, we will supply the gastric juice which it cannot secrete; and the products of digestion, by strengthening the body, will gradually enable the stomach to do its own work and dispense with extrinsic aid. Bernard's experiment shows us that great irritation of the stomach will cause vomiting; and we know, from other researches, that it is because the irritation is transmitted by sensory nerves, and especially by the vagus, up to a centre in the encephalon (*a*) and probably in the medulla oblongata, whence it is reflected to the muscles of the abdominal walls. It is by irritation of the nerves in the stomach that vomiting is usually occasioned; but it may also be produced by irritation of other nerves, such as those of the intestine

FIG. 10.

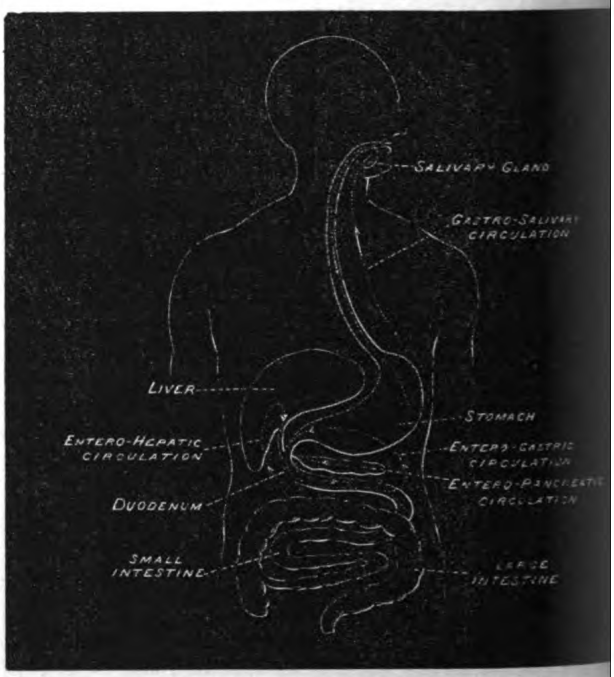


Shows the afferent nerves through which vomiting may be induced.

or ovaries. It is a reflex act, and is to be arrested either by removing the irritant or diminishing the sensibility of the nerve-centre through which it acts. If the irritant be undigested food or acrid fluids in the stomach, a little mustard and water will remove it; if it be an inflamed condition of the stomach itself, we must use bismuth and hydrocyanic acid to soothe it and deaden the sensibility of its nerves; but if it be an irritant which cannot be removed, like a calculus in the gall-duct or a fœtus in the uterus, we must employ opium or bromide of potassium to act on the nervous centre within the cranium, and prevent it from transmitting any reflex impulses.

In the intestine we can no longer watch so readily as in the stomach what our drugs are doing, but still experiment is teaching us something about their action there. It has shown that acids applied to the mouth of the bile duct stimulate the discharge of bile from the gall-bladder, so that the acid chyme from the stomach causes a flow of bile as it passes along the duodenum; but we do not yet know whether the utility of nitrohydrochloric acid in bilious disorders is due in any measure to its increasing the stimulus afforded by the chyme. Rutherford has shown that podophyllin, rhubarb, aloes, and colchicum increase the secretion of the bile; but he, as well as the Edinburgh committee of which he formed a member, found that calomel does not. The benefit which follows a dose of calomel or blue pill in biliousness is so marked that the discrepancy between clinical observation and the results of experiment led many to believe that the latter was worthless and misleading. But facts never contradict one another, although they may run counter to our opinions. The apparent contradiction in this case may be explained by the farther experiments of Lussana, Schiff, and Heidenhain. These physiologists have found that the liver does not only form new bile, it again

FIG. 11.



Shows the manner in which substances are excreted into and reabsorbed from the intestinal canal.

secretes old bile which has been absorbed from the intestine, and which moves round in the entero-hepatic circulation (*vide* Fig. 11) from intestine to liver, and from liver to intestine again.

Thus all purgatives which sweep out old bile and food from the intestine (and thus prevent its absorption), lessen the quantity circulating in the blood, whether they increase the activity of the liver or not. The effect of any purgative in clearing away bile in this manner will depend on the part of the intestine on which it acts. If it hurry on the contents of the duodenum before they have time to be absorbed, it will clear away the bile; but if it only act on the large intestine, it will have comparatively little effect. We still want experiments on the part of the in-

(*a*) Gianuuzzi, *Centralblatt für die Med. Wiss.* 1865, pp. 1 and 12⁹.

testine affected by different purgatives; but it is probable that it is to an action on the duodenum that calomel owes the cholagogue properties which aloes wants.

The digestion of food in the intestinal canal is, we know, carried on by ferments, which decompose and prepare it for absorption. It would appear that each ferment must do its own work, but must not overdo it; for there seems to be a provision for stopping the action of each after it has acted for a while. The ptyalin will not act in acid fluid; and the gastric juice lessens, if it do not destroy, its activity. Pepsin is precipitated by bile, and is rendered inert by the pancreatic juice, so that its digestive power is destroyed when the food reaches the duodenum It has not yet been ascertained whether the action of the pancreatic juice is altered by the intestinal juice, but it will not act except in an alkaline fluid; and thus if the chyme be very acid, pancreatic digestion will be retarded. The various processes of digestion depend upon one another, and if one be disturbed the whole will suffer more or less with it. Hence the satisfaction with which we hail such experiments as those of Bernard and Rutherford on the action of our remedies, and the interest with which we look for farther information regarding the digestive process to Brücke and Khüne, who have already taught us so much regarding it.

But it is not in the intestine only that ferments, or, as they are better called, enzymes, play a part. After the food has been absorbed and actually forms a part of the liver in the form of glycogen, it is still subject to their influence, and they convert it partly into sugar. Here, too, our drugs seem to influence these enzymes, and bicarbonate of soda will lessen their activity and retard the formation of sugar.

Some ferments seem to possess the power of building up compounds, instead of breaking them down, and facts all seem to point to ferments or enzymes as the agents by which the tissues are built up and again pulled down in that constant change which continues during life. The action of drugs upon these enzymes is becoming one of the most interesting questions in pharmacology. Their action can be increased or diminished by the action of alkaloids, such as morphia and veratria, and by various salts, such as nitrates, sulphates, and chlorides. It would appear that, to some extent, we can stop the formation of acid in rheumatic fever by salicylic acid or its soda-salt, for they not only reduce the temperature in rheumatic fever, but lessen the urea, showing that lessened decomposition of albuminous tissues is taking place.

We now know that decomposition of the tissues composing the body, goes on independently of oxidation, and that it may be increased while oxidation is diminished. According to Voit, albuminous substances, such as those which compose the muscles, liver, and kidneys, do not undergo combustion by direct union with the oxygen supplied to them by the blood, but split up so as to yield urea and fat. The fat should usually undergo farther combustion into carbonic acid and water; but if the supply of oxygen be lessened, or the decomposition be quickened, combustion becomes insufficient, and the fat accumulates in the tissues as fatty infiltration and fatty degeneration. Thus it is that, when a limb is disused, and the supply of arterial blood to it consequently lessened, fatty degeneration of the muscles takes place. When the coronary arteries can no longer meet the increased calls of a hypertrophied heart for arterial blood, or when they become abnormally contracted, fatty degeneration of the cardiac wall sets in. When the power of the blood to convey oxygen is lessened by diminution in its red corpuscles, the comparative want of oxidation leads to the accumulation of fat frequently noticed in anæmia, and a tendency to obesity frequently appears after severe hæmorrhage. The pathology of fatty degeneration indicates its treatment. The supply of arterial blood to the organ must be increased, if possible, and its power to carry oxygen is to be augmented by the use of iron, so as to favour combustion. But, at the same time, we must try to restrain the decomposition of the tissues within proper limits.

There is one way of influencing tissue-change which I must not forget. By simply keeping an animal in a hot chamber for a little while, the tissues decompose more rapidly, and the evidence of their waste is to be found as increased urea in the urine. Quicker decomposition is followed by increased combustion, and the temperature of the body rises. Now begins a vicious circle; for the higher temperature itself quickens tissue-change and the fire supplies itself with fuel. The heat, too, stimulates the cardiac ganglia, quickens the heart, dilates the vessels, and accelerates the circulation. Acting on the respiratory centre, it quickens the respiration, increases the supply of oxygen to the body, and thus fans the flame. But, quick as the respiration may be, rapid as is the circulation of arterial blood, it is, as Wickham Legg has shown, insufficient in many instances to keep pace with the decomposition of the albuminous tissues, the products of waste accumulate, and we find them in the fatty heart of fever patients, and in the livers of Strasburg geese.

Now, we clearly see that, whatever may have led to increased tissue-decomposition and combustion in the first instance, the high temperature itself is a cause of mischief, and must be reduced. We no longer regard it as a conflict of vital spirits with which we cannot intermeddle, nor as an angry struggle of the vital powers with some foe from without, to be encouraged by keeping up a roasting fire in the sick-room, carefully closing every cranny through which fresh air might enter, swathing the patient in folds of flannel, and giving him nothing but warm drink, in spite of his earnest entreaties for a drop of cold water to cool his parched tongue. Instead of this, we regard it as a chemical process going on too quickly, and we try to retard it by securing cool pure air through careful ventilation, while we refresh the patient with washes to his fevered skin, and cool drinks to quench his raging thirst.

We endeavour to lessen the inward fire which is consuming him by quinine, eucalyptus, or salicylic acid, and to slow his feverish pulse by aconite. But, when these means fail, and the temperatnre persistently rising, will assuredly cause death, we know that we can bring it down by the free use of cold water.

This is no new remedy, for by its use Musa saved the life of Augustus. But it is not one to be ignorantly or rashly used; for, while it cured the emperor, it killed his nephew. Even now, in spite of the numerous instances in which life has been undoubtedly preserved by it, many scruple to use it, on account of the dangers which they apprehend from it. Experimental pathology and pharmacology have not given us the remedy, but they have taught us how to use it, what are its dangers, and how they are to be avoided. They are death from failure of the heart and death from failure of the respiration. The knowledge of the dangers teaches us how to avoid them, and the lessons of experiment coincide with those of clinical observation. The temperature in such cases must not be brought down too quickly; it must not be brought down too low, and stimulants must be administered to prevent the action of the heart and respiratory centre from flagging.

While experimental pathology and pharmacology have done so much for us already, will they not do more? They have taught us how to use such remedies as cold affusion, which were known before, and they have put new ones, like salicylic acid, into our hands. But collapse still sometimes occurs after a cold bath, and salicylic acid does not always prevent the temperature from rising. Will this always be so? We may confidently answer, No. We will yet discover remedies to prevent the collapse, and to keep the temperature within its proper limits. Every day is enriching medical science with some new discovery, diseases are being traced more precisely to their origin, and the action of remedies is being more exactly defined and localised. Order is beginning to appear amongst the crowd of new acquisitions to our knowledge, and isolated facts begin to range themselves under general laws. Pharma-

cology is allying itself to chemistry, and the rigid laws of the latter are beginning to extend to the former. We no longer attribute the power of drugs to an inherent energy, and say, with Molière, that opium causes sleep because it possesses a *vis dormitiva*. We are beginning to look upon the sleep as only one link in a chain, the beginning of which is a chemical affinity between the opium and certain molecules in the nervous system. We observe that drugs having different chemical affinities differ in their effects on the body, while those belonging to the same chemical groups are nearly allied in their action. By altering the chemical composition of our drugs, we can alter the place of their action and change the nature of their effect. We can counteract the effects of one drug by another, and prevent death from a poisonous dose. We are learning the conditions which cause our drugs to affect one part of the organism rather than another, so that we hope ere long to foretell from the chemical constitution of any substance, the organ it will attack, and the functional changes it will effect. At the same time, pathology is teaching us the parts we must act upon, and the nature of the influence we must exert, in order to prevent or arrest the processes of disease. Thus we may hope to predict that a body, having a certain chemical constitution, will prove an efficient remedy in a particular disease. Hitherto, we have been obliged to trust to the substances we procure from plants for our most powerful agents; and even if we were to know the constitution of the particular remedy we required, it might be impossible to procure it. But now one alkaloid has been made, another and another have rapidly followed it. We can change the constitution and action of these in the same way as we alter those derived from the vegetable kingdom. It is, therefore, highly probable that we shall be able to produce artificially the substances which will act on the body in any way we desire.

Nor may the time be so very far distant. When the oldest licentiates of this College now living were studying their profession, the discoveries of Lavoisier were novelties; digestion was still regarded as a process of solution; the functions of sensory and motor nerves were unknown, and the doctrine of reflex action was still far in the future. The distinction between the tissues had just been made, and the importance of the cell had not been recognised. Pathology had hardly begun, and scientific pharmacology did not exist. When we think of all this, and compare it with our present knowledge, we are astonished. If we compare our practice, as at the beginning of these lectures, with the Egyptians and Greeks, we are discouraged; but, if we glance at the advances made during a single lifetime, we cry, "Slow has been the advance of medicine, because she went astray; but, now the path she follows is right, swift is her progress, and glorious will be her future."

SUGGESTIONS ON THE FEEDING OF INFANTS. (a)

By William Faussett, M.B., F.R.C.S.I.

A long residence in the neighbourhood of a large city has afforded me many opportunities of examining the children of poor persons put out to nurse, who at the very dawn of life have by one casualty or another been deprived of the nourishment intended for them by Nature; but that which has aptly or inaptly been denominated "baby farming," on anything like a large scale, is not known, so far as I am aware, in the vicinity of Dublin. The infant children, however, of mothers engaged at service in the city or elsewhere, destitute orphans, and foundlings from the union workhouses, are frequently received into the cottages of the labouring classes, and reared by them with their own families, and, according to my observation, generally treated with humanity and tenderness. The main essential element, however, of sound natural food for the newborn baby is or ought to be milk—human milk, if possible, but otherwise the new milk of cows modified by the addition of a third or a fourth part of water—*i.e.*, if not previously watered or "*stretched*," as it is technically called by the professional dairymen—and a slight flavouring of sugar. At the present high price of milk, however, and the uncertainty of procuring it at all times of equal purity and richness, all classes of society, but more especially the poor, have many difficulties to contend with.

Without presuming to pass any judgment on the many artificial substitutes which on alleged chemical and scientific principles have from time to time been pressed forward under the notice of the profession and the public to take the place of mother's milk, I beg to call attention to a very cheap and simple article which is always easily procurable—viz., cocoa, and which when pure and deprived of an excess of fatty matter, may safely be relied on as an admirable basis of infant food.

Before entering into certain considerations which the subject demands, I shall simply relate how this substitute for, or, at least, valuable addition to milk, when employed as food for infants first suggested itself to my mind.

About five years ago a very wretched looking infant, just six weeks old, was brought under my notice in apparently the last stage of extreme exhaustion, its pale and wrinkled features, with somewhat the expression of old age, its shrivelled limbs and pot-belly, its large beseeching eyes and piteous moans, telling at once the whole history of its sufferings and its wrongs. The father of this unhappy babe was at the time an inmate of the union, an old grey-headed profligate who, though a married man, had seduced its mother, a young girl just turned of sixteen, subsequently known to her neighbours by the ludicrous *sobriquet* of "*the little one that had the baby.*" The child's present nurse, however—its grandmother—appeared anxious to do all in her power to save the helpless infant's life. Calling to mind just at the moment the fact that young calves and lambs were frequently reared up on cocoa, with very small additions of milk, and reasoning on certain analogies in reference thereto, it occurred to me that it would be a far more feasible and rational experiment to try this plan with the child than to continue the use of bread and "*kettle tea*," or to adopt the "arrow-root" or "rusk-biscuit" and "barley-water" method, so much in use in the nurseries of even the more favoured classes. I recommended the use of cocoa, therefore, with as much milk added as could be spared from the small family allowance, which for all purposes amounted to about a pint a day.

To my great gratification the child, who took greedily to this kind of nourishment supplied from a feeding-bottle, soon improved in health, gradually put up flesh, and became a fine thriving infant. The cocoa was continued through the whole period of infancy, and he is now, at the age of five years, as fine and healthy a child as can be seen.

Shortly after my experience of this case, I happened to be consulted about the health of twins (the children of respectable parents), both of whom, but one in particular, were in a declining state of health, evidently, as it appeared to me, from an insufficient supply of proper nourishment. Calling to mind the result of cocoa feeding in the above case, I strongly recommended a trial of it here likewise. At first there appeared to be some distrust and indisposition on the part of the mother to adopt this meagre and unsophisticated sort of diet. As I did not hesitate, however, to urge with confidence its use, it at length got a fair trial, and the result justified my expectations. The twins were after a little time fed almost exclusively upon cocoa, with milk added, and now, at the age of five years, there are not perhaps two finer or healthier children in the neighbourhood. In several other instances I have recommended the same mode of feeding, more especially where milk was not to be had in abundance, and uniformly with the same result. The ordinary husk or shell cocoa, though it is said to yield half its weight to boiling water, being but the refuse of the bean, and retaining in its composition

(a) Read before the Surgical Society of Ireland.

lignin and other ingredients better suited, perhaps, for the lower animals, is likely to produce irritation in the intestines and diarrhœa, as I observed in one case, and therefore not to be always trusted for infant feeding. Cocoa in the natural state abounds in a number of valuable nutritious principles; in fact, in every material necessary for the growth, the development, and sustenance of the body. That this useful article has not hitherto been adopted for infant feeding is, perhaps, owing to its not being so palatable to the adult taste as tea, coffee, and other beverages, as well as to the fact that while the unsophisticated shell or husk, which is but the refuse of the bean, is poor in nutritious properties, there happen to be so many adulterated preparations in the market, palmed on the public as genuine cocoa under different pretentious titles.

A most useful and able *exposé* of those appeared some time ago in the MEDICAL PRESS AND CIRCULAR, but there are honorable exceptions, and though of course, it would seem invidious to name any of these to the exclusion of the rest, I may be permitted to mention that Cadbury's Cocoa Essence, which is elaborated on the principle of excluding and detaching the superabundance of concrete oil or fatty matter with which cocoa abounds, is a useful preparation, and there are no doubt others equally deserving of confidence—*e.g.*, cocoatina powders, Fry's, Van Houten's, patent cocoas, &c., &c.

Beside a volatile aromatic oil, a bitter principle and a peculiar element called Theo-bromine, which resembles the theine of tea and the caffeine of coffee, but more nitrogenous in its composition than either, cocoa contains gluten, gum, starch, and other ingredients, as well as the large amount of fat alluded to, and which constitutes rather more than half its weight. This last item being far in excess of what is either palatable or easily digestible, it becomes an object with the chemist, while retaining the other valuable flesh-forming materials, to diminish in part the superabundant fat. Under this excuse, however, the most shameless adulterations have been practised. Sugar, starch, and other and inferior substances, and even animal fat, have been introduced into some of the patented compounds, articles, which however useful in their own place, are very poor substitutes for what, at least, the infant stomach more imperiously demands.

The great advantages to be derived from the employment of cocoa in the feeding of infants, especially of the poor, are obvious, for, besides its heat-producing, flesh-forming ingredients, it is cheap, simple, and readily available. A teaspoonful, more or less, of a sound preparation of cocoa to half-a-pint of fluid, partly water and partly milk, even skimmed milk, when boiled for a minute or two, affords a wholesome meal to a hungry infant, and will *ceteris paribus* be thoroughly digested.

To present nutriment to the infant stomach, especially before the teeth are developed, in a perfectly fluid form, I have long since regarded as indispensable to the health of the child, inasmuch as the pepsin or solvent principle does not, as in adults, seem capable of reducing solids, not even pap, to such a state of solution that the lacteals or absorbent veins can act upon it with the same energy as in after life. The consequence is, that the child, though largely fed, is still hungry, accumulations take place in the intestines, its limbs and body waste as much from inanition as from vitiated secretions, and the countenance assumes the canine ravenous expression of starvation and bad treatment.

I beg, therefore, respectfully to commend cocoa, as an article of infant's food, to the notice of my professional brethren, especially those who, holding office under the Poor-laws, have such large and extensive opportunities of testing its value.

With the present pampered and artificial tastes of the better classes, it is to be feared that so simple and unsophisticated an article of diet as cocoa would be received by them with small favour for their infants; but as its nutritious properties are unquestionable, it will, I submit, be an experiment devoid of all risk, in the case of children that are not thriving under more ordinary methods of feeding, to give it a fair trial, premising that some gentle aperient will in such cases be often found a necessary preliminary, to clear out the *primæ viæ* of half-digested food previously given.

The extreme richness of cocoa in the natural state, and its peculiar flavour, which (to the adult taste at least) lacks the agreeable *bouquet* and pungency of tea, seem at first sight objections to its use; but the infant palate can readily be brought to relish that which sustains and nourishes the body. There will always be room, however, for the exercise of sound judgment in selecting, adapting, and modifying, according to the requirements of different cases respectively, the most suitable preparations of this useful aliment.

The shell or husk, though comparatively poor in nutritious properties, will yet, if fresh and pure, yield a decoction which (owing to the absence of fat) may be tolerated when the richer patent extracts disagree. Such cases, however, are exceptional, and after a little time those preparations which contain a much larger amount of absolute nourishment may be substituted with advantage.

The terrible disclosures which have recently come to light on infant mortality, especially in public institutions, invest the subject of infant feeding in reference thereto with peculiar interest.

Our French neighbours appear to have taken the matter up with their usual enthusiasm, and to have appointed a Commission of five members to conduct experiments on the most approved scientific principles with the view of arriving at certain determinate practical results in reference to artificial feeding.

Now, assuming all other circumstances to be equal, and other hygienic arrangements as perfect as possible, due attention being paid to proper ventilation, to good drainage, to pure air, the avoidance of over-crowding, and the securing of constant watchfulness and diligence on the part of skilled nurses, the question remains still to be determined what is the best mode of infant feeding when suitable wet nurses cannot be procured.

There are some two or three leading principles which it is the object of this paper to establish—viz. :—

1. That aliments should always be presented to the infant stomach in a perfectly fluid form.

2. That as bread and farinaceous substances generally have been proved by experience, and recently by numerous *post-mortem* examinations (*a*) to be often indigestible, and to have led directly to infant mortality, such substances had better be excluded from infant feeding.

3. That cows' or goats' milk, when pure and modified as much as possible to resemble human milk, will often be found sufficient without any other help to nourish the new-born infant.

4. That as cocoa contains all the elements indispensable for the growth and development of the body, and can always be presented in a fluid form, it is next to milk preferable to all other natural substances as an article for infant aliment.

There is one other point which, though only indirectly connected with infant feeding, is one of paramount importance as regards the present and future health of the individual—viz., the necessity of guarding against the hateful practice of covering the child's face as it sleeps.

The mistaken kindness and over-zealous attention of nurses in excluding the pure air of heaven from entering the lungs in order to guard against the effects of cold, will often be exhibited in the soft, pale, flabby condition of the infant's body, while a cachectic condition of the blood will be insidiously generated which must prevent the infant thriving for the present, and possibly may lay the foundation of tubercular and other diseases in after life.

(*a*) Made by Dr. Korawin at the Children's Clinique, St. Petersburgh.

Clinical Records.

ST. MARY'S HOSPITAL.

Lithotrity, followed by slight cystitis. Abscess of kidney. Death.

Under the care of MR. NORTON.

(Reported by J. S. SCRIVEN, L.S.A.)

J. C., æt. 64, labourer, was admitted to St. Mary's Hospital on March 16th; patient was a tall, well-built, somewhat spare man, had had good health all his life till about two years ago, when he felt pain in his loins, and on micturition the last few drops of urine scalded, these symptoms continued to increase, and latterly he noticed a reddish sandy deposit in the vessel into which he made water. He was able to continue his work till about ten days ago. On the 17th of March a sound was passed and a calculus felt in the bladder. The urine was clear, yellow colour, sp. g. 1016, neutral reaction, large quantity of albumen present. Faint uroxanthine reaction by Heller's test, no blood by guaiacum test, some pus by liq. pot. test. Under the microscope some few scales of squamous epithelium were observed.

When first admitted he stated he had never noticed anything special in his urine, except the reddish deposit of sand, but to-day he stated that he had lately passed blood per urethra. Ordered ordinary diet. Bowels not opened. ℞ Confec. sennæ, ʒj., p.m.

March 19th.—Considerable scalding on micturition, does not make water freely. Bowels open. Sharp cutting pains from region of kidney to bladder, mostly felt in morning and evening. Appetite good, feels well in himself.

21st.—Urine only contained a small amount of albumen; symptoms same.

22nd.—Urine neutral, no albumen.

23rd.—Bladder to be daily washed out with tepid water. Urine clear, yellow, sp. g. 1022, acid, no albumen, a little mucus and a little pus. Ordered

℞ Tinct. buchu, ʒj.;
Aquæ, ad. ʒj. T.d.s.

Diet to be chiefly milk, with a small chop, one egg, and extra loaf.

26th.—Urine normal, no blood nor albumen.

28th.—Urine cloudy, dirty yellow colour, sp. g. 1020, acid, contains albumen; some pus, no casts were seen when examined under the microscope. About four ounces of tepid water was injected into the bladder, and a lithotrite was then passed by Mr. Norton and the calculus crushed, some of the fragments were then caught in the lithotrite and crushed again, two or three times. The bladder was then washed out and sundry small fragments of the crushed calculus were washed away. Temp. at 8 p.m., between five and six hours after the operation, was 101·2.

29th.—Feels comfortable in himself, but sore about the end of urethra, testicles also feel very sore, urine scalds him in passing, can only pass a small quantity at a time, fragments of stone passed in the urine. Appetite good; bowels open; pulse full, strong, and a trifle hard. Temp. 10 a.m., 98·6; 8 p.m., 101·6.

30th.—Pulse, 92; temp. 9 a.m., 103·6—2 p.m., 104·2—8 p.m., 103. To have four pounds of ice.

℞ Pot. acet., ʒss.;
Tinct. buchu, ʒj.;
Inf. buchu, ad ʒj. Quater die.

31st.—Has passed a good many fragments of stone, but all very small, though they gave pain in passing. Water passes more freely; very thirsty; tongue dry and cracked. Temp. 11 a.m., 102—8 p.m., 102·6.

April 1st.—Temp. 10 a.m., 102·4—9 p.m., 103.

2nd.—Is lightheaded at times, feels weak. Pulse 96, quick and irregular; tongue dry, cracked, yellowish fur at edge; appetite good, rather thirsty. Temp. 9 a.m., 101·8—8 p.m., 102·4. Diet of March 23 altered, to have fish, milk ptj., one egg, four ounces of port.

3rd.—Temp. 9 a.m., 100·4—? p.m., 101.

4th.—Did not sleep well, easier this morning than he was during the night, has passed a good deal of the crushed calculus. Passes water pretty well. Temp. 10 a.m., 98·4—7 p.m., 100·6.

5th.—Temp. 8 a.m., 99—8 p.m., 99. Bladder washed out.

6th.—Slept well last night, passes water easily, some small fragments of stone pass; able to get up a little. Pulse 88, weak. Temp. 9 a.m., 99·6—8 p.m., 98·2.

7th.—Able to get up for a couple of hours. Temp. normal.

8th.—Temp. 10 a.m., 100—9 p.m., 100·4.

9th.—Omit the ice and prescription of March 30. To take port 8 ounces. Diet simple, milk ptij., two eggs, fish, and beef jelly, ptj. ℞ Decoc. uvæ ursi, ʒj., t.d.s. Temp. 11 a.m., 99·6—8 p.m., 98·4. Pulse about 80, irregular, hard, and jerky.

10th.—Tongue dry, red, slightly cracked, feels very thirsty; appetite good; bowels open. Pulse 132, jerky, somewhat irregular. Jerks his hands about in a very nervous manner, is inclined to wander in his mind, and mutters a good deal to himself. Temp. morn., 102·2—even., 98·8.

11th.—Considerable jactitation; tongue dry, red, and cracked, cannot control its movements; some sloughing about glans penis. Pulse very irregular. Passes some blood per urethra. Says he feels ill in himself, not much appetite, feels thirsty; wanders a little when talking; appearance bad. Ung. zinci to penis and scrotum. Brandy, ʒiv.

2 p.m.—Is semi-conscious. Says he feels bad, and that is all he will say. Resp. 40; pulse at radial could not be counted, owing to tendinous subsultus. Heart beats 156 per minute, as observed by stethoscope. Temp. morn., 100·6—even., 99·2.

12th.—Had a good night, appears a trifle better this morning. Has considerable diarrhœa; urine bloody and stringy, smells strongly ammoniacal, and evidently concontains a good deal of pus and mucus. Less jactitation than there was yesterday, a little tendinous subsultus. Pulse 120, and weak; resp. 36, laboured. Temp. morn., 98·6. Answers questions rationally, puts out tongue, which is dry and cracked. Sloughing of penis extending to left side of glans and down body of penis; much tenderness in region of bladder. Chest examined, resonance good, air enters freely, and breathing fairly good in both fronts and both backs. Patient became worse during the afternoon, dirrrhœa stopped; he was hyper-sensitive to touch, sank gradually, and died at 6.30 p.m.

A *post-mortem* examination was held twenty-four hours after death; the signs of decomposition were very slight, hypostasis moderate. Left pleura adherent at apex; both lungs deeply congested, except at apex and upper front. Left lung exuded frothy secretion on section, no softening or pyæmic nodules. Left lung, cicatricial tissue at apex containing in centre a cheesy nodule which was perfectly encapsuled. Mucous membrane of bronchi wrinkled and thickened; contained fatty secretion.

Heart.—Several white patches on visceral pericardium, both in front and back. Right side rather dilated, left contracted, muscular fibres good, some atheroma and thickening of coronary arteries. Mitral valve rather thick, and whitish-yellow. Aortic valves perfectly competent, hinge lines, each contained one or more calcareous nodules. Pulmonary artery thickened. A good deal of atheroma just above valves and in arch of aorta.

Peritoneum dull all over, covered with yellowish flaky lymph which was not, however, very abundant. Liver was indented on under surface of right lobe by a deep and large indentation lined with corpuscular lymph, and corresponding to enlarged kidney and abscess surrounding it. (See hereafter.)

Right kidney was surrounded by pus, which formed a coat all around it, about 1½ inches thick: this appeared

to originate from two or three abscesses in the kidney structure, one of which, at its upper part, appeared to have burst into the peri-nephritic tissue: there were two apparently old abscesses, one at the upper end, the other about the centre. These were about irregular cystic cavities, probably the seat of stones previous to their descent; around these cavities was much thickening by scar-like material. The whole kidney was pale, almost suppurating; pelvis and ureter much dilated. Two or three white calculi were found in pus about the kidney.

Left kidney was fairly normal, except for some dilatation of pelvis; ureter very little, if at all dilated. The stone must have come from the right kidney.

Bladder was contracted round a very large stone; there was a little phosphatic deposit and lymph on its mucous coat, but it was not by any means in a bad state, and quite free from injury. It contained a large white stone, the size of a hen's egg, the surface of which was rough and tuberculated; a large portion had been broken off its lower end, it had come off as a part of an outer shell about ¼ inch in thickness. leaving a smoother pale nucleus unbroken. There were also several fragments of this shell, the larger fragments had become again united to the main body by a fresh deposit of phosphates since the operation, but were not joined in position.

The Urethra was normal; the middle lobe of prostate was a little enlarged, but not the main body of the gland.

Remarks.—An interesting point in this case is, that the patient gradually recovered after the operation until at the end of a week, when his condition was normal. It was then intended to perform a second operation, but the temperature again rising, and the appetite decreasing, the operation was postponed. Fever, with accompanied symptoms, now supervened to an extent of severity which could not be accounted for by the slight catarrhal cystitis resulting from the operation. The *post-mortem* examination showed very extensive suppuration around the surface of the right kidney, with three small calculi in the substance of the kidney, and remnants of former abscesses.

These conditions certainly point to the conclusion that chronic inflammation, with inflammatory exudation, had existed long before the operation around the small calculi which were found in the kidney, and doubtless also around the kidney, for the abscess there found was markedly encapsuled. This inflammatory condition could not be detected before the operation, and indeed the traumatic fever following the operation was insufficient to fan the changed kidney into an acute suppuration, for within eight days from the time of operation, the patient had recovered his usual health. About the tenth day after the operation, for some unexplained reason, the symptoms of the suppuration first made their appearance, and daily increased until a fatal termination.

Granting that these conclusions are correct, the case shows that conditions of the most serious importance may exist in the kidney, without the exhibition of symptoms which could lead to their detection. And, again, when a calculus leaves the kidney for the bladder, it is possible, or even probable, that other calculi have already formed, or will at a future time form, in the same kidney, and if these do not at an early date escape from the kidney, their irritation results in the formation of inflammatory products, which ultimately give rise to suppuration. An abscess thus formed, if near surface of the kidney, and if the pus should not escape into the pelvis of the kidney, gives rise to peritonitis, as in the case described, and death results.

THE death-rate during the past week throughout the United Kingdom shows considerable improvement upon recent returns. The average rate per 1,000 of the population is now reduced to 24, Plymouth giving the lowest and Oldham the highest death-rate, Edinburgh gives 21, London 23, Glasgow 26, and Dublin 29.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE last meeting of the Session was held at the College of Surgeons, on Friday, April 6th.

The VICE-PRESIDENT of the College, and subsequently the PRESIDENT, in the Chair.

Dr. FAUSSETT read his paper on

INFANT FEEDING,

which will be found on page 366. In the discussion which followed,

The PRESIDENT said that if it could be established that cocoa would be sufficient to support life in the case of infants, it would be very important, as it was a very cheap and easily prepared aliment. Certainly, the cases brought forward by Dr. Faussett had gone a long way to establish that.

Dr. M'CLINTOCK said he took a very great interest in the subject which had been brought under consideration that night by Dr. Faussett, and his observations suggested many points that they might very profitably enter upon and investigate. In the first place he must express his obligations individually to Dr. Faussett for having brought under their notice an article of infants' food, which he (Dr. M'Clintock) was not aware had been recommended by anyone else—viz., cocoa. Of course, Dr. Faussett admitted that the best artificial substitute for human milk was cow's milk, and there was scarcely any circumstance under which, even with the poorest class, and certainly in no public institution, where cow's milk could not be obtained, though it might not be of the richest quality. We have, of late years, found in the condensed milk, particularly that which is prepared in Switzerland, an admirable article of food for young infants. This question of infant feeding, as Dr. Faussett had remarked, was acquiring every year increased importance, and was attracting more close attention—partly through the increasing difficulty of obtaining wet-nurses in this country or in England, and partly also from the strong moral objection that had been started, and which was daily gaining ground, against the propriety and morality of employing wet nurses at all. He believed that, even with a *bona fide* good article of food, say pure milk or Anglo-Swiss milk, he still thought that the elements and conditions of success depended mainly on the mode of giving it to the child. In the artificial rearing of a child there was a great deal of judgment required on the part of the nurse or parent, and really next in importance to the mere selection of the article of food that they were going to give the child was the consideration of these concomitant circumstances —viz., the temperature of the food, the time of giving it, the mode in which it was given, whether by bottle or a spoon, &c., and so on. They often found peculiarities in children with regard to the digestion of different articles of food, and it was therefore well to possess another material that might occasionally be tried with advantage as now pointed out for the first time by Dr. Faussett.

Dr. DARBY quite agreed with Dr. M'Clintock in saying that in the rearing of children a great deal depended on the judgment and skill of the nurse. In the institution with which he (Dr. Darby) was connected there was not by any means a large infant mortality. The only credit he took for that was that he generally got women who were experienced in the rearing of children, and as long as the child did well the nurse was pretty sure of getting a good allowance for herself. He had, however, never tried cocoa, and was not partial to it.

Dr. FAUSSETT in reply, said, he had listened with particular interest to the remarks of Dr. M'Clintock with every one of which he coincided. It was always of importance that sound judgment should be exercised by the nurse, for the best conceived remedies would do the patient no good if they were not carried out in a proper manner.

ADDRESS.

The PRESIDENT then said it was his duty to announce that this was the closing meeting of the present Session of the Society. He could not make that announcement without congratulating the members on the results of the past Session; he believed it had been one attended with great advantage to them all, And looking back upon it for his own part, he only

regretted that circumstances had occurred which prevented him from being a more constant attendant at the meetings. He had recently gone over, with very great interest, the proceedings of the Session, and he must say that he believed that they were of a very high order, and such as to reflect credit on the Society and to lead them to look upon the past Session with pride and pleasure. He congratulated them also on the fact that during it they had lost none of their members. The privilege was not often permitted their President of congratulating on such a circumstance; and he would close his observations, which were necessarily brief—in consequence of the protracted character of their proceedings that evening—with the expression of the hope that when they next met, when he should have descended from the chair which he had occupied so unworthily, they would all assemble in health and spirits, in undiminished numbers and with renewed energy, to participate in the work of advancing the science and art of surgery. (Applause.)

The Session then closed.

SURGICAL SOCIETY OF PARIS.

TRACHEOTOMY BY THERMO-CAUTERY.

At the meeting of this Society on April 11th, 1877, under the presidency of M. Panas, there was an interesting discussion on foreign bodies in the air passages, and on tracheotomy.

M. Denuce brought under the notice of the Society the cases of two patients, in whom prune stones had fallen into the air passages. The first was a man, æt. 44, who, in the month of October, 1876, fell asleep with the stone of a prune in his mouth, which fell into his trachea, and when he sought advice some days afterwards he experienced each evening a sense of oppression, but did not feel as if the stone was in the trachea. When admitted to hospital there was some weakness of respiration, some dulness at the top of the left lung, and lowering of the temperature. Tracheotomy was performed with the thermo-cautery, and the presence of the foreign body was established by means of catheterism, in the left bronchus, and with the aid of a polypus forceps, an attempt was made to remove the stone; but owing to a suffocative attack with hæmorrhage, this was impossible. Next pay another attempt was made, followed by considerable hæmorrhage, without result; in the evening hæmorrhage occurred again, and the patient died after vomiting a large quantity of blood, the stone being expelled in the effort. At the autopsy there was found ulceration of the left bronchus, where the stone had formed a kind of nest; but this ulceration was not the point of origin of the hæmorrhage. The lung was very much congested, although it floated in water, and the blood came, without doubt, from the pulmonary lobe, where the congestion was greatest. The second case was that of a child, who had also a prune stone in the respiratory organ, and when M. Denucé saw this patient (on the third day) there was already some emphysema. A similar operation was performed, and when the trachea was opened the child had an attack of convulsive coughing, followed by the expulsion of the stone and of a large quantity of almost purulent fluid. From these two observations some conclusions may be drawn. Foreign bodies of equal size cause more intense attacks of suffocation in children, and ulceration is more rapid with them; whilst in adults the size of the respiratory canal allows such a body to descend lower, in the first patient the stone being lodged in the left bronchus.

M. Verneuil expressed the wish that the two cases of M. Denucé would lead to the employment of tracheotomy by means of the thermo-cautery, as it was not only easier, but a milder operation, and was equally applicable to children and adults.

M. Tillaux, although a partisan of tracheotomy by the thermo-cautery, was not so convinced as M. Verneuil about the mildness of the operation, as some weeks before he had used it, and he had considerable hæmorrhage from the thyroid veins, which were considerably developed, as sometimes happens in individuals.

M. Saint-Germain had performed tracheotomy three times on the adult, and he had assisted at three operations by M. Krishaber, but he had no hæmorrhage, and this success was rather in favour of thermo-cautery. We must distinguish between the operation in men and children. With children he preferred the use of the bistoury, as there was not such a mark left.

M. Paulet also declared himself a partisan of this operation, and he had evidence of the dangers of hæmorrhage produced by section with a bistoury of the thyroid plexus. In the case he alluded to he would have used the thermo-cautery had there been time to procure it, but as the patient was almost *in extremis*, he could not wait; however, this patient recovered.

M. Dupres pleaded the cause of the bistoury, and thought M. Paulet showed ingratitude to a method which was the means of preserving his patient. He found fault with the thermo-cautery: 1. For not allowing the operator an exact knowledge of what he was doing. 2. Of rendering the operation longer. 3. Of producing eschars which not only affected the skin and muscles, but even the trachea, as occurred in the practice of M. Labric. Tracheotomy with the bistoury was one of the best operations in surgery, provided we follow Trousseau's method, and do not open the trachea until the bottom of the wound is absolutely dry, and that is always possible, even with children.

M. Verneuil had the experience of nine operations with the galvano-cautery and thermo-cautery, but he had never seen the eschars of which M. Duprés spoke. M. Krishaber had five operations and M. Mauriac one, but they had not seen any eschars. As regards the operation of M. Labric, it was performed with extreme slowness, and it was the first time he had used the instrument.

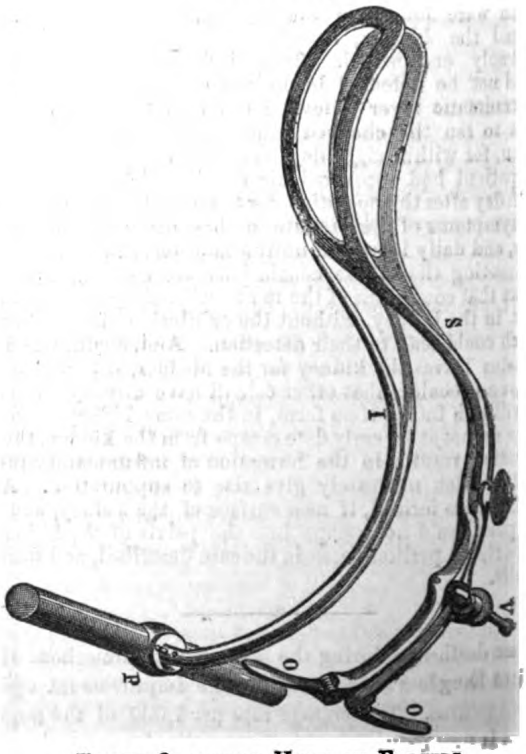
M. Denuce, in reply, said he had recently used the thermo-cautery on a child of seven years of age, suffering from croup. There was an eschar, but it was a very small one, and such a slight accident was not a sufficient reason for renouncing an operation which afforded good results.

TARNIER'S NEW FORCEPS.

On January 23rd, 1877, Dr. Tarnier, Physician to the Maternity Hospital of Paris, exhibited at the Academy of Medicine two new forceps, and he has since published a small pamphlet explaining their mechanism and their advantages.

As we are anxious to keep our readers *au courant* with the latest inventions and improvements, we give below a translation in abstract of the papers referring to them,

Fig. 1.



Three-Quarters View of Forceps.
I. Shanks of traction. S. Branches of prehension.
P. Handle.

with the illustrations copied from our contemporary, *La France Medicale*, of April 14th.

Dr. Budin has contributed an interesting review of them to *Le Progrès Medical*, in which he remarks that since the invention of the forceps, which was attributed to Chamberlain, there have been many improvements in shape, length, and other details, the most notable perhaps being the important modification introduced by Levret in 1847, who, in addition to the cephalic curvature added the pelvic curve. Dr. Budin believes that to Levret is due the merit of this improvement, and not to Smellie or Benjamin Pugh. Dr. Budin seems impressed with the new forceps of Dr. Tarnier, and thinks that they are likely to be of great service in obstetrics. The paper in *La France Medicale* is from the pen of Dr. Chantreuil, with explanatory diagrams, and it is claimed for Tarnier's new forceps that:—

1. The operator can always use traction in the axis of the pelvis, whatever may be the position of the head, and can consequently utilise all his power whilst he avoids dangerous pressure on the maternal parts.
2. The fœtal head has still sufficient mobility and can freely follow the pelvic curve.
3. The forceps can be employed in the usual way, but the operator is kept informed of the direction, &c., of traction.

FIG. 2.

Showing introduction of one of the branches of prehension with shank of traction in position.

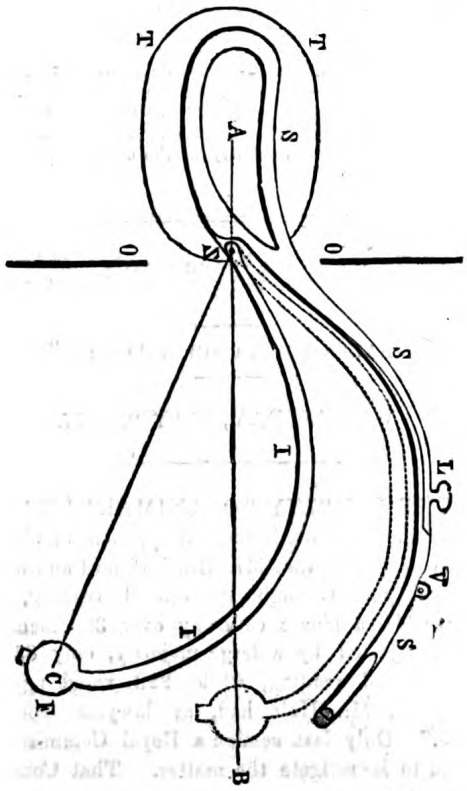
Our readers will understand their construction and shape better from the accompanying engravings. The forceps consists of two branches of prehension and two traction shanks; each traction shank being united to the branch of prehension by a moveable articulation.

The branches of prehension are fenestrated and articulated as the ordinary forceps, whilst the shanks of traction are parallel, as in the forceps of Thenance, and are fixed into a transverse bar by which the operator can obtain firm hold.

They are applied like the ordinary forceps, except when introducing them each traction shank is drawn up along side the corresponding branch of prehension, and then they are coupled together.

Dr. Chantreuil considers them eminently creditable to Dr. Tarnier, and even goes so far as to say the invention is no less than the signal of a new era in obstetrics.

FIG. 3.



Showing application in utero. O O. Orifice. S S. Prehensile branch. T T. Shank of traction. A B. Axis of pelvis. Z F. Showing alteration of axis. The dotted line shows mobility of shank of traction.

It remains to be seen whether accoucheurs in this country will accord them the same praise.

The ordinary forceps in daily use have the merit of simplicity, but should experience establish the superior efficacy of the new Tarnier forceps, their complexity will not hinder their adoption. We should be pleased to hear the opinion of some practitioner who has tested them in this country.

THE epidemic of small-pox, which seemed gradually subsiding, showed signs of renewed virulence during the past week, the deaths increasing from 77 and 81 in the previous weeks to 97, of which 89 occurred in London and 6 in Liverpool.

OF the relative proportion of deaths from vaccinated and unvaccinated persons the London mortality of last week gives a striking illustration. Of the 89 deaths, 41 were of unvaccinated persons, 14 vaccinated, and 34 not ascertained.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 9, 1877.

THE CRUELTY TO ANIMALS BILL.

No one but the most infatuated opponent of vivisection could have expected that Mr. Holt's absurd and untimely Bill would pass through its second reading, or will regret that in a House counting over 300 members, it has been rejected by a large majority, only 83 voting for the second reading, while 222 voted against it. The fact is, Mr. Holt had, as lawyers would say, "no case." Only last session a Royal Commission was appointed to investigate the matter. That Commission showed there had been a good deal of misrepresentation on the subject, that public opinion had been artfully stimulated, that the extent to which the practice of vivisection was carried in this country was very insignificant, and that as a rule little or no pain was inflicted upon the lower animals. Nor was this all. In deference to popular clamour, an extraordinary Act was passed which not only placed the practice of vivisection under the complete control of the Government, but reflected severely upon the humanity of an honourable and scientific body of men. Moreover, the supporters of the Bill could not show that the Act of last session had failed, or had been evaded in any way; indeed, sufficient time had not been allowed to see how the Act would really work. But this much is known, that the number of scientific men to whom licences have been granted might be counted on the fingers, and that the Act, however insufficient it may appear in the eyes of the anti-vivisectionists, will at least have the effect of thwarting scientific discovery in this country, and of compelling many of our best investigators to conduct their experiments in countries where periodical fits of humanitarianism are not so rampant as they are here.

Nor could Mr. Holt and his supporters bring forward one single argument in support of his Bill that has not been advanced before, and satisfactorily answered. All he could do was to reiterate some of the old arguments and some of the old and exaggerated statements that have been so often dinned into the ears of an unwilling public, until they are almost sick of the very name of vivisection. What Mr. Holt chiefly insisted on was that vivisection, even as practised by English scientists, was "an immoral act, and that it ought to be absolutely forbidden." This was his best argument for the total abolition of vivisection in any form whatever, and for "the regulation and inspection of places *where it might be presumed* that facilities existed for cruel experiments, and where there was danger that they *might* be performed." All that Mr. Hardcastle could say, was to throw doubt upon the honesty and humanity of scientific men in general, and to relate one or two stock sensational tales about vivisection as practised in France. Again, Mr. McLaren's remarks were characterised by an extraordinary amount of ignorance and dogmatism. "That nothing remained to be discovered by vivisection," that "everything had been discovered long ago," and that "experiments were made upon living animals not for the purpose of discovery, but for the purpose of proving to students that certain things which they were taught were true"—such were the kind of arguments which distinguished the speech of the honourable member, but to which we should think very few had the patience to listen. Mr. Cowper Temple, who also spoke on the subject, did little more than refer to the horrible cruelties which he said were perpetrated in foreign universities; but as Dr. Lush remarked, everything relating to foreign countries was quite outside the sphere of the present debate; and many of the speeches delivered that day would have been more appropriate when the Act of last year was under discussion. Even Mr. Forsyth, who was one of the first to join heartily in the agitation against vivisection, was obliged to vote against the second reading of the Bill, for he thought its advocates had allowed their zeal to outrun their discretion. Several other members criticised the Bill, but the speech of Dr. Cameron, who moved its rejection was most to the point. "All sorts of charges," he said, "had been made against eminent men of science, such as that they advocated vivisection from mere wantonness; and, in fact, the funds of the Anti-Vivisection Society—or whatever else it might be called—seemed to be mainly employed in the circulation of handbills which misrepresented the opinions of the authorities they professed to quote, and the disfigurement of the walls by the posting of bills which were altogether out of date. The hon. member opposite also appeared to misunderstand the real opinions of our eminent surgeons on this question. He must remind the hon. member (Mr. Holt) that the amount of vivisection performed in this country was extremely limited. The hon. member did not allege that the existing law was evaded, and the legalised vivisection consisted of entirely painless experiments performed while the animals were under the influence of anæsthetics, the animals being killed before consciousness returned."

In fact, how Mr. Holt could, under the circumstances, have had the courage to move the second reading of such a Bill as this, or how the House could have the patience to enter into a long debate on its merits, is more than we can

understand. But as Dr. Lush very justly remarked, a factitious enthusiasm and a false cry of humanity have been raised in favour of the bill; and, we may add, it is evident that the House of Commons must have been somewhat infected with this forced enthusiasm, or else Mr. Holt would never have ventured to ask the House to reconsider a question to which so much time and attention were given last session, and which was generally considered to be settled for some time to come.

If vivisection had really been extensively practised in this country, or had been attended with unnecessary pain and cruelty, we should not have been surprised at the outcry that has been raised against it, or at the success with which a certain class of agitators have worked upon the humane susceptibilities of the House of Commons. But when we consider that vivisection was never practised, nor ever likely to be practised in this country to any great extent; when we reflect that this method of scientific discovery is in truth only resorted to by a few eminent physiologists, that in nine cases out of ten anæsthetics are used, and that this agitation so far from being a spontaneous expression of public opinion, has been got up by a certain infatuated clique, assisted by sensational placards, and the house to house visitation of weak-minded women with petitions in their hands—when we think of these things, we cannot be too indignant at the attack that has been made upon the honour and humanity of our profession, or have too much contempt for those who have been the authors and abettors of what will hereafter be called one of the most extraordinary social movements of the nineteenth century.

PROVIDENT DISPENSARIES.

Sir Charles Trevelyan, Bart., writes us with regard to the remarks which appeared in the Medical Press and Circular on Provident Dispensaries last week. "Are we not putting upon our hospitals a strain greater than they can bear? They were never intended to provide for the entire medical treatment of the lower-middle and working class, and it is less possible than ever now that a higher standard is required in all the appliances for the popular health?'

"Provident Dispensaries are alluded to as if they were a thing apart, which may be left to the Charity Organisation Society to amuse themselves with, but can you suggest any better mode of providing for the ordinary medical treatment of our people? They cannot pay even the lowest professional fees, and it must therefore be done on the joint-stock-mutual assurance principle or on the purely eleemosynary basis which has so miserably broken down."

And, again, "why should you object to preliminary pecuniary aid until a provident dispensary has become self-supporting? A ship must be built before it can be launched; a child must be helped before it can walk alone. See the blessed results of initiatory outfit and counsel in the Manchester provident dispensary system, of which I send you the last report, and which, it appears, is carried on in a much more comprehensive manner than any which has been formerly tried. A great many persons who applied from motives of curiosity and otherwise now enter because they have faith in the system, and keep up their subscriptions very regularly, consequently the number of enrolled members has greatly increased. During the last year a new branch was opened in Pendleton, and a very large accession of patients has taken place in the surrounding districts. The number of patients at the medical charities does not seem to depend so much upon the needs of the poor as upon the facilities for obtaining relief. The establishment of a charity, medical or otherwise, always attracts a crowd of applicants, and it has to be shown on quite other grounds than the size of the crowd whether the charity is doing good or not."

We can assure Sir Charles Trevelyan that we are fully agreed upon the nature and extent of the evils attendant upon the bestowal of indiscriminate medical relief; but we are not so sure that by turning free dispensaries into provident, we shall lessen them, or drift off the lower-middle, or artisan class, from the hospitals. It is well known that those who can afford, or express a willingness to pay something towards medical relief, resort to the hospital solely because it is believed that there the most skilful treatment is to be had, and it is very doubtful whether provident dispensaries would draw them away, or give the profession all the advantages they ought to reap from a class of persons able to pay a something for medical advice.

Mr. W. C. Burdett, who has had considerable experience in the management of medical charities, considers that the indisputable rights of the profession, and the wish of the lower-middle, as well as the class above, will be better met by the establishment of institutions based upon the principle of the large hospitals, and open to all comers, who choose to pay, according to their means, for the skill and care bestowed upon them. Into such self-supporting institutions medical men would be invited to introduce their patients, and there they would be in attendance upon them, as at their own homes. Patients would receive all the advantages of superior nursing arrangements, and remain under the supervision of a resident officer, whilst they would not be deprived of a medical attendant of their choice, and who would receive a fair remuneration for his services. This is a scheme worthy of due consideration, and may offer a remedy for evils, fundamentally vicious in connection with the administration of indiscriminate and free medical relief. Sir Charles Trevelyan in no way disputes our assumption with regard to the duty and position of the Hospital Sunday Fund Committee in this matter. Undoubtedly, the main question for its consideration is not, as to the rival claims of provident and free dispensaries and hospitals; nor whether this or that system is so much better or worse; but which contributes most efficaciously to the relief of the deserving poor, when suffering from sickness, and which in the main produces the greatest amount of good with a due regard to economy.

Madras continues in a terrible state of unhealthiness, the last official returns giving the mortality at 146 per 1,000 of the population, this rate included 387 fatal cases of small-pox and 132 of cholera. The highest death-rate in Europe at the present time is Pesth with 41 per 1,000.

Notes on Current Topics.

The Westminster Hospital.

Our attention has been again drawn to this hospital by a long letter to the *Times* from Sir Rutherford Alcock, in which he meets the objections that have been raised to the contemplated repairs and improvements. As our readers will remember these objections have reference—1, to the supposed impossibility of satisfactorily adapting modern sanitary improvements to old buildings; 2, the confined area in which the hospital is situated and the noisiness of the locality; 3, the fast disappearance of the poorer classes from its immediate vicinity, and the absence of any need for a hospital in this situation, owing to the existence of three other and larger institutions within a radius of less than two miles. Finally, in favour of removal to Chelsea, Pimlico, or Battersea, it is urged that there are districts much in need of a hospital, that the value of the present site is so great that it would be easy to realise a sufficient sum by the sale to rebuild a new hospital, with all the advantages of ample space and sanitary improvements, if not, as one of the more sanguine advocates assumes, to provide an endowment that would yield "a large revenue for the transplanted hospital."

Such are the chief objections that have been made against the proposed improvements, but which appear to be very satisfactorily met by Sir Rutherford Alcock in the letter above-mentioned. In the first place, the committee of governors have satisfied themselves that, under the direction of Mr. Stephen Salter, an architect who has had much experience in similar work at other hospitals, that modern sanitary improvements can be successfully adapted to this institution. The objection on the ground of the confined area and noisiness of the locality is no more than might be brought against half the hospitals in London, and does not, in our opinion, interfere very much with the patients. The alleged disappearance of the poorer classes from the vicinity of the hospital is quite another matter; and, as we observed on a former occasion, there may come a time when that neighbourhood is so rich, so respectable, and so healthy as not to be in need of any hospital. So far, however, is this from being the case at present that, according to the annual report of the hospital, its patients have risen from 771 in 1834 to 1,619, and the out-patients from 2,963 to 17,727. Nor is the plea that there are three other institutions of the same kind within an area of two miles from the Westminster Hospital more tenable, for these hospitals appear to have quite as much work as they can get through, while the governors of one of them—the Charing Cross—have just opened a new wing to meet the increased demand that is made upon their services. From a financial point of view, the present scheme is certainly the most desirable, for while the contemplated improvements would only cost from £12,000 to £15,000, the erection of a new hospital would cost little less than £60,000 or £70,000. Moreover, the removal of the hospital would be a great loss to the poor to whom it affords medical relief, and as respects the funds of the hospital. For a considerable time the hospital would cease to exist, and the poor would have to get relief where they best could. And with regard to the funds, would, remarks Sir Rutherford Alcock, the chief sources of income follow the hospital to another locality—to Chelsea or Battersea—however much a hospital might be needed there? especially when we consider that nearly all the donations and legacies are derived from those who have been long connected with Westminster or its hospital, and who never cease to take an interest in its welfare from old associations.

On the whole, therefore, we think the governing body of the hospital have adopted the best course they could under the circumstances, and, that, in carrying out the proposed improvements instead of removing the hospital, they will be consulting the interests of the district for whose benefit the institution was established.

Deaths from the Administration of Chloral.

Another death from the administration of chloral shows how cautious we ought to be in the use of this medicine. It appears that Mr. Fred. Macfarlane Levison, æt. 37, had placed himself under the control of Mr. Holthouse, senior surgeon to the Westminster Hospital, for the cure of the intemperate habits to which he had given way. On the night of his death, Mrs. Ophelia Johnson, the matron of the establishment at Balham, to which the deceased had been taken, gave him in two doses 100 min. of chloral, soon after which he began to breathe hard and stertorously, and in another minute died. It is not quite clear whether the administration of so large a quantity was sanctioned by the medical attendant, but in his cross-examination by the coroner, Mr. Holthouse said he ordered fifty grains to be given to deceased at eleven each night, and if the patient did not keep quiet and sleep under that, the attendant was to give him a second dose. The verdict of the jury was "That deceased's death was accidental, through the administration of a sedative medicine in water, incautiously, but not recklessly or intentionally given to cause death." We are afraid the public will be induced to think all the circumstances of the case anything but satisfactory. If Dr. Holthouse admitted that an individual might, with safety, take eighty grains of chloral at one time, when, perhaps, at another time, ten grains would kill him, people will naturally wonder that he gave the attendants of the deceased the opportunity of giving him such a large dose of this medicine, or that he ordered as much as fifty grains to begin with. The danger attending the incautious use of chloral is shown by the fact that this makes the third death the coroner has had lately from taking this medicine, and there can be no doubt that its administration is attended with far more danger than that of any other narcotic or sedative. Indeed, a peculiar feature of its physiological action seems to be the great risk attending its use in large doses. Double or treble the ordinary dose of opium, or of morphia, or of henbane, or of belladonna may be given, without even causing alarming symptoms; but it is only in rare cases, such as certain forms of mania and of delirium tremens, that a large dose of chloral can be given with impunity. Thirty grains proved fatal in the case of a woman, aged thirty. Reynolds relates a case of nearly fatal poisoning by forty-five grains. A German physician records two fatal cases of poisoning by seventy-seven grains, and in both cases the patients had been in the habit of taking

the same doses for several evenings previously, and both died in a few minutes after the last dose. There thus appears to be some irregularity in the action of the drug, or perhaps it may either accumulate in the system, or is not eliminated from it so soon as other drugs are. At all events, such deplorable accidents as these teach us the necessity of prescribing chloral with the utmost caution, and with due attention to the condition of the patient, and the state of the vascular system. The coroner said, that according to the medical evidence given at the other cases he mentioned, the average dose of chloral was said to be ten grains. This is rather under the mark, fifteen grains being the most ordinary and the safest dose to begin with, to be cautiously increased, according to the circumstances of the case.

An American Military Surgeon's ideas of the Duties and Status of an Army Medical Staff.

Brevet Lieutenant-Colonel Woodward, Surgeon, United States Army, writes as follows on a subject interesting to many of our readers :—

"Since the earliest times pestilence has followed in the footsteps of war. It has been the consequence of ignorance as much as of necessity. The humane spirit of modern civilisation revolted at horrors which modern science has shown to be to a great extent preventable, has made of late years earnest efforts at prevention, and the intelligence of modern administration has perceived that the success of such efforts is an indispensable condition to success in war. It is this double motive that has called into existence the medical staff which has of late years become an essential component part of the army of every civilised nation. The work to be done cannot be performed by a band of hired barber-surgeons employed to bind up rudely the wounds received in battle ; it cannot be performed by the voluntary assistance of the crowd of educated civil physicians who may be led by motives of humanity to the scene of suffering after the mischief is done and pestilence has actually broken out ; for its efficient performance it requires the assistance of a trained medical staff. To possess the desired efficiency such a staff must be a component part of the army in time of peace. It must enjoy such rank and pay in its higher grades, and offer to its lower grades such prospects of reasonably rapid promotion as to receive the life-long services of the ablest medical men. These must devote themselves in time of peace to the study of the sanitary conditions which affect the health of armies, and war must find them ready to point out with authority the precautions which cannot be neglected without peril. The demands of philanthropy, the impulses of humanity are best fulfilled by such a staff when it best discharges its military duty, which is to see to it that of a given number of soldiers on the rolls, the largest possible number shall always be ready for duty. This proper duty of the medical staff is as much a military duty as that of artillery or the infantry. It is the business of these to maim and destroy till the strength of the enemy is so diminished that he can no longer resist ; it is the business of these to aid in keeping the fighting ranks full until their work is done. For the efficient discharge of this military duty the medical staff requires military rank as much as any other branch of the army service. It requires it, not merely because it is otherwise impossible to secure the continuous service of an efficient *personnel*, but because, without military rank, no *personnel*, whatever its qualifications, are so really efficient. It requires rank because it requires authority. If its wise counsels can be thwarted at every step by the obstinacy of ignorance, it becomes a mere witness of evils which it is impotent to prevent."

Hospitals for the Middle Classes.

We are glad to see that the movement in behalf of establishing these hospitals, of which we recently spoke so favourably, is likely to be attended with success. A deputation of gentlemen interested in the subject waited upon the Lord Mayor a few days ago, with the object of enlisting the sympathy and co-operation of nis lordship. A memorial, read by Mr. H. C. Burnett, stated that he proposed to establish a "Home Hospital Association," on the model of the Improved Industrial Dwellings Company (Limited), which was inaugurated by a meeting held at the Mansion House in 1866, and which, under the able guidance of Sir Sydney Waterlow, Bart., M.P., had proved so great a success.

We have on a former occasion stated the chief objects which this Association will have in view, but we may here mention that the suggestion we made respecting the medical attendance upon some of the patients forms part of the programme of the promoters of this movement ; for it is their intention to provide a well-regulated hospital in which, among other advantages, "medical men could send with confidence private patients, who could afford to pay for the required accommodation, and in which the patients could be treated, if they preferred it, by their own doctor."

But to return to the deputation. It was suggested that a basis of the scheme should be laid at a public meeting, under the auspices of representative men. The Lord Mayor expressed his willingness to comply with the request of the deputation, stating that he would have much pleasure in giving a day for the proposed meeting, over which he would preside, and also do all in his power to assist in carrying out the objects in view. The meeting having been fixed for June 27th, at half-past two o'clock, the deputation thanked the Lord Mayor and withdrew.

We may, however, ask, is the expression "Hospital for the Well-to-Do" a very happy one? For really "well-to-do" people are not likely to enter such an establishment as that proposed, inasmuch as they can have every comfort and attention at home. We would suggest that these hospitals are called "Home Hospitals for the Middle Classes," as being a term with which the idea of affluence is not associated as it is with the expression "well-to-do."

The Royal College of Physicians.

At a meeting of the College of Physicians on April 26th, the following bye-law was passed :—"Any candidate for the College licence who shall have obtained a degree in medicine or surgery at a British, colonial, or

foreign university recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as shall in each case be considered unnecessary."

A resolution was passed asking the Council to draw up a report on the subject of exemptions, to be submitted to a future meeting.

It would appear from the above that the College is desirous of attracting more candidates for their licence; but we are rather surprised they should take this step just on the eve of the formation of a conjoint board.

Memorial of the President and Fellows of the King and Queen's College of Physicians in Ireland, to the Secretary of State for War.

This Memorial, which we print in another part of our issue, cannot but have weight with Mr. Hardy. Without entering into the vexed question of systems, the College claims for the medical officers of the army the privileges and allowances of their relative rank as substantive field officers; a disciplinary control over their hospital subordinates; the abolition of unprofessional duties; a more generous interpretation of the leave and exchange regulations; staff quarters, and that the status of the senior executive medical officers may not be lowered by the performance of subordinate duties, hitherto appertaining to the juniors of the department. The College urges that the governor of every military hospital should be a medical man, not a combatant officer, and notices how unjustly the recent regulations as to the qualification for the administrative rank presses on efficient and competent officers, who, through the exigencies of the service, never had the opportunity of serving in India. The memorialists state, in conclusion, that, although unwilling to suggest any alteration in matters of military administration, they feel bound (after full consideration of the subject in all its bearings) to express their strong disapprobation of the system of compulsory retirement, medical officers, after ten years' service, as set forth in the Royal Warrant of 1876, which it is well known, would, without such an innovation, have drawn to the army an abundant supply of young medical men of the best stamp, and who would have chosen the army as a life career, in preference to the less adventurous, though, perhaps, more lucrative, civil practice. It is stated, with some show of authority, that the Director-General of the Army Medical Department was not consulted as to the feasibility, of a ten years' system, prior to its introduction to the profession in the shape of a Royal Warrant.

Ireland and its Vital Facts.

The year's investigations of the Irish Registrar-General were presented last week to Parliament, and are of a special interest, because the year marks an epoch in the later history of the country, as being the first for a considerable period in which the natural increase of population, or excess of births over deaths, was not more than counterbalanced by the number of emigrants.

During the year 140,438 births and 92,499 deaths were registered; in the same period 37,587 persons emigrated. An increase of 10,352 would thus appear to have taken place in the population, exclusive of the addition by immigration. The estimated population in the middle of the year was 5,321,618.

The births registered in Ireland during the year amounted to 140,438, affording a ratio of 26·4 per 1,000 of the population against an average rate of 27·0 per 1,000 for the previous ten years. The number of deaths registered was 92,499, equal to a ratio of 17·4 per 1,000 of the population, being 0·3 per 1,000 persons over the average rate for the ten years 1866-75. During the year 8,820 deaths were returned by the Registrars as having occurred from the eight principal zymotic diseases, being 9·5 per cent. of the total deaths, and equal to 1·66 in every 1,000 persons living. The average annual rates of death from these diseases during the previous ten years was 2·26 in every 1,000. Of the 8,820 deaths from these diseases last year only 21 were caused by small-pox, from which 535 deaths resulted in the preceding year; 593 were from measles; 1,992 from scarlet fever (being only one-half the number in the year 1875, and nearly 1,000 under the average for the ten years 1866-75); 347 from diphtheria; 1,439 from whooping-cough; 2,530 from fever; 1,828 from diarrhœa, and 70 from simple cholera. There were 2,624 inquests reported to the Registrars, being 1 inquest to every 35 deaths registered. Of the 92,499 deaths registered during the year, 12,770, or 13·8 per cent., occurred in public institutions.

Society for Relief of Widows and Orphans of Medical Men.

The annual general meeting of the Society was held last week, by kind permission of the Royal Medical and Chirurgical Society, in their rooms, Mr. Faller, treasurer, in the chair. From the statement read by the secretary, the receipts available for payments during 1876 had been £1,354 18s. 11d.; the expenditure, £1,300 5s. 11d., leaving a balance of only £54 13s. 0d. A sum of £2,885 10s. 0d. had been given to fifty-eight widows and thirteen orphans. The expenses were £214 15s. 11d. The funded property had been increased by the purchase of £792 13s. 0d. Metropolitan Consolidated Stock. During the year eleven members had died, four had resigned, and thirteen new members had been elected. The number of members at the end of the year was 402. Five widows had been admitted as fresh recipients of grants, three had died, or become ineligible; one orphan had been declared eligible; and two had become ineligible for further grants. A legacy of £1,000, duty free, from the Rev. H. C. Morgan had been received.

Mr. Prescott G. Hewett was elected a Vice President in place of Sir Wm. Fergusson, deceased; Mr. N. H. Clifton, a director, in place of the late Dr. Carr, and Mr. Goodchild, Dr. C. Brodie Sewell, Dr. Blandford, Sir Wm. Jenner, Mr. W. Morant Baker, and Mr. Rouse were elected directors, in place of the six senior directors, who retired by rotation.

A vote of thanks to the editors of the medical journals for their kind advocacy of the interests of the Society was carried unanimously. The meeting was closed by a vote of thanks to the chairman.

Metropolitan Asylums Board.

A meeting of the managers of this Board was held on Saturday last, when Dr. Brewer, the chairman, presented his annual report, which was of an exhaustive and elaborate character. The Board had borrowed no less a sum than £800,000 of the Metropolitan Board of Works, of which £64,706 had been repaid. The total number of

imbecile patients under charge of the managers on the 1st of January was 4,510, as against 4,294 at the corresponding date of the previous year. The reports from the several hospitals communicated to the managers the special and beneficial work that had been accomplished, and the progress made in the training and care of idiot and imbecile children was producing the most valuable and startling results. At the begining of the year 1876 an immunity from small-pox was enjoyed in the metropolis, but in the month of May the numbers had risen to twenty-four; and, notwithstanding all the efforts of the managers to stay the epidemic, it had gradually progressed to such a fearful extent as to necessitate the occupation of the fever hospitals and the construction of hospital accommodation. After giving the details, the chairman pointed to the fact of the virulent character of the disease, and the fearful havoc it had made amongst unvaccinated persons; but by the energy displayed and the interposition of Providence it was now happily on the decline. After a vote of thanks to Dr. Brewer for the report; the managers of the various asylums presented their reports, which were of a satisfactory character, except so far as the steady increase of imbeciles was concerned, and the meeting adjourned.

Anti-Vivisection Bores.

Our contemporary the *Globe*, who has all along taken a very proper and temperate view of the vivisection question, gives an amusing account of the "unscrupulous" conduct of the anti-vivisectionists and their agents, and to the truth of which we can speak from experience :—

"A correspondent of a contemporary recently affirmed that half the boys at a school of which he was an assistant master had been induced to sign a petition to the House of Commons against vivisection. . . . In one instance a couple forced their way into a house and desired its mistress—a stranger to both—to append her signature. On her entering a demurrer because she had already signed a similar document, one of the invaders waxed indignant at such preposterous scruples. 'Signed one?' she said, 'Why I have signed a hundred, and hope to sign a hundred more before I have done.' In another case, two of these humanitarian skirmishers—they generally go in couples—happened to arrive at the door of a house just as a lady visitor was leaving. She was at one attacked, and when she pleaded that it was not her residence, the leading Bashi-Bazouk answered that such righteous work ought not to be delayed by weak scruples about the correctness of an address. A third correspondent complains, not unnaturally, of the treatment to which his own wife was lately subjected by a brace of anti-vivisectionists. Although told by the servant that she was dangerously ill, the zealots insisted on an audience, and when that was refused, they declined to leave unless the petition were taken up to the invalid's bedroom for signature. . . . The anti-vivisectionists," adds the *Globe*, with well-deserved satire, "have evidently yet to learn that human beings are no less susceptible to cruelty than dumb animals."

The Election of Examiners at the Irish College of Surgeons

Took place as provided by charter on last Tuesday week, the first Tuesday in May. The whole of the outgoing courts sought re-election, and those charged with the midwifery diploma examination and the preliminary education test were re-chosen *nem dis.* For a seat in the surgical court there were several candidates, viz., Dr. Foy, Dr. Frazer, Dr. P. C. Little, Dr. Swan, and Dr. Charles H. Robinson. The council having assembled, the usual lot was cast for seven members to elect, and they having retired and deliberated, announced that Dr. Swan had been chosen a new member of the court in place of Dr. Gogarty. The examiners for the ensuing year will therefore be as follows :—

Examiners to examine candidates for the Letters Testimonial and Fellowship : B. Wills Richardson, Edward A. Stoker, John Barker, Edward S. O'Grady, William H. O'Leary, Henry G. Croly, William Thomson, and Robert S. Swan. Examiners to examine candidates for the diploma in midwifery : Henry Croly, John R. Kirkpatrick, and William Roe. Examiners to examine candidates in general education : Frank J. Davys, Michael J. Malone, and Robert Morton.

Education and Care of Idiots.

We are informed that on Thursday, the 17th, at 2 p.m. at Whitehall, the President of the Local Government Board and the Chairman of the Commissioners in Lunacy will receive a deputation to present the report of the special committee convened by the Charity Organisation Society on the education and care of idiots, imbeciles, and harmless lunatics. The report recommends that persons of this unfortunate class should be treated separately from acute cases of lunacy, and should all be suitably trained in childhood and youth, whereby the larger number may be made wholly or partly self-supporting, and the cases permanently placed in asylums may be confined to those requiring constant medical care.

The Jacksonian Prize.

This much-coveted honour, which in past years has been gained by men who have subsequently risen to leading positions in the profession, has this year been awarded to Mr. Harrison Cripps, F.R.C.S., surgeon to the Great Northern Hospital, and assistant demonstrator of anatomy at St. Bartholemew's Hospital, for the best essay "On the treatment of cancer of the rectum, particularly as regards the possibility of curing or relieving the patient by excision of the affected part" The award was announced at a meeting of the College of Surgeons of England on Thursday last, and we offer our felicitations to the author on his well-merited success.

The Hotel Dieu.

Now that the principal buildings of the new hospital are finished, the municipal administration is proceeding with the decorative part of the establishment, which, as might be anticipated, will be very sombre, and characterised by that plainness of appearance which is suitable for an hospital. There are being prepared for the vestibules and the entrance hall the statues of the founder and benefactors of the Hôtel Dieu, and also those of the celebrated physicians and surgeons of France. At the present moment the arrangement of the reconstructed Place du Parvis is being completed. On the side on which the old building is to be removed the operation will take a long time, because the whole has to be levelled.

Preliminary Education.

It is only a fortnight ago since we noted the fact that

the Irish College of Surgeons had struck the entrance examination of the University of Dublin off the list of preliminary examinations recognised by the College. The University of Dublin not only concurred in this action and stated its belief that the entrance examination was an insufficient test for a learned profession, but has written to the Medical Council an important letter which appears in our columns to-day. Feeling, as we do, that good preliminary education is the only real guarantee for the social rank of the medical profession, we heartily approve of the object which the University impresses upon the Medical Council.

"Dr. George Swiney's Lecturer on Geology."

THE trustees of the British Museum are about to appoint a "Dr. George Swiney's Lecturer on Geology." The office is tenable for five years. The stipend is £150 a year. All charges incurred for the delivery of the lectures are to be defrayed by the lecturer. The number of the lectures is not to be less than twelve in each year, nor more than three in the same week. The first course is to be delivered before the end of July, 1878, and each subsequent course at such public places as the trustees shall approve. Candidates must have taken the degree of Doctor of Medicine at the University of Edinburgh.

ANOTHER death from hydrophobia last week is reported from Blackburn. The deceased man was bitten by a small terrier about six weeks previously through the tip of one finger, dying in terrible agony.

Correspondence.

PRIVATE LUNATIC ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The private lunatica sylum drawn by Charles Reade is now a thing of the past, but are such institutions now in as perfect a condition and as free from abuse as the most ardent philanthropist could desire? Is the present system of immuring a patient on the certificate of two medical men only a satisfactory safeguard for the liberty of the subject?

These are very grave and open questions. On the printed forms supplied there is very little space allowed under the head, "Facts indicating insanity observed personally," and it requires great powers of condensation and observation to satisfactorily supply the necessary information, which has often to be put in a vague and general form, and certainly frequently in such words as would not stand the test of a judicial inquiry.

Of course, we are an honourable profession, but still we are only human; and as there are the most varied opinions as to what constitutes insanity, so the evidence that would satisfy one medical man would be unsatisfactory to another; witness our state trials, our criminal cases, &c.

I believe the *pauper patient of unsound* mind has more *protection* than the *wealthy sufferer*, but there is more publicity attending the former's misfortune. For his detention the certificate of a properly qualified surgeon is required, and also the signature of a magistrate, who reads over the evidence and satisfies himself as to its accuracy, and we can have no more reason to object to his decision on such a case (though it may be a wrong one) than we have to an adverse judgment when we appear as medical *experts* in higher courts.

Some such system, *minus the publicity*, would be advantageous not only to the public, but even to our own profession, for as Cæsar's wife should be above suspicion so should our actions.

Your space is too valuable to enter minutely into other points as to whether the State should not have complete control of all asylums, private and public, &c., &c.; but, perhaps, you may allow me to return to the subject again.

Yours,

April 30, 1877. HUMANITARIAN.

POPULAR TREATISES ON MEDICINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I presume not to question the utility of simple treatises on popular and domestic medicine conveying instructions of oft and great importance to the weary mariner or lonely emigrant far removed from the blessing of medical advice, but at the same time I would venture to deprecate those works which present to unprofessional readers descriptions of modes of treatment dangerous even in the hands of the skilled practitioner, yet so popularly brought under the notice of the reader that the ignorant or unwary, even with qualified medical assistance in their midst, may succumb to the pitfalls of dangerous quackery. I have before me a well got-up and comprehensive volume published for the author, Thomas J. Graham, M.D., F.R.C.P.Ed. (14th edition, 1872). It is entitled "Modern Domestic Medicine: a popular treatise describing the symptoms, causes, distinction, and correct treatment of the diseases incident to the human frame, to which are added a domestic materia medica, a copious collection of approved prescriptions, &c., &c., *the whole intended as a comprehensive medical guide for the use of clergymen, heads of families, emigrants, &c.*"

Part I. contains a description of the principal medicines now in use, with appropriate doses, and afterwards gives most excellent directions regarding diet, baths, cookery, management of children, &c.; and Part II. treats generally of the nature and treatment of almost every disease under the sun. Now, it may be very properly advanced that so comprehensive a medical compendium embracing upwards of 800 pages, is rather in advance of the requirements of emigrants or mariners, and quite unnecessary to the sanitarian education of clergymen or the heads of families; but, inasmuch as the book contains some most practical and useful matter, and indicates in its compilation much research and perspicacity, I shall refrain from commenting upon the judiciousness or otherwise of placing such a volume before non-professionals for perusal, more especially as the author remarks that his observations on "general principles in the treatment of disease" are "also worthy of the attention of junior medical practitioners."

But in a volume designed for "clergymen, heads of families, emigrants, &c.," I unhesitatingly deprecate the advocacy or introduction of such a mode of treatment as is laid down (page 574) when discussing inflammation of the lungs. I take the liberty to quote as follows: "The administration of tartar emetic is of great service in all inflammations occurring within the chest. It is trusted to alone in these complaints by many French and Italian physicians, indeed, by many English practitioners also. M. Peschier, of the Canton de Vaud, has trusted entirely to large doses of this substance in such cases for many years past, and, according to his report, with admirable success. He does not bleed or blister but immediately commences with giving the patient a tablespoonful of the following mixture every two hours in a teacupful of barley-water or tamarind-tea:—

Take of emetic tartar	. .	14 grains;
,, water	. .	6 ounces;
,, syrup of saffron	.	5 drachms. Mix.

In general the quantity of tartar emetic ordered in this mixture should be increased three grains a day till the patient takes twelve, fifteen, or twenty grains during the twenty-four hours, the dose of the mixture being still a tablespoonful every two hours." . . . . "M. Peschier remarks that large doses of this article produce much less vomiting than small ones which always give rise to great distress without beneficial results. I am very favourable to this plan."

I have not introduced this subject with the object, nor shall I occupy your valuable space by stating my own views as to the expediency of tartar emetic in pneumonia, the stage of its applicability, or the dose or mode of its administration; but I was struck on reading the passage, and am still of the same opinion that no matter how heroic the treatment or extreme the views of M. Peschier, or any other authority, may be, the more inapplicable they are for insertion in a popular treatise on domestic medicine designed for "clergymen, heads

of families, emigrants, &c." That such a plan of treatment as that quoted by me is dangerous in the hands of the untaught and indiscriminating can be doubted by no practical physician, and the promulgation and advocacy of such ideas regarding the administration of tartar emetic to persons unqualified and unskilled tends alike to embolden the rash and thoughtless, and needlessly to imperil human life. To teach the poor sailor or the emigrant the judicious and safe use of this drug when necessity requires it, is suggested by the commonest humanity; but that (in my mind, at least) should not involve the advocacy of an incautious and extreme administration of a poison which, not many months ago, brought desolation and disgrace to more than one English home. I am, sir, your obedient servant,

FRANCIS E. CLARKE, LL.D., M.D., &c.

28 Lawrence Street, Drogheda, 29th March, 1877.

ARMY MEDICAL DEPARTMENT.

TO THE
RIGHT HONOURABLE GATHORNE HARDY, M.P.,
Her Majesty's Secretary of State for War.

Memorial of the President and Fellows of the KING AND QUEEN'S COLLEGE OF PHYSICIANS *in Ireland.*

HUMBLY SHEWETH—That your memorialists have watched with interest the working of the Royal Army Warrant, dated April 1st, 1873, the circular for the organisation of the army hospital corps, the further special circulars of May 6th, 1873, the Royal Warrant, 28th April, 1876, and the Army Circular, January, 1877.

That with regard to the general policy of the unification of the army medical department and the abolition of the regimental system, your memorialists do not deem it within their province to offer any opinion. They would, however, respectfully observe that the result of that measure, as carried out by the circulars since 1873, has been to deprive medical officers of those social comforts and advantages which, under the Royal Warrant, October 1st, 1858, had induced many of them to join the service. Further, the sudden abrogation, by the warrant of 1873, of the privileges set forth in the warrant of 1858, without adequate compensation, cannot but be looked upon as most unjust.

Your memorialists regret to observe that the same spirit still animates the War Office, inasmuch as, although Article 15, Royal Warrant, April 1st, 1873, expressly stated that "the medical officer attached to a regiment or battalion shall remain with it, as a rule, for five years," the regulations of 1876 nullify this. Your memorialists, whilst not desiring to urge the continuance of this five years' regimental tenure, would respectfully adduce its sudden abolition as one of the many examples of capricious change.

That your memorialists observe with regret that the privileges and allowances in regard to forage and servants, granted as an appanage of rank by Royal Warrant, 1858, and all previous warrants, to all field officers, and extended to medical officers of that rank prior to the issue of Royal Warrant, 1873, are now practically withheld from the medical officers promoted subsequent to that date, forage being now granted to medical officers only when horses are deemed necessary for the performance of their duties—the conditions of such necessity being, so far as your memorialists are aware, as yet undefined by any regulation of the service. The effect of this regulation has been not only to place medical officers in a position of great embarrassment as regards the keeping of horses, but it has, in a measure, deprived them of the status of their relative rank as field officers, and virtually reduced the income guaranteed them on entering the service. In this latter respect, the case of the medical officers differs entirely from that of other departments more recently constituted.

Your memorialists earnestly trust that all the advantages in this respect, previously enjoyed by medical officers, will be restored to them.

That your memorialists regret to observe that the medical officers are not permitted to exercise any disciplinary control over the men of the army hospital corps. Your memorialists respectfully submit that the army medical department ought to be entrusted with the supreme control over all subordinate to them in military hospitals, in matters of discipline and duty alike—these latter being inseparably connected, and the men referred to being organised, not for combatant duties, but for attendance on the sick and wounded in hospital. Your memorialists consider that the governor of such institutions should be in all cases a medical officer, subject merely to the general or other officer in command of the troops.

That your memorialists regret to find that medical officers attached to hospitals are charged with a number of duties of an unprofessional character, involving a knowledge of matters entirely outside the province of a medical officer, without commensurate pay or assistance, and imposing on them a large amount of responsibility, together with the onus of furnishing a number of requisitions, returns, and reports, many of which are more strictly kindred to other departments. Thus, additional responsibility and duty have been thrown on the medical officers, without any portion of the allowances for such charge previously drawn by officers of the control department being granted them.

That your memorialists are pained to notice that the medical officers are dealt with differently from other departmental officers as regards leave, sick leave, the privilege of exchange, and quarters.

As regards leave: Your memorialists are informed that only sixty-one days are granted in the year to a medical officer, and that, as a condition of such leave being granted, he must nominate a substitute to perform his duty.

That as regards sick leave: Your memorialists understand that only six months are granted on full pay, and that should the medical officer, at the expiration of that period, be still unable to return to his duties, he is put on half-pay, even though his illness may have been incurred in or by the service. And, further, that the time he remains on half-pay does not count for promotion.

That as to the right of exchange (enjoyed, as your memorialists believe, by all other officers, combatant and non-combatant, without limitation, save only such as may arise from the special and temporary exigency of the service) a rule exists to the following effect as regards medical officers: "That no medical officer who has completed three years' home service shall be permitted to exchange." This, your memorialists respectfully submit, plainly implies the most absolute refusal of the privileges of exchange, as such privileges are, as a rule, not required by medical officers who are under three years of home service.

Your memorialists have learned with regret, that by a recent circular the advantages of staff-quarters or allowances, granted to the medical officers as a department of the service since 1873, and still continued to the other departments, have been summarily withdrawn, regimental quarters or allowances only being now granted to medical officers when quartered in barracks. Thus, whilst deprived of the many advantages enjoyed under the regimental system, the medical officers are still subjected to the disadvantage of regimental quarters—no other department of the service being similarly circumstanced in this respect. This, your memorialists respectfully submit, is unjust to the medical officers, and a slight to the medical department of the service.

Your memorialists earnestly pray, that the same regulations as to leave, sick leave, privileges of exchange, and quarters, which are in force with regard to all other officers, should in future be extended to the medical officers.

That your memorialists further regret to observe, that senior medical officers of many years' service, and holding, in many instances, the relative rank of major and lieutenant-colonel, are required to perform duties hitherto always performed by junior medical officers, such as garrison orderly duties, inspecting prisoners and cells, and attending on rifle practice, &c.

In the opinion of your memorialists the effect of this regulation is to lower the status of the senior executive medical officers.

That your memorialists further notice with regret the recent regulation which requires three years' service in India as one of the qualifications for promotion to administrative rank, as it presses unjustly on efficient and competent officers who have served for years in other foreign stations, and, through the exigencies of the service, have never had the opportunity of serving in India. This regulation being made retrospective, its operations must, in the opinion of your memorialists, press still more severely and unjustly on the senior executive medical officers.

That your memorialists, although unwilling to suggest any alteration in matters of military administration, feel bound (after full consideration of the question in all its bearings)

to express their strong disapprobation of the system of compulsory retirement of medical officers after ten years' service, as set forth in the Royal Warrant of 1876.

Your memorialists, for these and other reasons, earnestly but respectfully urge that you will be pleased to advise Her Most Gracious Majesty the Queen to take the several matters referred to in this memorial into her gracious consideration, with a view to Her Majesty issuing her commands that such amendments of the warrants, regulations, and circulars hereinbefore referred to shall be made as may remedy the grievances under which the medical officers labour, and effect the changes your memorialists suggest, which they believe will conduce to the greater efficiency of the medical department of Her Majesty's land forces.

And your memorialists will ever pray.

Signed on behalf of the College,

SAMUEL GORDON, *President.*
J. MAGEE FINNY, *Registrar.*

UNIVERSITY OF DUBLIN—ARTS' EDUCATION OF MEDICAL STUDENT'S.

THE following letter has been addressed to the General Medical Council :—

Trinity College, Dublin.
14th March, 1877.

SIR,—I am instructed by the provost and senior fellows of Trinity College, Dublin, to send the following reply to the resolution of the General Medical Council, of 19th June, 1876, viz. :—"*The Council desire to direct the attention of the licensing bodies to the important fact that, from some of the reports of the visitations, it appears that many candidates still enter upon their professional studies who are very deficient in preliminary education,*"

It is the opinion of the provost and senior fellows of Trinity College that students of medicine should be required to follow a prescribed curriculum in arts as well as in medicine, and that the defects in preliminary education referred to in the resolutions of the General Medical Council will continue to exist so long as preliminary education is tested by a single examination, subject to considerable fluctuation of standard.

It is the practice of the University of Dublin to require a curriculum of two years in arts, involving five examinations, from all candidates for licenses in medicine, surgery, or midwifery.

And it is the practice of the University to require a curriculum of four years in arts, involving nine examinations, from all candidates for degrees in medicine, surgery, or midwifery.

During the five years ending 31st December, 1876, the following numbers matriculated in medicine in Trinity College.

Arts students	325
Extern Students	49
	374

The 325 Arts Students, on matriculating had completed from one to four years of the curriculum in arts, and their names were returned to the General Medical Council at the close of each year, classified according to their Arts standing, viz. :—

1. Junior freshmen	First year.
2. Senior freshmen	Second year.
3. Junior sophisters	Third year.
4. Senior sophisters	Fourth year.
5. Graduates in arts	Fifth year and upwards.

The 49 extern students, without exception, had all passed some one or other of the preliminary arts examinations recognised by the General Medical Council, but, in consequence of their defective training in arts, they are not entitled to present themselves for examination for the University licenses or degrees, and are obliged to seek qualifications to practice from other corporations.

Until some such course as is pursued in the University of Dublin is followed by the general body of licensing corporations, the provost and senior fellows of Trinity College are of opinion that defective general education will continue to be a characteristic of the medical profession.

I am, yours faithfully,

SAMUEL HAUGHTON,
Medical Registrar of Trinity College, Dublin.

AMENDMENT OF THE MEDICAL ACT.

THE following is the draft of a proposed bill for the amendment of the Medical Act, 1858, drawn up by the East London Medical Defence Association, of which Dr. R. H. Carpenter is the Honorary Secretary, and read a first time in the House of Commons on May 2nd. The measure was introduced to the House by Dr. Lush, Sir E. Fitzmaurice, Sir Trevor Lawrence, Bart., Mr. Grantham, and Mr. Ritchie.

An Act to amend an Act passed in the twenty-first and twenty-second years of the reign of Her Majesty, "to regulate the qualifications of practitioners in medicine and surgery," and commonly known as the Medical Act, 1858.

21 and 22 Vic., c. 90.

Whereas an Act was passed in the twenty-first and twenty-second years of the reign of Her Majesty, "to regulate the qualification of practitioners in medicine and surgery ;" and whereas it is expedient to amend the said Act : Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal and Commons in the present Parliament assembled, and by the authority of the same as follows :—

1.—Section forty of the said recited Act shall be repealed, and in lieu thereof it is enacted, Any person who for the purpose of any Act of Parliament, or for the purpose of gain, shall take or use any medical or surgical name, title, or description, unless such person's qualification or qualifications entitle such person to take or use such name, title, or description, and such qualification or qualifications be also registered, shall, upon summary conviction for either or any such offence, pay a sum of twenty pounds. And it is further enacted, That any person not already registered, or not qualified at the time of the passing of this Act to be registered under the said recited Act, who shall practice medicine or surgery for gain, unless such person holds a duly registered qualification or qualifications in both medicine and surgery, shall, likewise, upon summary conviction for either or any such offence, pay a sum of twenty pounds.

2.—Section forty-two of the said recited Act shall be repealed, and in lieu thereof it is enacted, Any sum or sums of money arising from conviction and recovery of penalties as aforesaid, shall be paid to the treasurer of the General Medical Council, notwithstanding anything that may be said to the contrary in any Act passed before the passing of this Act.

3.—To schedule A of the said recited Act it is enacted that this section shall be added :—Doctor of Medicine or Bachelor of Medicine, of any foreign or colonial university whose examination is proved to the satisfaction of the General Medical Council by such university to be equal to that required, for the time being, by the College of Physicians of London for their qualification of membership or to such other examination as may be fixed upon for the purpose by the said Council.

4.—This Act to be read with and form part of the said recited Act.

5.—This Act may be cited for all purposes as the Medical Acts' Amendment Act, 1877.

Literature.

A TEXT-BOOK OF PHYSIOLOGY. (*a*)

THIS new work on physiology (of 550 well printed pages) starts with an introductory chapter in which the amœba is described "since in its life the problems of physiology are reduced to their simplest forms." In this chapter, and throughout the book, each new and important paragraph commences with a heading of large type, so that the student will have to waste no time

(*a*) "A Text-book of Physiology." By M. Foster, M.A., M.D., F.R.S. London : Macmillan and Co.

in his search or reference. By the time that he has reached the third page, however, he will find that he must not hurry over the pregnant and well-turned sentences. He will find matter for reflection in such sentences as these: "All the physiological phenomena of the higher animals are similarly the results of these fundamental qualities of protoplasm peculiarly associated together. The dominant principle of this association is the physiological division of labour corresponding to the morphological differention of structure."

The first chapter treats of the blood—a tissue with a fluid matrix in which float the white corpuscles. These "must be regarded as the original and proper cellular elements, seeing that they alone exist in many invertebrata. The red corpuscles are forms which have been specially modified for respiratory and other purposes." Perhaps it would have been as well if a little more space had been given to the composition of the blood, and we cannot but think that a percentage table of the different constituents would have been of considerable assistance to the student. Having discussed fully the subject of coagulation of the blood, the author shows that the interaction of fibrinogen and fibrinoplastin is effected by the presence of a third agent, named after A. Schmidt, "fibrin-ferment."

But by the time that the reader has reached the middle of the second chapter (which treats of the "contractile tissues") he will be convinced that Mr. Foster's text-book is not intended for the medical student so called, but for the student of physiology. This chapter treats fully of the phenomena of muscle and nerve, of tetanic contractions, and, by means of illustrations, of the measurement of the velocity of nervous impulse obtained by means of the registering pendulum-myographion. The same note is always heard in muscular contraction, indicating 19·5 vibrations per second; "but," continues the author, "the note actually heard is one indicating 39 (36 to 40) vibrations per second. This is, however, an harmonic of the primary note of the whole sound." No light is thrown upon the cause of ciliary movement, but the comparison of the tail of the spermatozoon to a single isolated cilium seems well advised (page 72).

In connection with "reflex action," the author shows us that an afferent nerve passing to a centre whose cells are already presiding over and engaged in automatic action will, on stimulation, give rise to different effects. These effects he calls *inhibitory*. In this way he explains the result of stimulation of the pneumogastric nerve in its course to the ganglion of the medulla whose cells preside over the complex automatic movements of respiration.

The fourth chapter, which ends the first book, gives a full account of the vascular mechanism, including the vital phenomena of the circulation, such as the changes in the beat of the heart and in the capillary districts. The description of the experiment determining arterial pressure by means of the manometer is found on pp. 88-89, and the diagram showing the effect of respiration on the blood-tide well bears out the letterpress; diagrams are also given of the sypgmographic tracing in cases of aneurismal dilatation.

The part of the book which is devoted to the subject of digestion is much more elementary in its nature than are the previous chapters.

In the chapter on *respiration* a full account is given of the spectra of hæmoglobin and some of its derivatives shown in reference to Frauenhofer's lines; and by the properties of hæmoglobin the author explains the meaning of the change of colour which takes place when arterial blood becomes venous, and the converse (page 238).

One short paragraph in the chapter on *nutrition* is deserving of literal transcription. Broadly speaking, the animal body is a machine for converting potential into actual energy. The potential energy is supplied by food, this the metabolism of the body converts into the actual energy of heat and mechanical labour. We have in the present section to study what is known of the laws of this conversion, and of the distribution of the energy set free.

The chapter upon "sight" enters fully into the various conditions of colour-blindness, astigmatism, after-images, etc., and will prove a useful mine for young surgeons who are writing on the physiology and pathology of the eye.

The only fault that we have to find with Prof. Foster's book is, that the chapter on the "brain" is short out of all proportion. The thirty pages devoted to this subject touches briefly on the functions of the cerebral convolutions and ganglia, but only in a way so clear and attractive that the reader can but regret the shortness of the essay.

The book appropriately closes with some remarks on "death."

An *appendix* gives an account of the chemical basis of the animal body.

DISEASES OF BLADDER, PROSTATE GLAND, AND URETHRA. (a)

ALTHOUGH the work is entitled "Diseases of the Bladder, Prostate Gland, and Urethera," comparatively little space is devoted to the diseases of those particular parts. The work commences with an anatomical description.

Chapters I. to VII., about fifty pages in all, are allotted to the functional and other diseases of the bladder. The diseases are well arranged, but justice cannot be done to a series of so much importance in so small a space. In chronic catarrhal cystitis the alkaline treatment, which in perhaps the majority of cases is the most efficacious, is altogether omitted.

The chapter on Lithotomy and Lithotrity is well put together: the minutiæ of the operations, the accidents liable to occur, the after-treatment, statistics of the operations, &c., are neatly explained and simplified. One hundred and thirty-five pages are allotted to the subject of urinary deposits and calculi. Excellent tables are arranged, showing the diseases with which the different deposits are associated, and the qualitative analysis of the calculi is also conveniently tabulated.

The work, containing altogether some 450 pages, reads pleasantly, is consecutively written, and is a most useful referee for the practitioner.

MECHANICAL INGENUITIES.

THE last number of "Cassell's Practical Dictionary of Mechanics" loses none of its value as a work of reference. It runs from "Anchor" to "Aqueduct," and gives a sketch of innumerable mechanical appliances, and of innumerable varieties of each particular instrument. Surgery and science have their shares in the work, where we find described "Anchylosis Apparatus," "Anemoreters," "Aneroids," "Aneurism Apparatus," and many other appliances interesting to medical men.

Medical News.

New Fellows of the Royal College of Physicians of London.—The following is a list of the new Fellows of the College who were elected last week:—

Baümler, Dr. Christian Godfried Heinrich, Freiburg, Baden.
Baxter, Dr. Evan Buchanan, 28 Weymouth Street, W.
Farquharson, Dr. Robert, 23 Brook Street, W.
Ferrier, Dr. David, 16 Upper Berkeley Street, W.
Jelly, Dr. William, Magdalena, Madrid.
Little, Dr. William John, 18 Park Street, W.
Moore, Dr. Norman, St. Bartholomew's Hospital, E.C.
Parsey, Dr. William Henry, Warwick County Asylum.

(a) "Diseases of Bladder, Prostate Gland, and Urethra." By Frederick James Gant, F.R.C.S., Surgeon to the Royal Free Hospital. London: Churchills.

Poore, Dr. George Vivian, 30 Wimpole Street, W.
Prance, Dr. Charles Rooke, Plymouth.
Roberts, Dr. Frederick Thomas, 53 Harley Street, W.

The following were admitted Members on the same day:—
Abercrombie, John, M.B.Cam., St. Barth. Hosp., E.C.
Barnes, R. S. Fancourt, M.B., Aberdeen, 39 Weymouth Street, W.
Beach, Fletcher, M.B.Lond., Clapton Asylum, E.
Buck, William Elgar, M.D.Camb., Leicester.
Fonmartin, H. De, M.D. Paris, 186 Kennington Road, S.E.
Harris, Vincent D., M.D.Lond., St. Barth. Hosp., E.C.
Humphreys, Henry, M.D.Camb., Manchester.
Lacey, C. S. De Lacy, M.B.Oxon., 5 Ovington Sq., S.W.
Murrell, William, 11 Albany Street, N.W.
Ormerod, J. Arderne, M.B.Oxon., St. Barth. Hosp., E.C.

THE DISCREDITABLE CONDUCT OF A MEDICAL MAN.

Dr. Patrick McDonnell, of Glin, in the county Tipperary, who was stated in the Medical Press a fortnight since to have obtained his appointment as dispensary medical officer for that district by means of a written undertaking that he would resign when called on to do so, which promise he deliberately falsified when the time for fulfilling it arrived, has written to a local paper a long letter in which he attempts to excuse his conduct in the matter. The communication extends to nearly a newspaper column, and cannot, therefore, be printed in full.

The defence offered by Dr. McDonnell is, that Dr. Molony had practically rescinded the written promise by having permitted him, without contradiction, to state to the Board of Guardians that he (Dr. McDonnell) was a *bonâ fide* candidate for the vacant office. To this Dr. Molony replies that, at no time did he either express or imply that he released Dr. McDonnell from his written pledge, and that, on the contrary, he had reason to know that Dr. McDonnell considered himself bound by the pledge long after the time when he says he was released.

Having read the entire correspondence, we are decidedly of opinion that Dr. McDonnell has not shown the shadow of an excuse for his conduct, but has rather strengthened the force of the censure which we passed upon him. When a member of the medical profession enters into an undertaking deliberately and confirms that undertaking by a written promise, he cannot pretend that he is freed from it by any vague assumption or by anything less than a distinct acquittal, either verbal or written, on the part of the person who holds the pledge. As the matter stands, Dr. McDonnell is in tenancy of an office which honour, decency, and truth call upon him to give up, and, until he does so, he cannot claim to associate with members of the profession who set store by veracity and fair dealing.

NOTICES TO CORRESPONDENTS.

Notice—Removal of Offices.—The Offices of the Irish Department of the Medical Press and Circular, have been removed from 23 Ely Place to 3 Molesworth Street, Dublin, where all further communications should be addressed.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices n Loadon, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by at ention to this rule.

Dr. Charles W. M'Carthy.—Your communication is unavoidably postponed.

Dr. W. Donovan, Whitwick.—Your letter will appear in our next.

Clinical Society of London.—On Friday, May 11, at 8½ p.m., Mr. Furneaux Jordan, "On a Case of Excision of the Os Calcis and the Astragalus, in which the second row of Tarsal Bones was drawn underneath the Malleoli."—Dr. Dowse, "On a Fatal Case of Syphilis contracted from the Congenital form of the Disease."—Dr. Pearson Irvine, "On a Case of Empyema and Abscess of the Liver in which Paracentesis was performed."—Mr. MacCormac, "On a Case of Taliacotian Rhinoplasty" (a living subject).

FEES IN GENERAL PRACTICE.

To the Editor of the Medical Press and Circular.

Sir,—Can you please let me know in your next what are the usual fees charged by English provincial practitioners and their arrangements about mileage, &c. The mode of remuneration and amount of fees seem quite different in English and Irish practice, and I do not understand the former, having but just come to reside in England. If you or any of your readers can enlighten me on the subject I shall feel much obliged. I enclose my card but not for publication.

Yours very truly,
W. B. P.

[*** Perhaps some of our readers in the provinces will kindly furnish our correspondent with a few hints.—Ed. M. P. & C.]

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Aids to Chemistry. By C. E. Armand Semple, M.B., M.R.C.P. London: Baillière, Tindall, and Cox.

An Introduction to Practical Histology. By George Thin, M.D. London: Baillière, Tindall, and Cox.

The Electro-Thermal Bath. By Justin Hayes, M.D. Chicago: McClurg and Co.

Handy-book of Forensic Medicine and Toxicology. By Drs. Woodman and Tidy. London: J. and A. Churchill.

VACANCIES.

Roscommon Infirmary—Resident Apothecary. Salary, £60. (See Advt.)

Chester General Infirmary.—Visiting Surgeon. Salary commencing at £80, with residence and maintenance. Applications to the Chairman.

Derby County Lunatic Asylum.—Assistant Medical Officer. Salary commencing at £100, with board and residence. Address the Medical Superintendent.

Durham County Hospital.—House Surgeon. Salary, £100, with board, &c. Full particulars of the Hon. Sec., The College, Durham.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Apply to the Chairman of Committee.

Royal Albert Hospital, Devonport.—Resident Medical Officer. Salary, £200, with board. Applications to the Chairman of the Selection Committee.

APPOINTMENTS.

Bower, E. D., M.R.C.S.E., House Surgeon to the General Infirmary, Gloucester.

Briscoe, T. W., M.B., C.M., Medical Officer to the Chippenham Union Workhouse.

Burnett, W. E. S., L.R.C.P.Ed., Medical Officer of Health for the No. 5 Sub-district of the Ashton-under-Lyne Rural Sanitary District.

Cheyne, Dr. W. W., Demonstrator of Anatomy at the University of Edinburgh.

Elliott, C., M.D., Physician to the Redland General Dispensary for Women and Children, Bristol.

Hannan, F. J., M.D., Medical Officer of Health for No. 3 District of the Alderbury Union.

Hunter, J. B, M.D., Parochial Medical Officer for No. 3 District of the Burgh of Paisley.

MacCartie, F. F., M.B., House Surgeon to the County Infirmary and City Fever Hospital, Londonderry.

Mahon, N., L.A.H.D., Apothecary to the Workhouse, Ballinrobe Union, co. Mayo.

Plaxton, J. W., M.R.C.S.E., Assistant Medical Officer to the West Riding Lunatic Asylum, Wakefield.

Prideaux, T. E. P., L.S.A.L., House Surgeon and Secretary to the Scarborough Dispensary and Accident Hospital.

Marriages.

Bartlett—Weston.—May 3rd, at the Parish Church, Heston, Edward Bartlett, M.R.C.S.E., of Connaught Square, W., to Lydia Sarah, youngest daughter of Edward Weston, Southall, Middlesex.

Eager—Andrews.—May 3rd, at St. John's, Lewisham High Road, Wilson Eager, L.R.C.P., Medical Superintendent of the Suffolk County Asylum, to Mary Jane (May), second daughter of the late Edward Andrews, of Guildford.

Deaths.

Coupland.—On May 1, at Boston, Lincolnshire, Edward Coupland, M.R.C.S.E., aged 83.

Gibson.—On April 30, at Norwich, Robert Edward Gibson, M.R.C.S.E., aged 36.

Gordon.—On April 25, at Malta, William Robert Gordon, M.B., Surgeon Indian Service, aged 33.

Henderson.—On April 30, at Schoolhill, Aberdeen, William Henderson, M.D., aged 84.

Lane.—On May 5, at his residence, Douglass, Isle of Man, Alexander Lane, M.D., Retired Surgeon Royal Navy, aged 74.

Lloyd.—On April 22, Henry James Lloyd, L.R.C.P.Ed., of Margaret Street, Cavendish Square, aged 44.

Onley.—On April 18, at Cheltenham, Samuel Onley, M.R.C.S.E., aged 38.

IRISH POOR-LAW INTELLIGENCE.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

Last week the stated quarterly meeting of the committee was held. There were present—Dr. T. H. Purdon, Dr. Browne, J.P., R.N.; Dr. Arnold, Dr. Ferguson, Dr. Moore, H.R.A.; Dr. M'Cleery, Dr. M'Gee, and Dr. Drennan.

Dr. T. H. Purdon in the chair.

The President announced that he had received generous contributions from the following friends, in addition to those already acknowledged :—Dr. Ross, Messrs. Dunville and Co.; W. J. Jury, Esq.; Victor Kennedy. Esq.; Messrs J. Lindsay and Co.; John Preston, Esq.; Messrs. Richardson, and Co.; Messrs. J. N. Richardson, Sons, and Owden; F. Kinahan, Esq.; C. Kinahan, Esq.

Dr. M'Cleery stated that he had also received contributions from Dr. Martin, and W. A. Robinson, Esq.

The Hon. Treasurer (Dr. Browne, J.P., R.N.) then presented the financial statement. He intimated that some of the subscribers had not yet sent in their subscriptions for the current year. It was earnestly hoped that all subscriptions remaining unpaid would be sent to Dr. Browne (hon. treasurer) as soon as possible, so as to enable him to forward the proceeds to Dublin without delay.

Dr. Ferguson thought a circular should be issued to the friends who had not yet sent their subscriptions to the treasurer.

A Member—This intimation through the Press will be sufficient.

Next month being the period at which the funds of the parent society are annually distributed at the general meeting of the society in Dublin, several applications were submitted for the consideration and disposal of the meeting in order to be transmitted to the parent committee for placing on the roll for grants in sums proportioned to the exigency and urgency of each case. After careful and mature consideration, seven cases which came before the committee were approved of as suitable to receive assistance. All these were the cases of widows of deceased physicians or surgeons. It being remarked that no application for aid from any medical man within the bounds of this branch had been received for several years, all medical gentlemen having relation to this branch of the society being aid-givers and non aid-receivers, it was observed that it could not be too frequently stated that in all its operations the Royal Society was purely benevolent, and it would be difficult to over-estimate the immense amount of good it had accomplished during the thirty-five years of its existence.

After the transaction of the usual routine business,

Dr. Wilberforce Arnold moved the best thanks of this meeting to Dr. Purdon for his proper and dignified conduct in the chair, and for the lively interest he has always manifested for the best interests of the society. Resolved unanimously.

THE ABUSES OF DISPENSARY RELIEF.

THE SIGNING OF TICKETS IN BLANK.

The following correspondence has been forwarded to us :—

To Benjamin Banks, Esq., Secretary,
Local Government Board.

71 Harcourt Street, Dublin, 4th April, 1877.

Sir,—I shall feel much obliged if you will obtain for me an official opinion from the Local Government Board, relative to the following matter, by which, as a Poor-law medical officer, I am gravely affected.

A Poor-law guardian, and a warden for a dispensary district, are both in the habit of leaving blank books of dispensary and visiting, medical relief tickets, signed, with their servants, who fill up the body, and give them to applicants.

The medical officer receives them with a disclaimer, and in *all* cases (as the irregularity, as he considers it, is not caused by any fault of the poor recipient) hitherto has entered them in his medical relief register, and acted on them by attending the case to the end, as if they were *bonâ fide* written, body and signature, by the persons legally holding respectively the offices of Poar-law guardians and warden.

There is no charge whatever of neglect in not acting on these tickets against the medical officer.

The medical officer is told that it is customary in commercial life for the head of the business to leave blank cheques, signed, to be filled up by the *employés*, as occasion may require, and that, ergo, it is quite legal to follow the same course in relation to the issue of Poor-law medical relief tickets.

This arguing is, however, false.

Every man has a right to dispose of his own as he may think fit; but no man has a right to hand over to a *third* party a public duty which has been entrusted to him, and which he has accepted.

In the General Rules and Regulations for the Government of Dispensary Districts, published in 1870, and supplied to us, I find at page 28, under the head of "Directions for filling up Medical Relief Tickets," the following :—

"The ticket and counterpart are both to be filled up *by the person authorised to issue* the ticket, one part to be retained by the person issuing the ticket, and the other to be detached from the book, and given to the applicant for presentation to the medical officer."

I therefore pray respectfully that I may have a ruling as to whether :—

I. Whether a guardian or a warden can hand over to others the giving away of the public funds by means of such blunk tickets, signed by them.

II. Is the issue of such tickets by the servants of a guardian, or warden, in the manner described, legal, and

is the medical officer bound to attend, and continue attending on such tickets.

I have the honour to be, Sir,

Your obedient servant,

THOMAS PURCELL, Medical Officer,
No. 1, South City Dispensary.

South Dublin Union.

Local Government Board, Dublin, 7th April, 1877.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 4th instant; and in reply to your inquiries on the subject, desire to state that the practice of signing blank tickets for medical relief, and leaving them to be afterwards filled up and issued by a person who is not authorised to give tickets, is at variance with the provisions of the Medical Charities Act, and the Dispensary Regulations.

The Board, however, think that when a ticket, duly signed, is presented to you, you are bound to act upon such ticket, although the particulars in the ticket are not in the handwriting of the person authorised to sign and issue it; you can, however, bring any such case under the notice of your Dispensary Committee.

By order of the Board,

B. BANKS, Secretary.

To Dr. Purcell.

[We suggest to the Local Government Board that it would be their function to remedy the inconsistency of their own decision. It seems anomalous on their part to decree that a ticket is illegal but nevertheless binding upon the officer, and they do not evince much regard for their own regulations, or for the law, in referring the officer to the committee for redress—a tribunal where redress is seldom to be found.—ED.]

RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—As I know that you take a deep interest in dispensary matters, I don't hesitate in laying the following before you.

On the 5th of last month I received a red ticket to attend at a herd's house. Knowing that farmers find it their interest to be kind to servants of this class, I made inquiries, and found that he had a free house, two acres of ground, three pigs, a cow and yearling calf, about three tons of potatoes in a pit; a son in constant work, a wife, daughter, and grand-child formed the family. On making my visit I found the child's case a very trivial one, told them when the medicine was out to send for more. Before leaving the house I told them that they were well able to pay a moderate fee for attendance, and that they had no right whatever to the relief. They got very indignant at this, said they would tell their master what I had said, and that he would see them righted, &c. They never came for more medicine, and I have since heard that they only kept the child in bed one day. However, they worked up their master to make a complaint of neglect against me for demanding money. Accordingly the committee sat on me on Tuesday last. As I knew nothing could be proved against me, I determined to utilise the occasion when I had so many of them together (for like the Poor-law guardians they always muster in force when a row is expected), and made a diversion by bringing a charge of neglect against myself, and handed in the statement of which the following is a copy, which, as you may imagine, led to a good deal of discussion—the very thing I so long wished for, as I have never found it did the least good talking to them privately. The following will show what luminous ideas some have on the subject:—That the destitute poor only means those that obtain out-door relief, and that if the doctor only had those to attend he would have nothing to do; that out-door servants, such as ploughmen, herds, gardeners, lodge-keepers, grooms, coachmen, were entitled to gratuitous relief, but that indoor servants should be paid for by their masters; that ploughmen and herds should not be considered as servants; that the word "destitute" used before poor in sec. 1 and 6 of Medical Charities Act, cap. 68 was not intended to be implied before the word poor in sec. 9 of same Act, One honestly said that he had never heard so much about the Act before, and that if my reading of it is the correct one, that I had been treated with great injustice heretofore, but that until it was better defined he would continue issuing tickets as usual. Another said that if the man came to him again that evening he would issue a ticket—this from a Poor-law guardian; however, he is a large farmer, and has the usual out-door servants. I told him I had no doubt he would do so, but that did not at all prove that he was correct. I wrote to him the next day, giving him warning that for the future I would have every ticket cancelled when I considered the holder ineligible, and that if the committee threw them out I would still consider it my duty to lay the case before the board. with, of course, my reasons for having made the application. I am unable to see why ploughmen and herds should not be considered servants, as they are permanent, live on their master's property, have free dwellings, and, in most cases, many perquisites. Again, relating to tradespeople, I shall mention one instance. There is a large factory near Inchicore; I have attended many of the hands on tickets and I know that some families take £2, £3, £4, weekly out of the concern. I have written to their masters, and spoken to themselves about forming a club, but still the tickets keep coming in. One delusion the people have is that we get 5s. for red and 2s. 6d. for every dispensary ticket. I tell them the only person that makes anything is the man that prints them.

As long as the definition of the word "poor" is left to the public there will always be confusion, as one man might consider himself poor on £500 a year, whereas another might think it a fortune. I think that when the Medical Charities Act was framed. that sec. 9, 14 and 15 Vic., cap. 68, should have been taken as a text and enlarged on in language that the most simple might understand, examples given of the classes that are to be looked on as poor persons, published in pamphlet form, and distributed to committee-men, relieving officers, and wardens. I think it would have had the effect of letting them see that the Act was never intended to be of such an elastic character as they seem to suppose. I really think that some of the gentry fancy that it is a kind of half-private arrangement—a convenient place to send their servants to when ill. I can safely assert that fully one-third of the people I attend gratuitously have no right to such attendance. I had great pleasure in sending one of my committee a few days since one of the circulars of the Medical Association, which contained the case of Wood v. Crumley.

The discussion that has arisen out of this affair, and the various opinions about the wording of the Act, reminds me very much of what seems to be the principal aim of low-class attorneys, viz., to study the law so as to be able to instruct their clients to evade it in every possible way, but still keep within its pale. It only shows that there is something rotten in the whole system, and if there is such confusion in the co. Dublin, what must doctors have to contend with in distant counties.

I hope that you will consider the subject of the abuse of the relief again worthy of some remarks from your able pen, and that I have not wearied you with my long epistle. I am a firm believer in one of O'Connell's axioms—that there is nothing like agitation, and I am sure that if *The Express*, *Freeman*, &c., would only take up the subject after the MEDICAL PRESS that the way would be opened in some measure for the good work that the Irish Medical Association is doing, and thus benefit many dispensary men in general.

I remain, dear Sir, faithfully yours,

G. S. BURNSIDE.

Clondalkin, co. Dublin.

STATEMENT LAID BEFORE DISPENSARY COMMITTEE, FEBRUARY 13th, 1877.

There is one duty which, as medical officer of this charity, I am bound by the Medical Charities Act to perform, but in the execution of which I have hitherto been most negligent.

The Act under which these dispensaries are instituted provides *gratuitous* attendance, advice, and medicine only for the *destitute* poor. Now, during the four years that I have been in the district I have received tickets for attendance on tradesmen, hucksters, railway porters, canal lock keepers, small farmers, herds, grooms, coachmen, ploughmen, gardeners, lodge-gate keeper, land stewards, household servants, &c., &c. There is no provision made for any of these or their families, and the duty which devolves on me under the Act is to have all such tickets cancelled from time to time by the Committee, so as to disentitle the holders of them to further gratuitous relief. Some of those to which I have alluded are well able to pay a moderate fee for attendance, and, in the case of servants of every class, if they are not in a position to pay themselves their masters or mistresses, as the case may be, should certainly pay for them, as they have no right whatever to be a tax on the ratepayers.

Extracts from Minute-book of the Clondalkin Dispensary Committee.

"Doubts having arisen in the minds of some members of the committee of this dispensary as to the proper persons entitled to receive gratuitous advice and medicine from the medical officer of the district—

Resolved—That our Secretary, W. Whitton, Esq., be requested kindly to communicate with the Secretary of the Local Government Board, with a view of obtaining such advice and assistance as may guide the members of the committee in deciding when tickets should be cancelled, in case any question arises about their having been properly issued, and, in order to accomplish this, that the board be solicited to be good enough to say—

1. Are persons occupying a small piece of ground, having one cow and keeping a few pigs, and who are in the service of a gentleman, but not living on his premises, proper objects for gratuitous medical attendance.
2. Are domestic servants living in a gentleman's family entitled to be visited by the medical officer on a red ticket?
3. And are extern servants of a gentleman, such as his gardener, coachman, or employes living upon his premises, to be considered as in the class contemplated by the Medical Charities Act—dispensary patients?

Local Government Board, Dublin,
March 21st, 1877.

SIR,—The Local Government Board for Ireland acknowledge receipt of minutes of proceedings of the Board of Guardians, South Dublin Union, on the 15th inst., containing a minute referring to the board a resolution adopted by the committee of management of the Clondalkin Dispensary District, in which inquiry is made whether persons described as follows are proper objects for relief under the Medical Charities Act:—

1. Persons occupying a small piece of land, having one cow, and keeping a few pigs, and who are in the service of a gentleman, but not living on his premises.
2. Domestic servants living in a gentleman's family.
3. Extern servants of a gentleman, such as his gardener, coachman, &c., living on his premises.

In reply the Local Government Board desire to state that the Act limits the relief to be given under the provisions to the cases of "poor persons," and gives no further definition, leaving the determination of the fitness of any particular person as an object for such relief to those persons who are authorised by the 9th sec. of the Act to issue tickets, subject to the power of the majority of the members present at a meeting of the committee to cancel any ticket issued to a person whom they may consider not to be a fit object for dispensary relief. The Board would at the same time suggest that the guardians should ask the hon. secretary of the dispensary committee to state the particulars of each of the cases referred to under the three heads.

A list would be sufficient giving the names and dates.

The question at present is based apparently on hypothetical grounds.

By order of the Board,

B. BANKS, Secretary.

The Clerk, South Dublin Union.

IRISH MEDICAL ASSOCIATION.

Report of the Proceedings of the Committee of Council of the IRISH MEDICAL ASSOCIATION, during the quarter ended 24th March, 1877, submitted to the Quarterly Meeting of the full Council, held 27th March, 1877, Dr. JACOB in the chair.

(Continued.)

The following is a copy of the petition referred to in our last issue:—

To the Knights, Burgesses, and Commons, in Parliament assembled.

The Humble Petition of the Dispensary Medical Officers of Ireland,

HUMBLY SHEWETH—That your petitioners are the dispensary medical officers of Ireland, a body of members of the medical profession, exceeding 800 in number, entrusted with responsible and onerous duties under the Medical Charities, the Adulteration of Food and Drugs, and the various Vaccination and Registration Acts:

That under section 10 of the Public Health (Ireland) Act of 1874, your petitioners were, by virtue of their office as dispensary medical officers, without option or power of appeal, constituted sanitary officers for their several districts, with such additional salary as the sanitary authorities thereof might determine, with the approval of the Local Government Board, and were obliged to undertake such duties and functions as the Local Government Board assigned to them.

That your petitioners undertook the duties imposed on them by the Act without protest, believing that the spirit of the Act would be adhered to, and that in return for faithful and efficient services, due recognition of their professional position, a careful definition of their duties, and adequate remuneration for the same, would have been secured in the administration of the Act.

That shortly after the Act was put in force, the Local Government Board, contrary to the spirit of the tenth section, themselves fixed a maximal scale of salaries to be paid by the local authorities to the medical officers for their skilled services under the Act; such scale of salaries being, in the opinion of your petitioners, quite inadequate remuneration for the duties required to be performed by them, as speeified in an order of the Local Government Board, bearing date September 9th, 1874.

That, with very few exceptions, even the scanty maximal salary fixed by the Local Government Board has not been awarded.

Your petitioners, therefore, pray that the designation applied to them in clause 10 of the Public Health (Ireland) Bill, 1877, may be altered from "sanitary officer" to "medical officer of health," as in the corresponding Public Health Act for England.

They also respectfully but firmly ask, that security should be given them for the payment of such salaries or fees as shall be commensurate with the onerous and responsible nature of their duties as medical officers of

health; or failing the granting of such security, that the acceptance of office under the Public Health Act should not any longer be made compulsory on them as dispensary medical officers.

Further, that with a view of protecting them in the performance of their duties, the Bill should provide for the appointment of district medical inspectors, who shall be officers of the Local Government Board.

That adequate remuneration should be secured to the medical officers of healtn for attending and assisting in all legal proceedings in which their attendance and assistance may be required.

That a fixed and proper fee, not less than one guinea, should be secured under clause 150 of the Public Health (Ireland) Bill, 1877, for medical attendance on board ship; and under clause 154 for certifying for the removal of a body dead of any contagious or infectious disease.

And lastly, your petitioners pray your Honourable House that the Bill be referred to a Select Committee, who shall also inquire into the working of the sanitary Acts at present in force in Ireland.

And your petitioners will ever pray.

The Committee of Council regret to have to report that they are informed the consulting sanitary officership at Carrickmacross has been accepted by a member of the profession (though not a member of this association) at a salary of £10 a year, that the person appointed to the office was one of those who had signed an agreement with his neighbouring professional brethren not to accept the appointment at a lower salary than £25 a year, and that he had not given any notice whatsoever of his change of intention to the co-signatories of that agreement. By direction of the committee, the honorary secretary wrote to this gentleman in remonstrance, but received no reply.

(To be continued.)

FEES FOR MEDICAL EVIDENCE AT INQUESTS IN DUBLIN.

Archibald Jacob, M.D., *v.*—Finlay, Esq., Public Auditor.

Mr. Purcell, Q.C., with whom was Mr. W. O'Brien Furlong, instructed by Mr. Lloyd, on the part of Dr. Jacob, Chairman of Council of the Irish Medical Association, applied for a conditional order for a *certiorari* for the purpose of obtaining the opinion of the court with respect to a decision made by Mr. Findlay, the public auditor, allowing certain payments in the nature of a fixed salary made by the Corporation for the year ending the 26th of August to a medical witness who had been employed by the coroner at inquests. By the 9th and 10th Vic., chap. 47, it is made lawful for the coroner, whenever he deems medical evidence necessary at an inquest, to summon any duly qualified medical practitioner, in actual practice at or near the place where the death happened, and to pay such witness any sum not exceeding a guinea for each inquest. An affidavit of Dr. Jacob stated that for some years back one and the same medical witness had been permanently employed by the coroner at all inquests, without regard to the locality of the death, and that the Corporation had paid him a fixed salary of £75 a year instead of payments by fees per inquest, as provided by the Act of Parliament. The Medical Association, being advised that the payment of one medical witness by a fixed salary was illegal, attended by their attorney before the Auditor, and objected to the credit taken by the Corporation for the salary; and Mr. Finlay, without going into the question as to the number of inquests at which the coroner's witness had given evidence, considered that the amount paid did not exceed the sum which would have been payable if the payment had been made in fee. He therefore held that it was not his duty to inquire whether what had been done was otherwise in accordance with the statute or not, and he allowed the credit.

The Lord Chief Justice—Do I understand that the medical witness was to do all the work, including the making of *post-mortem* examinations, for the fixed payment of £75 a year?

Mr. David Fitzgerald, instructed by Mr. V. B. Dillon, on the part of the auditor, said he would have been willing to allow an absolute order for the writ sought to be got at once; but on consultation with Mr. Purcell, he had found that if that course were taken there would be no opportunity of bringing all the facts necessary for the decision of the question before the court on affidavit.

Their Lordships accordingly granted a conditional order of the writ, a copy of which they directed to be served upon Dr. Egan, the medical witness.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April 28th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 28, 1877.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	29	183	175	35	45	1	8	2	...	6	5	4	2	2	49
BELFAST . .	20,687	182,082	29	116	102	19	13	...	10	..	...	3	2	1	3	...	7
CORK . .	13,816	91 965	24	29	43	5	13	...	...	...	...	...	1	4	3	4	17
LIMERICK .	8,509	44,209	31	36	26	3	7	...	...	...	...	...	1	2	...	...	14
LONDONDERRY	21,865	30,884	3	6	2	...	1	...	...	...	...	...	...	...	...	...	...
WATERFORD .	17,209	30,626	20	21	12	2	3	...	...	...	...	...	...	...	...	...	3
GALWAY	21,358	19,692	40	21	15	5	5	...	...	...	...	...	...	1	1	1	4
SLIGO . .	30,835	17,285	24	10	8	3	3	...	...	...	..	...	...	...	1	2	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1877.

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GENERAL COUNCIL OF MEDICAL EDUCATION.

ADDRESS DELIVERED AT THE OPENING OF THE TWENTY-FOURTH SESSION, MAY 10TH, 1877.

By Dr. ACLAND, F.R.S., President.

The Twenty-fourth Session of the Medical Council will find it engaged with subjects of no less interest, and with problems no less complex, than those presented at the first session of its existence in 1858. To enable the public to distinguish between educated and uneducated practitioners; to be responsible for the teaching and examination provided by nineteen licensing bodies; to further, in harmony with the Government, such measures as may promote these ends; and to watch the progress of events which affect personal or public health, in consequence of the development of our own empire, the demands of civilisation, and international intercourse;—these are the chief aims which bring members of the Council at this season of the year from important duties in their several Universities, or from their responsible private occupations. Every member of the profession of medicine is now more or less intimately concerned with great questions of science and sociology.

A statement is occasionally made, though only by the uninformed, that the Council has no objects adequate for its existence. Those better informed know that it has become impossible to discharge the duties expected of it by the Legislature without great economy of its time and its finances. Entirely impossible it would be if it were not for the loyal manner in which the universities and corporations, in their respective spheres, co-operate with the combined endeavours of their representatives in the Council, and aid the Executive by willing correspondence in the interval between the sittings of the whole body.

At the close of the last session of the Council a report on the subject of education was received. The nature of that report, which was in fact a summary of a multitude of facts and of much and various experience, induced the Council to decide that the subject-matter of that document should this year take precedence of all other questions. Although, no doubt, the decision of one session cannot absolutely bind the action of a succeeding one, it is not probable that in this instance the general feeling of the Council would be favourable to the reversal of their recorded opinion.

Before, however, entering on what is expected to be the chief business of the Council in this present year, it may be well to pass in review several circumstances to which the attention of your Executive has been drawn since the last meeting, as helping us to a general survey of the duties we have before us in the immediate future.

VIVISECTION ACT.

Two important Acts, affecting especially the medical profession, have passed since we separated in June of last year, each of them samples of the changes which quietly and almost insensibly steal over the fabric of English life. After a discussion marked by the usual extremes of statement on one side and on the other, the Vivisection Act became law. The moderate form which it assumed by reason of the judicial firmness of Mr. Secretary Cross (influenced, I have no doubt, to a considerable extent by the memorial presented to the Government by the Council), has placed biological inquirers under the protection of the Government, as the best means, on the one hand, of securing them against fanatical interference, and on the other, of ensuring to the feebler portion of the animal creation that tenderness and justice which the cultivated sense of society unmistakeably demanded. The division of 222 to 83 in the House of Commons on May 2nd, against reopening this question, shows unmistakeably the determination of the country not to permit vexatious interference with the just liberty and conscience of honest scientific inquirers.

MEDICAL ACT ABOLISHING RESTRICTIONS OF SEX.

The other Act has stilled the loud clamour which called for the admission of women to equal rights with

men as medical and surgical practitioners. Women can now enter the medical profession through the College of Physicians in Ireland; but signs are not wanting that there are yet rocks ahead. Among other difficulties is one hardly yet realised. The Act took no steps towards solving the problem whether it would be just to women and to the country to enable them to acquire a complete education for practice among their own sex, without undergoing the torture which it would be to some of making dissections, and being examined in operations on the male sex which, in after life, they would never perform. At present no such exemption is possible; yet it is probable that the general sense of society would not be wholly against any examining board which enforced on a woman, as it now must, the performance of operations on the male, against her protest that she had no intention to practise in that direction. The advice of the Council may yet be sought on this difficult question. A third Act, amending the Medical Act, was passed to enable legally qualified medical practitioners to hold certain public appointments. These three Acts, however, being law, need not further occupy the time of the Council.

MEDICAL REGISTER.

As regards the future it may be noted, first, that circumstances connected with the conduct of the *Medical Register* must engage our immediate attention. This document is almost the *raison d'être* of the Council. It is that by which the Council professes to enable the world to judge between practitioners legally qualified and unqualified to practise in England, and to know what are their legal qualifications. Not only is it of chief importance that all improper persons should be excluded, but that all proper persons should be included in it, and that their designations and qualifications should be entered with precision. The conditions under which any name is on the Register or kept off it ought to be rigorously just and strictly observed. At present the printed Register is open to several exceptions, some of more, some of less importance. They may be briefly stated in order.

1. A question has arisen whether degrees conferred *honoris causa* can legally be entered.

Accordingly the late Registrar of the Council, pending the decision of the Council, felt compelled to refuse the registration of a degree in Medicine from the Queen's University in Ieeland, conferred *honoris causa* on a surgeon not possessed of a medical qualification. A case was drawn up by the Solicitor, Mr. Ouvry, and by him submitted to Counsel. An opinion being given against registering honorary degrees, no alternative remained for the Registrar but to suspend action till the Council should meet. He could not properly, against legal advice, establish a precedent by which any University could claim to confer an honorary *Medical* title on a Surgeon, or a *Surgical* title on a Physician which could take its place in the column of qualifications in the Register before the Council met. A few honorary degrees have indeed in former years been registered. These ought not, however, to form a precedent if their registration was impolitic or illegal. In order to destroy any valid argument from precedent (though their cases do not really constitute one), the late and the present Presidents have jointly lodged an application to the Council to remove, pending the discussion of the whole question, the degrees with which they had been honoured by Trinity College, Dublin, in 1869. These degrees were placed in the Register because the document forwarded to the Registrar did not describe them as other than ordinary diplomas, and did not tender them as honorary degrees. Various papers bearing on this question will be laid before the Council.

BOARD OF TRADE AND CANADIAN DIPLOMAS.

Again, a complaint has arisen in Canada as to the action of the Board of Trade with respect to practitioners licensed in the Dominion, and arriving in England in charge of ships. Application being made on the subject to the Medical Council Office, the Presiden directed the Registrar to inform the Board of Trade that the subject of Colonial Degrees had not escaped the notice of the General Council, and to intimate that it was part of a large question—viz., that of degrees in general considered internationally.

As far back as July 4, 1861, and again in the years 1863, 1864, 1867, 1868, and other times up to 1876, the Council had occasion to consider the question of Colonial Diplomas. It agreed to a clause in reference to them in the Marquis of Ripon's Bill in the year 1870. If only for this reason it was a misfortune that Mr. Forster was obliged to withdraw this Bill after it passed the House of Lords.

The time cannot be far distant when the relation of Colonial and foreign graduates and licentiates to legal practitioners in England will be defined. It is hardly just either to them or the nation that their position should be so long a subject of discussion. A committee of the Medical Council declared eight years ago, in its Report on the amendment of the Medical Acts, that "the Secretaries of State in successive Governments have pressed upon the Council the necessity of dispensing with or greatly relaxing its regulations in favour of persons holding foreign or colonial diplomas or degrees;" and they added that this condition appeared to be a *sina quâ non* to the consent of the Government to introduce any Bill for amending the Medical Acts. (*a*)

Since the communication from the Board of Trade above referred to, correspondence has taken place between the various departments of the Government: the Colonial, Foreign, and Home Offices, the Board of Trade, Local Government Board, and Privy Council. The subject being now ripe for the consideration of the Council, this correspondence was forwarded by desire of the Lord President on April 23 for your consideration; and his Grace awaits your reply. The supposed exclusion of Canadian practitioners from practising in England has caused as much feeling in Canada as the discussion concerning the compelling English practitioners to undergo a new examination in France, though I am informed that English practitioners are re-examined in Canada prior to their legal registration in the Dominion. To the case of France your attention must now be drawn.

FRENCH MEDICAL BILL.

The public were surprised to find in the course of last winter that a Bill was to be brought into the French Chamber of Deputies to restrict the privileges which had been accorded hitherto by the French Government to various English practitioners settled in France. Before this bill had attracted public attention in England, the Secretary of State for Foreign Affairs had been already warned by H.M. Ambassador in France of the effect of the bill should it be passed. The correspondence on the bill between Lord Derby and Lord Lyons was forwarded through the Privy Council to the President of the Medical Council, with a question as to the state of the law and the practice in England with regard to foreign practitioners. The answer to this question being urgently needed, it was drawn up the following day by the President and Mr. Ouvry, and put in the hands of members of the Council without delay. The history of the matter was succinctly related in a short memorandum, and it was, added, in the spirit of the Council's long-continued endeavours to deal with justice and courtesy towards their brethren abroad, that a conference might readily decide the terms of an international or reciprocal law and usage, on a matter of much importance to the invalids of the respective countries. The French Government have expressed their disapproval of the bill. The prompt action of Lord Lyons and the courteous confidence of the Government demand the gratitude of the Council. Since this correspondence took place the English College of Physicians has discussed a scheme by which foreign

(*a*) Report, July 12, 1869.

practitioners may be legalised in England. The following bye-law has been passed :—

"Any candidate for the College License who shall have obtained a degree in medicine or surgery at a British, Colonial, or Foreign University recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as shall in each case be considered unnecessary."

By means of this bye-law foreign practitioners can, on the judgment of the College, join the English College of Physicians, and so find entrance to the Register. It may be proper here to observe that the Medical Council will still retain the duty of accepting the conditions for admission to the Register of foreign graduates, or of representing the matter to the Privy Council. Considering the fact that the Board of Trade, the Foreign, Home, and Colonial Office, and the Privy Council have all been appealed to in this important question from independent sources, it is hoped that the Council will not grudge the time given to the brief summary thus laid before them.

A proposal will be made to refer the whole subject without delay to a committee.

RESTORATION OF NAMES TO REGISTER.

The Executive Committee will lay before the Council a short report on a point of law regarding the *restoration* of names. A person whose name by his own fault had been omitted (under Clause xiv.) applied for restoration. Circumstances arose which made the committee hesitate to replace the name without reference to the Council thereon, and they have prepared a case and obtained Counsel's opinion on a point which has for the first time arisen.

JUDICIAL FUNCTIONS OF COUNCIL.

The Council is often indebted to their solicitor, Mr. Ouvry, for the promptness with which he advises the Executive Committee and the President in the absence of the Council. Yet experience would seem to show that the Medical Act does not clearly define to what extent the Council can delegate its functions to the Executive Committee, and a point in law may arise, but in which the executive committee is hardly justified, according to precedent, in acting. It may be worthy of consideration whether the experience of the Council during nearly twenty years with regard to its functions as a judicial body can suggest any improved machinery for the discharge of their duty in this respect. The experience gained, for instance, through the various correspondence with the Registrar-General is valuable, for it may end in the prosecution of one class of offences being undertaken by the Home Office. But even so, a bye-law to regulate the initiative in a way conformable to the wishes of the Council would strengthen the hands of the Executive when occasions arise suddenly and the Council is not sitting.

Lastly, as regards the Register, on account of the fact that the printed Register appears but annually, steps have been taken to furnish the Registrar-General periodically with copies of the additions made to the manuscript register in the office, and the Council may perhaps consider whether this principle may not be advantageously extended to other public offices, without additional expense to the Council.

LEGISLATION.

On the subject of legislation, some important points have to be considered. They may be provisionally stated to-day in a general manner. There is no evidence to show that the Council has materially modified its views, as expressed in their Report of 1870, in relation to Lord Ripon's Bill. The Council then put forward several principles of legislation, *e.g.*, that the examinations of licensing bodies should be reduced by combination under clause 19 of the Act, if not voluntarily, then by contingent and collateral coercion; that colonial and foreign degrees should be accepted under conditions; that public health diplomas should be recognised.

Thus they clearly established that, at the proper time, a new and comprehensive Act had sooner or later to be prepared.

The Medical Defence Association is urgent that one alleged incompleteness of the Medical Act should at once be remedied. They have therefore prepared a Bill on that point alone; viz., the prosecution of offenders.

The Obstetrical Society sees the great need for better instruction of midwives, and prepares a Bill advocated and supported by their President, Dr. West. Their Bill proposes to place the control of the education and examination of midwives under the Medical Council. The Society having laid their views before the Lord President of the Privy Council, he has referred their proposals to the consideration of the Medical Council. The document will be laid before you. There may be a difference of opinion as to the machinery; there can be none as to the want. No one engaged in practice, but knows well the difficulty that there is in obtaining adequately educated and trustworthy midwives, and nurses for the sick. It may or may not be desirable for the Medical Council to supervise their education. But the training and certificate are certainly needed. The very existence of such institutions as Miss Nightingale's, at St. Thomas's, as Dr. Sinclair's, in Dublin, and as the Duke of Westminster's, in Bloomsbury, prove the want, and indicate ways of meeting it. It has been said that trained medical women, of various qualifications are much needed in India. Sir Salar Jung, when in England, stated his views on this matter. His opinion was, that it would be a great benefit to India—a benefit which could not be exaggerated—if English medical women, completely educated in England, could settle in the chief towns, to act as teachers as well as practitioners. He said that in the rural districts a class of ordinary female practitioners, not of the stamp of teachers, would be very acceptable to the vast native populations. He was of opinion that both classes would obtain a suitable and honourable professional maintenance. And though it would be impossible to give any precise estimate of the required numbers, 250 of the first class, and 1,000 of the second might be safely named. If the attempt were successful, these numbers would probably prove wholly insufficient. An English lady, who has lately had the opportunity of examining many Zenanas, under exceptionally favourable circumstances, confirms these statements in an emphatic manner. They are strongly supported by no less experienced a person than Dr. Macdougal, Bishop of Labuan. They, therefore, deserve the serious consideration of the Women of England. Never since England has had duties towards India, have those duties to the native peoples, to which reference is now made, been so manifest as now. It may be as well here to remark that Sir Joseph Fayrer has forwarded a communication regarding the recognition of medical education in the Universities of India.

When, therefore, the Bill affecting the training of midwives is brought before the Medical Council, it will demand consideration under various aspects.

A third Bill has been announced to me, like the other two, to be brought forward as a private Bill, requiring that no one shall be registered, unless he have a qualification both in medicine and in surgery. The same Bill calls on the Medical Council to appoint an Examining Board for the purpose of constituting a new class of medical officers, who will be entitled to append to their names in the Register the letters C. M. B. (Civil Medical Board). All medical officers, either in the military or naval services, or attached to public medical institutions in general, will by this Bill be required to pass the Civil Board. It was once said that the Medical Council has nothing to do with the medical wants of the empire, outside the four corners of the original Act, which Act had reference to the then existing nineteen independent licensing bodies. When we consider the state of feeling and knowledge as regards medical legislation in 1877, that view can hardly be maintained. The wants of the future are as present to us as the traditions of the past.

CONJOINT SCHEME FOR ENGLAND.

A scheme for a Combined Board of Examiners for England will be communicated to the Council. It has been prepared with the concurrence of every licensing body in England. Should the Council sanction the union of these bodies for the purpose of conducting one combined pass examination for all England, a long series of negociations will be concluded, which, but for the withdrawal of Lord Ripon's Bill, might have been unnecessary as far back as 1872. This scheme affects only licenses obtained in England, leaving untouched the Examining Boards in Ireland and Scotland.

The Government last year decided to give an annual grant of £5,000 for the promotion of physical science, aud placed it in the hands of the Royal Society, on the condition that heads of several bodies interested in physical science should be upon a committee for the administration of £4,000 thereof. Among these bodies was the Medical Council. The Presidents of the Colleges of Physicians and Surgeons, who are both on the committee, together with Sir William Gull and Sir James Paget, met at the Medical Council Office to consider in what way the interests of biological, and specially medical science, could be best promoted by the Government grant; and your President attended the general and the biological committees to support the common view entertained by that Conference. The applications for the grant far exceeded its amount. Only a small portion was appropriated to subjects directly connected with Medicine.

The Council have to lament the retirement of their valued Registrar, Dr. Francis Hawkins, instructed the executive committee to elect his successor. They have secured the services of Mr. William Miller. Mr. Miller is well known in the scientific world as the Mathematical Editor of the *Educational Times*, and as one long engaged in the practical work of general education. It cannot be doubted that his extensive acquaintance with scientific men in various nations, and his educational experience, will greatly aid the Medical Council in their revision of the educational arrangements connected with medicine through the kingdom.

Mr. Quain having resigned the duties which he had so zealously performed here, the College of Surgeons have added to the Council Sir James Paget.

Dr. Stokes, the Crown Nominee for Ireland ever since the formation of the Council, has, from ill-health, resigned his seat. It were hard to say whether, as we part, genius and culture, or endearing personal nature, will be most deeply impressed on our memories.

There remains, then, the great subject of the education of the student of medicine. Whether the Council is ripe for any special settlement of that question it would be presumptuous to say. Nor is this the occasion to inquire. No discussion within the Council, no criticisms without, will or can alter the fact that in harmonising in their due proportion, the general, the scientific, the moral, and the physical training of the student consists the best education. So it has been from Plato and Hippocrates to the time of Milton and Locke, so it must remain. Do the methods change? Are the requirements of a youth altered? Have the schools, the Hospitals, and the universities kept pace with pædagogic knowledge? This is greatly to be doubted. The German educator would answer unequivocally that the arrangements for teaching in England are imperfect or at least unsystematic. The Englishman would reply that at all events they have been made the subject of discussion, of inquiry, and report till the shelves groan beneath the load of the result. Are we in our department satisfied? Even in the metropolis is no revision required?

It is not for your President to answer these questions. A fund of knowledge and opinion is in our hands, whether derived from various Royal Commissions on general and on scientific training, or from the reports and answers given to this Council by Universities, Medical Corporations, Medical and Scientific Experts, and the Medical Teachers' Association of the Metropolis.

The latest conclusions suggested for your consideration are to be found in a report by Professor Humphry about to be laid on the table and prepared by your desire. It is not likely that the report will contradict an often-expressed opinion that the foundation of the "Mens Medica" is laid in a liberal education; or that the corollary drawn by the Council from that conviction will be overthrown, viz., that the educational bodies are the fittest judges of the course, and standard of liberal culture. On this topic one of our most honoured Presidents, Joseph Henry Green, wrote thirty years ago:—

"I hold it as little less than indisputable that the rightful claim of the profession to its due estimation by society at large can be dependent only upon science, and upon its cultivation in union with the liberal arts and sciences—therefore entitled 'Liberal,' because they are cultivated without hire or compulsion on the score of their own worth and dignifying influences. It is herein that we find the ground of a liberal education common to the Professions and the Gentry of a country—of an education fitted to maintain the continued succession of a class of *Viri Liberales*, of Gentlemen, of men imbued with the liberal sciences, of professional men, who in the full possession of a liberal science apply it to the needs and benefit of their fellow-citizens. Nor can it be deemed of slight importance that those destined for our profession should partake of that education, which is required for the liberal professions, as an integral part of the gentry of the country, with the sense and habits of a joint training in their duties moral and religious, in their obligations as citizens, and in their sentiments of honour as Gentlemen."

A caution, however, is given by a not less illustrious President, Sir Benjamin Brodie. Writing with the consummate knowledge of a life of observation and exertion, he says—

"In accordance with your view of the matter, Sir Walter Scott has somewhere observed, that 'the best part of every man's education is that which he gives himself;' and I willingly admit that, among those whose intellect is of the higher order, there are many who would ultimately accomplish greater things if in early life they were left more to their own meditations and inventions than is the case among the more highly educated classes of the community."

"Still, I do not mean to deny that there may be some defects in the prevailing systems of education. It would be marvellous if it were otherwise, considering how imperfect all other human institutions are. I do not profess to point out what these defects may be, nor have I, indeed, that practical knowledge of the subject which would make me competent to do so. I may, however, venture to suggest whether, as regards the higher kind of education, too much is not attempted to be done, and whether it would not be better if the students were left to accomplish more for themselves. But even as to this there can be no general rule; there being some who are incapable of learning anything except what they are actually taught, while there are others whose natural disposition it is to teach themselves and think for themselves. Unfortunately we have no means of distinguishing beforehand these two classes from each other; and even if we could do so, there would be a difficulty in varying our mode of proceeding so as to adapt it to each individual case."

If these suggestive utterances had their warning and significance thirty years ago, how much more now when competition is sharper, distractions more numerous, and labour and self-command requisite for success greater than then. The examinations, which we are bound by the Medical Act to supervise, are, no doubt, the ultimate test of the attainments of students. But they are no less an expression of the slowly maturing convictions of the nation as to what is "the best and noblest way" of discipline, culture, and knowledge in preparation for our noble profession.

Original Communications.

CURE OF A CASE OF ELEPHANTIASIS BY LIGATURE OF THE POPLITEAL ARTERY.

By Dr. Louis Casati.
Surgeon in Chief at the Hospital Forli, Italy.

Translated for The Medical Press and Circular, *from "Le Bulletin Therapeutique" and "Paris Médical," April* 1877, *by*

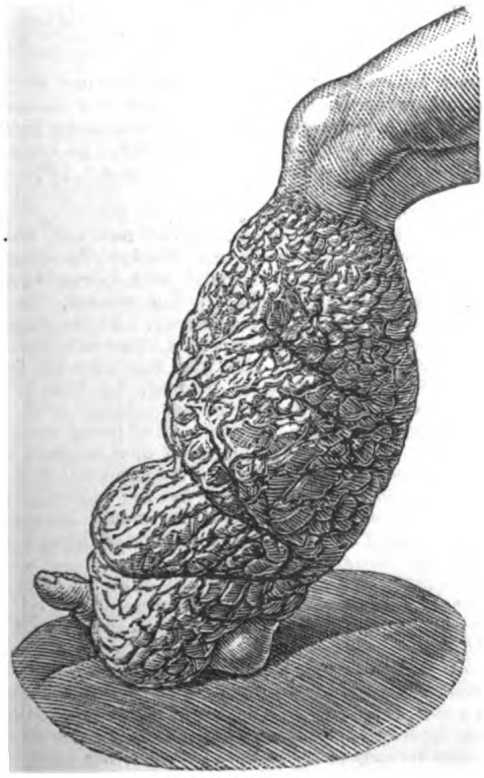
T. M. Dolan, L.R.C.P., L.R.C.S. Edin., *of Halifax, Yorks.*

Paul Bertozzi, aged 54, suffering from elephantiasis of the right leg, was admitted into the Hospital of Forli, on January 10th, 1873, under my care.

State on Admission.—The patient was a man of high stature, weak constitution, and badly nourished, his upper and lower extremities were emaciated, skin yellow, his hair grey, his eyes hollow, tongue dry and cracked, but he was without fever or cough, and respiration was good.

There was nothing remarkable about thorax and abdomen.

Fig. 1.



As regards the actual state of the leg, Fig. 1 represents exactly its size and appearance, and was taken from a photograph executed on the second day of his admission to hospital.

With the exception of the calcaneum and the extremity of the toes, the rest of the foot and the leg as far as the knee was a mass of crusts and nodosities, separated by superficial and dry tortuous furrows, as on the skin of the elephant, and at some points I remarked some ulceration and phlyctenæ.

Measurement.—The circumference of the calf was 58 centimetres, the instep 50, and the back of the foot 52.

The whole member exhaled a fœtid and unsupportable odour, from the abundant discharge of sanious pus; all movement was impossible, and from to time he suffered lancinating pains in the region of the calf.

He incessantly requested amputation, and such was my intention, but on reflecting that ligature of the popliteal artery would not prevent me from having recourse to amputation of the thigh immediately above the knee, in case I obtained no result, or if mortification should set in below the ligature, I decided to have recourse to the ligature, which I applied January 12th. After the operation the patient suffered from some degree of fever, with accelerated pulse, high temperature, slight erysipelatous symptoms, which were reduced by appropriate treatment. Without minutely describing his daily progress, on the 17th of February the ligature came away, and on the 25th the wound was completely healed; when I measured the member and found the circumference of the leg at the calf 54 cent., showing a diminution of 4; above the malleoli 48 cent., or a diminution of 2; and the back of the foot 50 cent., or a diminution of 2.

Towards the end of March the morbid tissue had acquired a dryness, and a hardness really corneous, the furrows and chinks had become so numerous and dry, that some were easily detached in large lumps.

The destruction of the tumour had commenced, and during the months of April and May, a day scarcely passed without some fragments of various sizes becoming detached.

On May 26th I obtained the following results from measurement:—

Circumference of calf 36 cent., diminution 22; above the malleoli 37, diminution 13; back of the foot 44, diminution 8.

An animal and nourishing diet, and the continual employment of arseniate of iron so improved his general condition, that he was no longer recognisable. At the end of May he was able to move his leg and raise it, and he was pleased to be able to stir his five toes. He wished to return home about the 23rd July, when he was able to move about on crutches, and take exercise in our hospital garden. The circumference of the calf was then 33, diminution 25; above the malleoli 30, diminution 20; back of foot 35, diminution 17.

I did not see my patient again until the month of May, 1874, when I went in consultation to Rocca, San-Casciano. He was then able to walk well with the aid of a little stick; the leg was then slightly swollen, and erythematous in colour, and still showed in the back of the foot some remains of elephantiasis. In the month of June, 1875 Bertozzi re-entered my hospital to undergo a series of vapour baths, as he had suffered during the winter from poly-articular rheumatism. His right foot was still deformed in the plantar, and œdematous in the dorsal regions, but with that exception there was no trace of elephantiasis, and from the malleoli as far as the knee, the cellular tissue and subjacent tissues were atrophied.

I did not expect such a brilliant result, which I would have published had I not been prevented by other occupation; but this was fortunate, as in the month of June 1866, Bertozzi again came under my care, and I saw him walk without the aid of a stick, and observed the disappearance of the œdema of the foot and the erythematous colour of the leg. Signor Timoleonti Zampa undertook the casting of a model of his foot and leg at this time, which is reproduced from a photograph in Fig. 2.

Reflections.—I desire to avoid pronouncing definitely on the value of this method of treating elephantiasis, for though a single fortunate case may encourage us to try it again, still, it is not sufficient to induce the practitioner to accept it as a general method, even though it is certain and incontestible, that excessive developments are susceptible of atrophy from ligature of the different arteries.

Elephantiasis is a disease depending on altered and excessive growth of the derma. We must, consequently, theoretically admit that a method which considerably diminishes the arrival of the materials of nutrition at a certain place must be not only capable of arresting development, but even of causing retrogression.

In medicine facts are of more value than theories, and I may terminate this communication by some statistics

showing, what arteries have been tied by different sur-

FIG. 2.

geons as a means of treatment for elephantiasis, the parts affected, and the results obtained.

NAME OF OPERATOR.	PART AFFECTED.	ARTERY LIGATURED.	RESULT.
1 Harvey	Scrotum	Spermatic	Recovery
1 Carnochan	Leg	Femoral	Recovery
3 Erichsen	Leg	Femoral	Recovery
4 Ogier	Hand	Humoral	Recovery
5 Butcher	Leg	Femoral	Recovery
6 Kuarre	Leg & thigh	Iliac	Death
7 Fayer	Scrotum	Spermatic	Recovery
8 Simon	Leg & thigh	Iliac	Death
9 Souden	Hand	Humoral	Amelioration
10 Richard	Leg	Femoral	Amelioration
11 Fayer	Leg	Femoral	Recovery
12 Buch	Leg & thigh	Iliac	Death
13 Vanderson	Leg & thigh	External Iliac	Return after 2 yrs
14 Jubiat	Leg	Femoral	Return after 12 yrs
15 Bryant	Leg	Femoral	Amelioration
16 Alcock	Leg	Femoral	Death
17 Buchanon	Arm & hand	Axillary	Death
18 Simpson	Leg	Femoral	Recovery
19 Bourchand	Leg	Femoral	Amelioration
20 Hueter	Hand	Humeral	Recovery
21 Ranin	Leg	Femoral	Death
22 Fischer	Leg & thigh	Iliac external	No improvement
23 Luiruig	Leg	Femoral	Amelioration
24 Casati	Leg	Popliteal	Recovery

We thus see that out of twenty-four cases, there have been ten recoveries, four cases of improvement, two of return, two without improvement, and six deaths—showing mortality of twenty-five in a hundred.

Dr. Bacchi, who published in the *Bulletin de Thérapeutique*, the communication of Dr. Casati, remarks that, in 1861, Vanzetti, of Padua, having the treatment of a young person suffering from elephantiasis of the right leg, before resorting to ligature of the crural, tried compression.

The compress, and rest in bed, with the leg placed on an inclined plane, not having any influence over the disease, he changed to digital compression of the crural artery, which was only applied during the day, and continued for a month and a half, with some intervals of suspension.

The leg progressively diminished. A bandage was applied, and the patient left the hospital with it on.

Vanzetti saw her three years afterwards, and the elephantiasis had completely disappeare

This circumstance affords some for attempting to arrest the flow of blood to the diseased parts, and in Dr. Bacchi's opinion, digital compression ought to be tried before employing the ligature.

Unfortunately, this compression is not always borne, and Professor Gosselin had to abandon it with one of his patients.

The results of such cases should encourage surgeons to apply his method more generally, with the exception of those cases requiring ligature of the iliac artery.

We know, in effect, that ligature of this vessel presents great risk for the patient, especially in a disease which does not necessarily shorten life. Besides, we believe, that when the affection is confined only to the leg, ligature of the popliteal ought to be practised, as it is a less dangerous operation than ligature of the femoral, and now, perhaps, with the antiseptic system of Lister, certain causes of failure in operations being avoided, the mortality will be reduced.

Transactions of Societies.

DUBLIN MEDICAL SOCIETY.

A MEETING of this Society was held on Wednesday, May 2, Dr. AQUILLA SMITH in the chair.

Dr. HAWTREY BENSON exhibited a case of

ELEPHANTIASIS GRÆCORUM.

The case he considered of interest as bearing upon the controverted point as to whether or not the disease was contagious, in consequence of the circumstance that two books, differing considerably on the question, had lately been published—one by Drs. Lewis and Conyngham (who maintained that there was no evidence of the contagiousness of leprosy), and the other by Dr. Hansen, of Norway, who was of opinion that it was contagious. Five years ago, while he (Dr. Benson) was on a tour through Norway, he stopped at Bergen, where he saw a leper hospital with over 400 cases in it. Dr. Benson then brought in the patient, who was examined by the members of the Society. In the year 1872 he (Dr. Benson) had under his care a man who had been in India twenty-two years, and who was sent up to him labouring under this species of leprosy, by Dr. Stirling, of Thomastown. Shortly after he came home from India he was attacked with the disease. After being under his (Dr. Benson's) care he went home and died in about a year and a-half. His brother had slept in the same bed with him, and used his clothes. That brother was the patient now exhibited to the Society. The members would remark the sepulchural tone of his voice, which was one of the symptoms which had been observed by others.

Dr. WALTER SMITH said the statement that had been made—that leprosy was extinct in Great Britain—should be modified, for he believed that cases of it occurred sporadically.

Dr. LYONS said his impression was not in favour of the contagiousness of the disease, which was well known in Lisbon, where there was a leper hospital, and the experience there was that, as a rule, there was no tendency of the disease to spread. The term leprosy was vaguely used, but he considered to be truly applicable only to the form of disease which he had seen in Lisbon, and which resulted in the loss sometimes of the fingers, nose, and toes.

Dr. JAMES LITTLE mentioned the case of a gentleman who had been for years under the care of Sir Dominic Corrigan and himself, and who was slowly dying of the disease. He remarked that the majority of observers were of the same opinion as Dr. Lyons, although there were some who took an opposite view.

Dr. HAWTREY BENSON, in reply, stated that the College of Physicians in London had lately appointed a committee to consider the question of the contagiousness or non-contagiousness of leprosy, and that movement had started with the Secretary of State for the Colonies, who had noticed the discrepancy between the writers of the two books he had mentioned. The committee had arrived at the conclusion that there was no evidence of its contagiousness, but, at the same time, they agreed with Dr. Hansen in recommending the segregation of persons affected with it, but more on sanitary and moral grounds that on any others.

Dr. HAYDEN, V.P., exhibited a young man who was labouring under

CRUHVELIER'S PARALYSIS.

The patient was 20 years of age, of the farming class, of robust constitution, and from the neighbourhood of Athlone. Previous to being attacked with the disease he was remarkable for his athletic power—lifting weights, running, and so on. He stated that frequently he had to walk through streams up to his middle, driving cattle. Up to three years ago he was in good health. He then began to suffer from weakness in his arms, and the disease gradually came on. The wasted condition of the muscles of the upper arm, and also the pectoral and deltoid muscles, was quite observable. They were quite atrophied.

Dr. FOOTE mentioned that he had a very similar case of a young man who was a sawyer. He was a strong young fellow, but had been obliged to work very hard, and, at the same time, he drank, smoked, and indulged his sexual desires. The result was that he had an attack very similar to that now exhibited to the Society. The treatment consisted of a constant current applied from a 20-cell Smee battery to the cervical and spinal muscles, and the use of hypophosphates, cod-liver oil, and as much nourishment as possible. Under that treatment he recovered, and the muscles grew again, and he was able to go back to his former work, but the muscles did not altogether recover their former tone.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SESSION 1877.

FIRST DAY, MAY 10.

THE Twenty-fourth Annual Meeting of the Council commenced on Thursday last.

After the confirmation of the minutes of the last meeting, some discussion took place with regard to the removal to late in the agenda, of a notice of motion, by Sir Dominic Corrigan, concerning the late election by the Executive Committee of a non-medical Registrar. It was ultimately decided that Sir Dominic's motion could be brought forward, if he desired, as an amendment on the adoption of the report of that Committee.

Sir James Paget was next introduced to the Council by Sir William Gull, as the representative of the Royal College of Surgeons of England, in the place of Mr. Quain.

The PRESIDENT then delivered his address, which will be found at page 383.

REPORT OF THE EXECUTIVE COMMITTEE.

"The Executive Committee report that, in pursuance of the resolution of the General Council, passed on June 1st, 1876, which 'delegated to the Executive Committee to elect, in October, a Registrar to the General Council' (*Minutes*, Vol. xiii. p. 201), they issued advertisements, as directed, and, after consideration of the applications received, elected Mr. W. J. C. Miller as Registrar."

Prof. HUMPHRY said the report of the Executive Committee was not one requiring confirmation. It was simply a statement of things done, and not one which required sanction.

Dr. A. SMITH moved that the report of the election of Mr. Miller be received and entered on the minutes.

Dr. STORRAR seconded the motion, because he thought it right that the election of Mr. Miller, as Registrar, should appear on the books as the work of the entire Council.

Sir DOMINIC CORRIGAN moved, as an amendment :—

"That the proceeding of the Executive Committee in having selected for the appointment of Registrar to the General Medical Council, and to the Branch Council for England, a gentleman who is not a member of the medical profession, is contrary to the spirit and intention of the Medical Act of 1858, and has not given satisfaction to the members of this Council or to the profession generally."

He felt strongly on what had taken place; he would make no apology to Mr. Miller, because he had no personal motives or objection whatever against him. His object was a public one. The *Register* numbered over 22,000 members, and Mr. Miller's election was contrary to the spirit and intention of the Medical Act of 1858, though that Act did not state that the Registrar should be a medical man; yet that officer had never been selected outside the profession. It was certainly not necessary that the chairman should be a member of the medical profession. The Crown had never sent forward any member of this Council, but registered medical men; nor had there been a registrar in any part of the United Kingdom, unless a registered medical man. Could any one stand up and say that, among the 22,000 medical men, there was not a member qualified to occupy the position of registrar. There was no object in obtaining a man, whose education was known in every department of science; one who could decipher the inscriptions on recently discovered stones; but one who was capable of doing the particular duties of the office. Now, what had been done? They had passed over the 22,000 men, and had gone outside the circle to elect a man, because he was an editor, and because he knew something about education in general. His knowledge was quite unnecessary in the appointment referred to. The College of Physicians of Ireland had a bye-law that the Registrar should be a fellow; they had but sixty men from whom to choose, but they could always find a man competent to perform the duties. Now who was to pay the Registrar? Not the Government—not the House of Commons; the money to pay him was wrung from the young men of the profession, who, however, could ill afford it; and now that money was to be handed over to a member of the public, who would not give a sixpence towards it, whilst there were 22,000, from whom many could be chosen. It is stated that there were only twenty-one candidates, and that eligible candidates among the profession were few, in consequence of the members of the profession being more remuneratively employed. Had he had the least idea that the Executive Committee would have gone outside the circle, he would certainly not have voted that that Committee should have the power to have so acted.

Sir Dominic Corrigan's amendment was lost, he alone voting in its favour.

The Chairman then put the original motion, which was carried.

Dr. HUMPHRY proposed that the Business Committee be appointed, and that it consist of Dr. Wood (Chairman), Dr. A. Smith, Dr. Haldane, Dr. Pyle, Dr. Leet.

Dr. WOOD moved the appointment of the Finance Committee—Dr. Quain (Chairman), Dr. Pitman, Dr. A. Smith, Sir James Paget, Dr. Fleming.

Moved by Dr. HUMPHRY, seconded by Mr. TEALE, and agreed to :—

"That, having regard to the good spirit in which the visitations of examinations and the reports of the visitors have been generally received by the licensing bodies, and to the improvements which have been made in all, or nearly all the examinations for admission to the *Register*, it is desirable not to enter now into a discussion on the reports of the committee on the visitations of examinations and the answers of the licensing bodies, but to send copies of the Report of 1876 to each of the licensing bodies for consideration."

Dr. HUMPHRY felt it useless to debate the question connected with the report of the committee on visitations of examinations, for the work was literally now doing. In many instances examinations had been modified in accordance with those reports, and there remained but little to be done to bring the examinations into exact accordance with the desires of those who had drawn up the reports. In some of the reports questions were left for the consideration of the Examining Bodies. An important one was the partial character of the examinations—that is,

the omission of many subjects in some of the examinations. Since the report referring mainly to these questions had been made, Examining Bodies had been endeavouring to overcome the difficulty, and, in the main, had accomplished it. There were one or two other points —the conduct of clinical examiners in medicine and surgery. It must be borne in mind that this form of examination was comparatively recent, and had yet to be carefully carried out. It would be, therefore, better to leave this to the examining bodies to be further developed. Again, the division of subjects. There were instances in which, if a candidate were rejected in medicine alone he could present himself again for that subject alone; but these instances were rare, and doubtless would be shortly set aside. If these reports were sent to the Examining Bodies they would be considered by them, and probably changes would be made. Later on it might be necessary to consider the matter in the Council, to ascertain whether or not the required changes had been made.

Mr. TURNER would suggest a slight alteration; that the reports of the Committee of June, 1876, only should be sent. Copies which had not yet been sent to the Licensing Bodies. He did not consider it necessary to send again to the Examining Bodies, the earlier reports which had already been sent.

Prof. LISTER agreed as to the great good done by visitations of examinations, and did not think that nearly all the good had yet been done. He himself was anxious that visitation should be resumed.

Dr. A. SMITH said that if the Council did not order further visitation, none could take place during the next year.

Dr. A. WOOD thought there was a danger in pressing the matter too fast. Much more could be done by the moral influence of this Council. In Scotland they were every day endeavouring to improve these examinations, and the hints given by the visitors had been most graciously received and had, in most cases, been acted upon. He trusted the Council would not institute examiners for another year.

Dr. A. SMITH thought it would be well to pass such a resolution as would put the Executive Committee in power to resume the visitations if they considered it advisable.

Prof. HUMPHRY wished to remark that he did not think the function of the Council as visitors of examinations had been accomplished, but that it would be better to cease the visitations of examinations for a time in order that the Examining Bodies might make the required changes.

The amended resolution as above was then put from the chair and carried.

Moved by Dr. A. WOOD, seconded by Mr. TURNER :—

"That the following report of the Executive Committee, with the three documents specified therein, be received and entered in the minutes :"—

REPORT.

"The Executive Committee, as was remitted to them by the Council (*Minutes*, Vol. xiii., p. 260), have obtained from the Licensing Bodies answers in regard to the result of professional examinations and the deficiencies in preliminary education, which they now submit to the Council. The Committee requested Dr. Humphry, who acted as Chairman of Committee on Results, to prepare a report on these answers. This report they have also now to submit for the consideration of the Council. In addition, Dr. Aquila Smith has furnished the Committee with an analysis of the annual returns of the final examinations furnished to the Council for a series of years, which they also submit to the Council.

"The Committee recommend that these documents should be entered in the Minutes, and referred to the Committee on Recommendations of last year, which should, for that purpose, be re-appointed and requested to report to the Council with all convenient speed."

Dr. WOOD said the Council were aware that the Executive Committee forwarded queries to the Examining Bodies with reference to the number of rejections. The Examining Bodies had courteously replied to these queries. The documents were in print, and he would propose that they should be entered on the minutes.

Dr. FLEMING thought that unadopted reports should be put upon the programme; it was unnecessary that they should be entered in the minutes, as they would probably not be referred to. Was it not better first to have them discussed (which would, of course, take place), and then, when they had been altered and amended, they could be entered in the minutes.

Mr. SIMON said there would be no power to alter the reports. Their discussion would be a separate matter.

The CHAIRMAN put resolution, which was carried.

It was agreed that the report should be considered on the Saturday, by the whole Council, and not by Committee.

These answers from the Examining Bodies were very lengthy, and (as will be afterwards seen) have been embodied in the form of a report by Professor Humphry.

The CHAIRMAN said he had received numerous documents from the Foreign Office, and others, referring to the subject of foreign, colonial, and Indian degrees.

Mr. SIMON said that these documents would require deliberate consideration. He, therefore, proposed they should be referred to a committee, which was agreed to.

Mr. SIMON said it might be recollected that Mr. Russell Gurney's Bill was referred to a committee, and was subsequently altered in the Council. One clause in the Act was that the power should be optional on the part of the Examining Body to admit women to examination; and a second was that women should have no right by the Act to take part in the government of the University or corporation which granted the licence. Now the Bill becomes law, and the proviso is different to what was intended by this Council. The word "registration" was used instead of the word "licence" or "diploma," and, in consequence of this mistake some of the Examining Bodies held aloof from the examination of women, having the idea that women would have power to take part in the government in right of the licence or diploma, though not in right of registration.

It was then moved by Mr. SIMON, and seconded by Dr. STORRAR—"That it be an instruction to the Medical Acts' Committee to consider the provisions of Mr. Russell Gurney's Act, as compared with the recommendations made by the Council at its last session, with regard to the Bill which was then before Parliament, and to report to the Council on the legal bearing of the provisions as they stand."

Dr. STORRAR said theSenate of the University referred the question to the law officers of the Crown, and however the legality might be concerned, it was certainly a generally received opinion that the clause in effect carried the meaning which it was intended to apply to it.

Dr. WOOD moved that the table showing results of professional examination for degrees, diplomas, and licenses, granted in 1876 by the medical licensing bodies in Schedule A of the Medical Act, should be entered in the *programme*. He thought the number of rejections enormous, and referred to the high number of rejections by the College of Surgeons of England and College of Physicians of Edinburgh. He thought it was becoming a question which must receive the attention of this Council.

It was proposed by Dr. A. SMITH, seconded by Mr. MACNAMARA, to add to Chapter xiii., Section 7, that in all cases in which additional qualifications are to be registered they must be entered also in the local register in which the practitioner was first registered." Dr. Smith referred to a case which was entered in the *Register*, and in which no corresponding entry occurred in the Branch Council.

Mr. MACNAMARA said this failure in the registration of titles was sometimes made use of in an unpleasant way. One individual hearing that another claimed to hold a certain diploma, would search the local register, and not finding the title registered, would deny the claim to other members of the profession.

Sir WILLIAM GULL said that such would not apply to *England*—a remark which raised a laugh among the Scotch and Irish members of the Council.

The motion was negatived.

The Council then adopted a report of the Executive Committee on the standing orders, and adjourned.

SECOND DAY, FRIDAY, MAY 11.

AFTER the minutes of the previous day's meeting had been read and confirmed,

Mr. TURNER asked the President when the General Index to the first ten volumes of the minutes, referred by the Council, June 22nd, 1875, to the Executive Committee, would be in the hands of members. Mr. Turner said, that when the index was decided upon it was stated that it would be ready by the Session of 1876. This was 1877 and it had not yet appeared.

The PRESIDENT replied that he had the index now in his hand, but that it still required revision, and would be completed and in the hands of members as soon as possible. He thought it would be convenient in the next place to consider the communication from the Queen's University with regard to the registration of honorary degrees, and Dr. Eustace's request that his honorary degree may be registered as an additional qualification, with Counsel's opinion thereupon, given to the Registrar of the English Branch Council.

The REGISTRAR then read the documents referred to. The first was the application of Dr. Eustace to have the Honorary Degree of Doctor of Medicine conferred on him by the Queen's University in Ireland placed on the *Register*.

This request was refused by the late Registrar, who took Counsel's opinion upon the point. The opinion against registering the honorary degree was based upon the fact that Dr. Eustace possessed only a surgical qualification, and therefore registration of his M.D. would tend to mislead the public into the belief that he had a medical qualification.

The authorities of the Queen's University in Ireland thereupon submitted a case for the consideration of the law officers of the Crown in Ireland. The opinion was read by the Registrar, and entered very fully into all the circumstances of the case.

Sir W. GULL objected to the reading of the document on the ground that it entered upon irrelevant matter.

Sir DOMINIC CORRIGAN contended for the reading, and the PRESIDENT ruled that it should be read.

The document pointed out that honorary degrees have been registered up to the present time, and instanced the case of the late Mr. Syme who had five qualifications registered, only one of which was not honorary. The law officers of the Crown in Ireland further considered that the Registrar had usurped the functions of the Privy Council in refusing to register the degree, and concluded by expressing the opinion that Dr. Eustace being already registered has the right to have his honorary M.D. degree registered as an additional or higher qualification.

These opinions were submitted to the law officer of the Council (Mr. Ouvry) who was present to give the Council his opinion.

Sir DOMINIC CORRIGAN objected to Mr. Ouvry being allowed to make any oral statement.

A discussion ensued on this point in which Dr. ANDREW WOOD and Dr. AQUILLA SMITH took part, and Dr. ALLEN THOMSON moved, and Dr. STORRAR seconded, a motion that Mr. Ouvry's opinion be received.

This was carried.

Mr. OUVRY then proceeded to give his opinion upon the documents submitted to him. It appeared that throughout the Medical Act "Honorary" degrees were not mentioned. With respect to Section 26, there was no doubt in the present case that the claimant was entitled to the qualification, but the question was whether it was a qualification. Nor was there any question with respect to Sections 20-21 as to the course of study. In 1859, however, the Council decided to allow the registration of the licences in midwifery granted by the Royal College of Surgeons in Ireland and the King and Queen's College of Physicians, and also the licences granted without examination by the Royal College of Physicians of Edinburgh. The opinion given by the law officers of the Crown in Ireland did not say that the M.D. *honoris causa* was a qualification, but that it should be registered as a "title" or higher degree. With regard to this, it must be remembered that the "title" column in Schedule (D) of the Medical Act was repealed. Mr. Ouvry considered that in the case of Dr. Eustace the Honorary M.D. degree could not be looked upon as a "higher" degree because Dr. Eustace had not got a "lower" one, and, therefore, he held that Mr. Bowen's opinion as given to the late Registrar was correct.

Sir W. GULL moved, and Dr. ROLLESTON seconded, the following motion:—"That the document with respect to the Honorary Degree of M.D., conferred by the Queen's University in Ireland upon Richard Eustace, Esq., M.D., *hon. causa*, having been read and the advice of the Solicitor taken, the Council is of opinion that it cannot register honorary degrees."

Sir DOMINIC CORRIGAN considered that the manner in which this affair was being conducted was most extraordinary. Mr. Ouvry had been permitted to give his opinion upon the law officers of the Crown in Ireland and no one had been allowed to reply to him. He (Sir Dominic) contended that Sir W. Gull's motion meant that the Council considered the opinion of their solicitor more valuable than that of the law officers of the Crown in Ireland. The proper course for the Council to have pursued would have been to have submitted the opinion of the Irish law officer to the law officer of the Crown in England. With regard to the question of Dr. Eustace's medical knowledge, it was only necessary to glance at his career. He had served with distinction for twenty years, and had gained the Blane Medal. He (Sir Dominic) should be ashamed of the Council if they refused an honour to such a man. Sir Dominic then referred to the licences given without examination by the Edinburgh College of Physicians in 1859 and registered by the Council. With reference, also, to the degrees given by the University of Dublin to Dr. Acland, Dr. G. Paget, Mr. Syme, and others, it did not state in the diplomas that they were honorary, and therefore they were registered without question. The honorary degree of Mr. Eustace given by the Queen's University, however, told the truth and said that it was honorary.

Mr. TURNER proposed an amendment to Sir W. Gull's motion. He did not consider that the subject was yet ripe for decision. Rival opinions were before the Council and honorary degrees have been registered before. This special degree was challenged because it bore the words *honoris causa*, otherwise it would have been registered without question. With reference to Mr. Syme's case, it should be remembered that he had no *medical* qualification except the Hon. M.D. Dublin, and that was registered. Mr. Turner proposed—"That the Solicitor be requested to take the opinion of the law officers of the Crown in England as to the power of the Council to register honorary degrees."

Dr. QUAIN seconded the amendment, and considered that it would be more satisfactory if the opinion was taken on the general question and not only with reference to Dr. Eustace.

Mr. MACNAMARA considered that legal opinions were of very little value in settling points of law. He should prefer to meet Sir W. Gull's motion by a direct negative. The law officers were at variance and who should decide; it could only be decided authoritatively by a court of justice. Mr. Ouvry had contended that if the degrees were registered the intention of the Medical Act would be frustrated. Referring to Section 15 of the Act, he (Mr. Macnamara) contended that "higher" in Section 30 meant "honorary" degrees. As there is some doubt in the minds of the Council and as precedent shows that honorary degrees have been registered, it would be better to give the benefit of the doubt.

Dr. ROLLESTON referred to the repeal of the "title" column in Schedule (D), and also to a former resolution of the Council that no body should confer degrees or diplomas without examination.

Mr. LISTER thought it was a question whether honorary degrees were not additional qualifications under Section 30. The Fellowship of the Royal College of Surgeons of Edinburgh is given without an examination, and is an honorary distinction, but it is registered.

Mr. SIMON thought the question could only be settled by a court of justice.

Dr. HUMPHRY looked upon the question simply as one of conformity with the Medical Act. No provision was found in that Act for the registration of an honorary title. Honorary degrees might be given without reference to knowledge, and the business of that Council was to supervise the study and ascertain the knowledge of students.

Dr. ANDREW WOOD was in doubt when the debate began, and, after the flood of light which had been thrown upon the subject by the different speakers, he was in still greater doubt now.

He thought the Council should take the highest legal opinion in the country.

Dr. AQUILLA SMITH pointed out that Schedule (A) includes as registerable qualifications the degree of M.D. granted by any University in the United Kingdom, nothing being said about honorary or otherwise.

Dr. HALDANE and Dr. STORRAR spoke, and Sir W. GULL thought it a pity that such a question should have been discussed. He thought the Council had exhibited to the profession a want of knowledge which would be commented upon, and deservedly so, very severely by the press.

The amendment of Mr. Turner was then put and carried.

On the motion of Dr. ALLEN THOMSON, seconded by Mr. LASTER, it was resolved that the consideration of the joint request from Dr. Acland and Dr. G. E. Paget—"That the title of M.D. of the University of Dublin be removed from their names in the *Register* on the first convenient occasion, pending the decision by the General Council of the question as to the legality and expediency of registering such additional titles, be deferred until the opinion of Counsel has been received."

Mr. MACNAMARA moved, and Sir DOMINIC CORRIGAN seconded—"That the cases and opinions concerning the honorary degrees conferred by the Queen's University in Ireland be entered on the minutes."

The motion was lost.

It was resolved, "That the name of George Stratton Symmons be erased from the *Register*."

The consideration of the resolution passed by the members of the North of England Branch of the British Medical Association, on April 27th, 1877, and forwarded for the consideration of the General Medical Council at its next meeting—"That it is the duty of the General Medical Council to prosecute unqualified Medical Practitioners," was postponed till Monday the 14th, and the Council then adjourned.

THIRD DAY, SATURDAY, MAY 12.

ON Saturday the Council sat for three hours only, the greater part of the time being occupied with a discussion on the subject of the preliminary education o th e medical student.

As the first business of the day, however, there was a short discussion on Dr. Humphry's report to the Executive Committee together with the accompanying documents.

Moved by Dr. HUMPHRY and seconded by Mr. MACNAMARA—"That the Council now resolve itself into a Committee of the whole Council, for the purpose of discussing Dr. Humphry's report to the Executive Committee."

Dr. HUMPHRY observed that the thanks of the Council were due to the different Examining Bodies for the manner in which they had responded to the questions proposed to them by the Committee of the Medical Council. They had no doubt the right to ask the questions that had been put to Licensing Bodies on professional examination and education, but had no right to look for that hearty co-operation they had met with.

Amendment moved by Mr. TURNER and seconded by Dr. ANDREW WOOD—"That as recommendations 1, 4, 5, 6, and 10, in Dr. Humphry's Report, refer to subjects on which recommendation has been made by the Committee of Recommendation, their consideration be deferred until the report of that Committee comes before the Council." Many of Dr. Humphry's recommendations were included in the report of the Committee of Recommendation; and, therefore, if the Council took the former under discussion, they would have to travel the same ground again. Dr. Humphry's report was to be looked upon as a partial one, that of the Committee of Recommendation as a more comprehensive one. The recommendations 1, 4, 5, 6, and 10, resembled those that had been made by the above Committee; whilst that which referred to the visitation of the medical schools was not included in the report of the Committee. He therefore thought that this report was the document that should receive their first consideration.

The amendment was negatived, and the original motion was then put to the vote and carried.

Dr. HUMPHRY then moved the following resolution:—"That it is desirable that the examination in general education be left, io far as it can be, to the examining boards of the national educational examining bodies recognised by the Medical Council, and that it be delegated to the Executive Committee to communicate with the licensing bodies for the purpose of carrying out this object." He dwelt upon the importance of the question raised by his resolution, and said that it always has been the desire of the Medical Council to improve the general education of the medical student. At present different licensing bodies have their own preliminary arts examinations, but he thought in so doing they were travelling a little out of their way. The examination in general education should, in his opinion, be left to the several universities, whose examinations are well recognised, and the fees for which are comparatively small. His motion, therefore, was that the Executive Committee communicate with the licensing bodies for the purpose of carrying out this object.

Sir W. GULL proposed that the words "it is desirable" should be left out.

Sir D. CORRIGAN criticised the wording of the resolution. He, as also several speakers after him, could not understand what was meant by the term "national educational examining bodies." Might not, he said, the School Board be considered a national educational examining body?

Mr. SIMON said that the colonies, which, one of the members thought, would not be reached by the present resolution, were for after consideration, as the subject before them now was the Universities and other Examining Boards of the United Kingdom. He recommended a specification of the universities which should be recognised by the Council.

Dr. WOOD said that the question before the Council was whether or not the examinations in preliminary education are to be handed over to the universities and general educational bodies recognised by the Medical Council. As for the medical corporations having gone out of their way in establishing those preliminary arts examinations, he thought they had done quite the contrary, and he referred to the time when he, as a medical student, at Edinburgh, had not been in any way tested as to his general education untill his professional pass examination, and then all he had to do was translate a short passage from Gregory's Conspectus. It could not be doubted that the general education of young men in the secondary schools of this country was not what it should be, and he drew the attention of the Council to certain statistical reports on the subject, which showed what a large percentage of the candidates who come up for the preliminary examinations were rejected on some or other of the points on which they were examined. English students were even more defective in their knowledge of the Latin language than Scotch students, and in one instance, out of eighty-seven who were examined in Latin, only twenty passed, while thirty-four were rejected, and thirty-three gave in no papers and retired. There was not, continued Dr. Wood, any urgency in the matter to compel them to take such a revolutionary step as that involved in passing the resolution before them. He also objected to the motion on the ground that it would exclude the colonial examinations, as well as on account of the ambiguous manner in which the resolution was worded, and he hoped that it would not be carried.

Mr. MACNAMARA dwelt on the great importance of the medical student having a sound preliminary education, but thought that the Medical Council was twenty years behind the times in the discussion on the subject. As far as his own college was concerned he would say that it was one of the first to establish a good preliminary examination. His college had, moreover, the greatest respect for the Medical Council, but he must confess they had not that confidence in the Council on this question of the preliminary education of the medical student as it was desirable they should have. He considered the preliminary examinations recognised by the Medical Council were not so good as they should be, that the Medical Council were bound to have a higher standard of preliminary examination than that which they at present recognised, and that it was necessary to come to a decision as to what examinations in general education were sufficient for the Medical Council.

Mr. BRADFORD wished to know whether such a resolution as that now proposed would not prevent the Apothecaries' Society from continuing their preliminary arts examination. The Apothecaries' Society was the very first medical corporation in this country to establish a preliminary examination in arts to be passed by those who were desirous of obtaining their licenses. This examination was totally distinct from the professional examination. It was conducted by a special staff of examiners, and was generally allowed to be as good and as strict an examfnation as could be desired. He therefore

strongly protested against any step being taken to compel the Society to give up their preliminary examination, and would certainly vote against Dr. Humphry's motion if it would have that effect.

Dr. QUAIN thought that they had all wandered very far from the real subject of discussion. They had had long speeches on the necessity and want of a preliminary education, a question on which they were all pretty well agreed, and much has been said as to what medical corporation was due the honour of having first established a preliminary examination on general education. But the real question before them was, to put it in plain words, what examining boards of general education was it the intention of the Medical Council to recognise.

Dr. ROLLESTON observed that they were not assembled in the interests of the medical corporations but of the whole profession. He deprecated the system of the medical corporations conducting preliminary arts examination; and said that the great question was whether students who came up to the hospitals received the education of gentlemen. In reference to this subject he quoted the opinion of Billroth as to the advantages medical students enjoyed who had been educated in the gymnasia or first-class schools of Germany; and concluded by making some remarks in favour of the system of education pursued at Oxford.

It was then proposed that Dr. Humphry's motion should stand thus:—

"That it is desirable that the examination in general education be left to the Universities, and other bodies engaged in general education and examination as may from time to time be approved by this Council, and that it be delegated to the Executive Committee to communicate with the Licensing Bodies for the purpose of carrying out this object."

Sir DOMINIC CORRIGAN questioned whether the examinations at Oxford were so good as Dr. Rolleston had represented, and asked what meaning was to be attached to the expression, education of a gentleman. He would certainly vote both against the original resolution and the amendment.

After some remarks from Dr. ROLLESTON and Mr. MACNAMARA, the President suggested that the word "such" should stand in the amendment before the word "Universities."

Mr. TURNER having asked if the Medical Council intended to criticise the arts examination of the University of London. Mr. SIMON said in reply that, in his opinion it was quite within the province of the Medical Council to inquire into the sufficiency or insufficiency of the preliminary examinations.

Dr. WOOD'S objection to the motion of Dr. Humphry was that it would disfranchise all the Examining Bodies in respect of their privileges to conduct these preliminary examinations, and he strongly objected to the repeated alterations they were making in the original motion, as being a proceeding which only raised fresh issues.

Sir D. CORRIGAN criticised the three alterations that had been made in the original motion, and were they, he added, to make themselves judges of the education and examinations of the Universities?

Mr. MACNAMARA said it was very desirable they should know exactly what they were going to vote upon.

Sir W. GULL drew the attention of the Council to the fact that the motion before them was not of a compulsory character, but a permissive one.

Dr. HUMPHRY said that the object in view in the original motion would be equally well gained by the amendment. No alteration had been made in the spirit and intention of the original motion. Nor must the Council suppose it was their intention or within their power, to deprive, by such a resolution, the privileges of the Examining Bodies in respect of their preliminary examination. They must bear in mind that it was not in the power of the Executive Committee to compel, for instance, the Society of Apothecaries to forego their preliminary arts examination. The Medical Council cannot enforce any of their recommendations. Their influence was entirely moral rather than compulsory.

The following amendment was then moved by Dr. QUAIN and seconded by Mr. SIMON:—"That it is desirable that the examination in general education be left to the Universities, and such other bodies engaged in general education and examination as may from time to time be approved by this Council, and that it be delegated to the Executive Committee to communicate with the Licensing Bodies for the purpose of carry out this object."

The amendment was carried.

The amendment having been put as a substantive motion, the following amendment was moved by Dr. THOMSON, and seconded by Dr. HALDANE:—"That the examinations in general education be eventually left entirely to the Examining Bodies of the National Bodies engaged in general education and examination recognised by the Medical Council, and that the Executive Committee be empowered to communicate with the various Licensing Bodies as to the manner in which this may be carried out."

This amendment was negatived.

On the motion of Mr. MACNAMARA, the further consideration of Dr. Humphry's report was adjourned till Monday.

The Council then resumed, and adjourned.

FOURTH DAY, MONDAY, MAY 14.

THE Council proceeded with the adjourned consideration of Dr. Humphry's Report.

Mr. MACNAMARA stated most distinctly that the College of Surgeons in Ireland would not give up their preliminary examinations to the Universities. He moved an amendment in accordance with his views, which was not seconded.

Sir DOMINIC CORRIGAN objected to call upon the Licensing Bodies to accept such a resolution without first asking their views. He suggested a slight amendment to the resolution, which read as follows:—"That it is desirable that the examination in general education be left to the Universities and such other Bodies engaged in general education and examination as may from time to time be approved by this Council, and that it be delegated to the Executive Committee to communicate with the Licensing Bodies on the subject."

Dr. AQUILLA SMITH objected to this amendment, on the same grounds as he did to the original motion, on account of its sweeping nature, having for its object the destruction of nineteen Examining Boards, so far as their duties and privileges in the preliminary examinations were concerned.

The amended resolution, as suggested by Sir D. Corrigan, was then put, and carried; and being put as an original motion, Dr. STORRAR proposed a further amendment, to which the Council generally objected.

Sir WM. GULL, speaking on the subject of preliminary examinations, said he objected to the admission of a lot of uneducated men being thrust upon the public. He knew for a fact that the mental and general education of many of the profession was so low that they should have been knocked off at their preliminary. Bad spelling was common, Latin very shady, mathematics none, intellectual cultivation not attempted; such men should be told at the very commencement that the profession needed something beyond their powers, that medical men must be in the van of educational progress and refinement, and therefore unfitted for untrained minds.

Dr. ANDREW WOOD objected that the views of Sir Wm. Gull should go forth as those of the Council. Men were knocked off like ninepins when these defects were shown at the preliminary examinations, and he knew for a fact that such men now found the preliminary examination so stiff that they gave up the idea of passing, and therefore followed other pursuits. He thought, at least, the preliminary was quite as severe a test as could reasonably be expected.

Dr. HUMPHRY was decidedly of opinion that the Arts examination should be left to the various University authorities.

Dr. AQUILLA SMITH agreed with Sir Wm. Gull as to the necessity of fixing the standard of preliminary examinations as high as possible.

After a few remarks from Mr. TURNER, Dr. FLEMING, Dr. ROLLESTON, Mr. LISTER, Dr. THOMSON, and Dr. HALDANE, Dr. Storrar's amendment was rejected, and the amended resolution carried by a majority of 21 to 3.

Dr. HUMPHRY then proposed the following, which was seconded by Dr. HALDANE:—

"That it be recommended to the various Licensing Bodies, to instruct their examiners in professional subjects to report to them any cases of decided ignorance in general education displayed by the candidates, with the name of the Board or Boards before which the preliminary examinations have been passed; and that the Licensing Bodies be requested to transmit such reports to the Registrar of the General Medical Council."

Dr. STORRAR said that in his student days a rejection by a public body was considered much more serious a matter than

it appears to be now. He had known cases of suicide following rejection; now, young men go up without expecting to pass at first—to use a common phrase, they present themselves for the purpose of "having a shot at it," and of gaining information as to the class of examination they will have to undergo.

After a few further remarks on the subject of the motion, it was put, and carried unanimously. The following was next carried, without discussion :—

"That a letter be addressed to each of the Examining Boards whose certificate is accepted as a test of preliminary examination by this Council, directing attention to the complaints which have been made by several of the Licensing Bodies, with regard to the insufficiency of the general education of many of the candidates presenting themselves for their examinations."

Dr. HUMPHRY then proposed :—

"That it be a recommendation to the Licensing Bodies, that there be in future three professional examinations. The 'first' to be passed before the commencement of the second year of professional study; the 'second' to be passed before the commencement of the third year; and the 'third' to be passed after the completion of the fourth year of professional study."

Dr. HUMPHRY said that it was not the object of this resolution to increase medical examinations, but to divide them in such a manner as to direct study to its proper course, which he thought would be best attained by altering the examinations to three instead of two. There would thus be no accumulation of work, and the keeping up, at great loss of valuable time and powers of memory to the student, for his "final," if the examinations were divided, as laid down in this resolution.

Mr. TEALE seconded Dr. Humphry's resolution, because a four years' heavy curriculum was now rolled up into three; so that students were found going into their second and third years' course in their second year, which entailed an enormous strain upon their constitutions, and had shown itself in many unfavourable ways.

Mr. TURNER wished to ask how and where these four years of medical study were to be passed, as proposed in the foregoing resolution; whether the student was to limit his studies in a definite ratio, and be allowed only to take up the subjects at the time and in the manner laid down by the Examining Boards.

Dr. THOMSON was of opinion that there were good grounds for the proposition of Dr. Humphry. He thought it of the utmost importance that the overlapping of studies, which now held good, should be put an end to; and if this division of examination led to so desirable an end, the Council would do well to pass it.

Dr. WOOD quite agreed that the student should be led to carry on his studies evenly and systematically, rather than the inevitable "cram" which now follows at the end of his course; but he objected to the mode of division.

Dr. HUMPHRY explained, in reply to Mr. Turner, that the minimum period of forty-eight months should be distinctly laid down, and that until a student passed his first year's study, and had shown himself thoroughly acquainted with his first year's subjects, he should still be considered in his first year, even though he were several years before he proved himself capable of passing; and that such lost time should not count in point of time as part of the curriculum required.

Mr. SIMON most heartily concurred in the general intention of the resolution before the chair, although it did not quite express sufficiently strongly that the curriculum must be in parts, and that study in later parts should not be recognised until the student has passed a proper and thorough first examination of two years' practical studies. Dr. Storrar had mentioned suicides having taken place on account of rejections; he considered these much less to be deplored than the homicides which were continually happening after the "pass."

Dr. ROLLESTON and others having addressed the Council, the discussion was adjourned.

OF the 169 candidates recently examined at the Royal College of Surgeons of England for the Primary in Anatomy and Physiology, 66 failed passing, and were referred to their studies for a further period of three months.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1877.

THE GENERAL MEDICAL COUNCIL.—THE PRESIDENT'S ADDRESS.

No one can read this address without being struck with the temperate and dignified tone which characterises it throughout, and which is quite in keeping with the moderation, dignity, and sound practical wisdom, that have from time to time distinguished the deliberations of the Medical Council. We are fully aware of the severe criticism to which the Council has been for a long time exposed, and that many, as the President remarked, have even doubted whether there were any adequate objects for its existence. Nor can it be denied that the practical results which have followed from its annual sittings, have fallen far short of what the profession and the public had a right to expect from so august and expensive a body. But these shortcomings have been almost entirely due to the peculiar constitution of the Council, which prevents it from enforcing many of the reforms or recommendations it may think proper to make in the interest of medical education. It has, nevertheless, done some good work, and the manner in which it discussed the movement in behalf of admitting women into the profession, and at a later period, the still more violent agitation of the anti-vivisectionists, shows how ably and temperately it can handle questions submitted to its consideration. To promote, as far as it is in their power, the cause of medical education; to be responsible for the teaching and examination provided by nineteen licensing bodies; to enable the public to distinguish between educated and uneducated practitioners; and to watch the progress of events which affect personal or public health, in consequence of the development of our own empire, the demands of civilisation and international intercourse,—these are, said the President, the chief aims for which members of the Council, at this season of the year, assemble together.

Considering the recent abortive attempt of Mr. Holt to revive, in the House of Commons, the Vivisection question, we cannot be surprised that the President made an early allusion to this painful subject. But, as we have observed on former occasions, his remarks were characterised by that moderation and forbearance which make us the more deeply regret that the intemperate fanaticism of a small section of the community should have rendered it necessary for the President to allude to such a subject at all. We need not remind our readers of the details of this memorable agitation, but we may remind them that the memorial presented to the Government by the Medical Council had a good deal to do with the more moderate form which the Vivisection Act eventually assumed.

The President also alluded to the success with which a certain class of women were pushing their claims to be admitted into the medical profession. It will be recollected that, from the first, the Council did not, in their recommendations to the Government, make any strong opposition to this movement, but merely said that, in their opinion, it was not desirable that women should enter the profession ; and that, if they did, their education should be conducted apart from that of the other sex. In the present address allusion was made to the obstacles which lie in the path of those women who are dseirous of entering the profession. "The advice of the Council may," says the President, "yet be sought on this difficult question ;" and, if it is sought, we feel certain that their conclusions on the subject will be marked by that wisdom and freedom from prejudice of which we have already made favourable mention.

Among the subjects which will, we are informed, engage the immediate attention of the Council, is the revision of the *Medical Register*. "This document," said the President, "is almost the *raison d'être* of the Council. It is that by which the Council professes to enable the public to judge between practitioners legally qualified and unqualified to practice in England, and to know what are their legal qualifications."

The importance of having the name of no practitioner on the *Register*, who is not legally qualified to practise, will be generally admitted ; but that it does virtually enable the public to know the qualified from the unqualified practitioner, is, we think, putting a value upon the *Medical Register* which it does not really possess. It is, we admit, a valuable and indispensable document, but one which the public seldom think of consulting. Not one person in a thousand would look into the *Register* before sending for a doctor. Fortunately, the presence of an unqualified practitioner in any neighbourhood is quite an exception, and not the rule, and therefore the public do not suffer through their ignorance of the *Medical Register*.

The last time the Council met, it found that the English Medical Corporations had not come to any terms with respect to the formation of a Conjoint Board of Examiners, and it was not in their power to do more than press upon the English Licensing Bodies the urgent necessity of their combining together for the purpose of establishing one uniform Pass Examination for all England. Since, then, however, this desirable scheme has received the unanimous assent of the English Licensing Bodies, and, should this scheme also receive the sanction of the Council, a long series of negotiations will, as Dr. Acland remarks, be concluded. But as this scheme leaves untouched the Examining Boards of Scotland and Ireland, we trust that the Medical Council will take the earliest opportunity to urge upon the Scotch and Irish Corporations the necessity of following the example set by the English Examining Boards. The subject is one of the gravest importance, and one on which we must dwell more at length on a future occasion.

Among the more personal matters which the President alluded to in his address, was the retirement of their Registrar, Dr. Francis Hawkins. The fact should not be lost sight of that the Council has had the services of this able and accomplished physician for upwards of eighteen years, and that he was, moreover, for nearly thirty years, Registrar at the Royal College of Physicians of London. We feel sure that his resignation will be deeply lamented, not only by the Medical Council, but also by the whole profession, and we hope that his past services will receive a more substantial acknowledgment than that which is conveyed in mere expressions of regret, however sincere that regret may be.

Space will not allow us to notice the other subjects to which the Medical Council will have to give their serious consideration, especially as we shall have other opportunities of drawing attention to them. Enough has been said to show our approval of the efforts the Council will make to improve the status of the profession, and to raise the standard of medical education, and to give some idea of the interesting subjects and complex problems, which will be presented for its consideration this Twenty-fourth session of its existence.

MONADS AND SPONTANEOUS GENERATION.

THE latest contribution to the Spontaneous Generation controversy, was made on Friday evening, by the Rev. W. H. Dallinger, at the Royal Institution, when he discoursed on "Recent Reseaches into the Origin and Development of minute and lowly life forms, with a glance at the bearing of these on the origin of Bacteria." The lecturer, however, did not venture far into the theoretical or speculative domain of the question, chiefly confining himself to the results of observations made, during the last six years, with high microscopic pressure on monads. The largest adult objects included in the examination were the one-thousandth of an inch ; the smallest were the four-thousandth, and, by patient watching, their whole history was ultimately worked out.

While reproduction by fusion seemed at first to be the usual method, prolonged research showed that spores were also produced. These were so small, that a magnifying power of 5,000 diameters was needed to see them as they began to grow. The glairy fluid from which they were developed seemed at first homogeneous, and it was only when growth set in, spores became visible. All that could be learnt about the origin of the glairy fluid was, that a monad, larger than usual, and with a granulated aspect towards the flageliate end, would seize on another in the ordinary condition. The two would swim about together till the larger absorbed the smaller, and the two were fused together. A motionless, spherical, glossy speck was then

all that could be seen. This speck was found to be a sac, and after remaining still for a period, varying from ten to sixteen hours, at least, and the glairy fluid flowed out. The young spores brought into view were watched through the adult condition.

Bearing on the subject of spontaneous generation, the rev. gentleman said, "This lesson was learnt, that whilst a temperature of 140 deg. F. was sufficient to cause the death of adults, the spores were not killed, nay, even resisted a heat of 300 deg. F. for ten minutes." From these and other observations it is argued that spontaneous generation is no part of nature's processes. Nevertheless, it is admitted, the difficulties in the way of proof of this are innumerable, and the chances of error are enormous. If the ova or spores of a lowly organised monad will, for a time, resist a heat of 80 or 90 degrees above the boiling point, what greater amount of heat may not still lower forms of life resist? This, as an astute writer in the *Contemporary Review*, very pertinently remarks, must be settled, before it is possible to say when matter is really dead, and where, if life be extinguished, can isolation from surounding life be attained?

Professor Tyndall's experiments, it will be remembered, completely broke down when he least expected it. His first series of preparations proved to be a success, that is, when they were made in an atmosphere not over charged with "germs." A second series as signally failed, and his explanation of this fact was, that the air of his laboratory contained an excessive amount of germs, so many that he could not exclude them from his solutions. But why he should have had any difficulty in dealing with a few thousands, more or less, of these floating germs, it is not difficult to see. We venture to say that this explanation is not quite so satisfactory as he may think, and that, as the question is one of much importance, he would do well to commence a new series of experiments.

It is no longer denied that organic substances, after having been raised to a temperature of 212 deg. F., and upwards, "will often produce life, though protected from all access of germs from without." This is precisely what Dr. Bastian has stated, and those who have hitherto opposed him, meet his statement by a change of front, or rather of the death-point. It may be supposed, then, that "the germ theorists are not quite agreed as to the answer to be given to the facts advanced by their opponents," and we await a solution of this and other difficulties from the French Academy Commission now sitting.

To return for a moment to the Rev. Mr. Dallinger's lecture, we remark that his observations have been made with a power of 5,000 diameters, and this enormous microscopical power was obtained by employing a new one-eighth objective, with very deep eye-pieces. This is a fact of importance, and, if we remember rightly, the makers of this new power have only been able to raise its magnification to 4,000 diameters. We know of no eye-piece, solid or otherwise, that will raise an eighth to this amplification, and we have always thought the extreme limit of useful amplification reached long before it came to that, and no biologist surely would place much reliance on it after it passes 2,000 diameters.

PROGRESS OF MEDICINE IN ROUMANIA.

THE word "Roumania" will doubtless suggest to our readers very different thoughts to those of a professional nature. Ever since men's minds have been turned towards the distracted state of Eastern Europe, Roumania has been, from a political point of view, a name as familiar to them as that of Bulgaria or Servia, or even Russia. But it is because this unfortunate province is, through the ambition or the faults of rival nations, now feeling the first shock of a great and sanguinary war, that we are induced to give one instance of the efforts she has been recently making to establish herself amongst the most civilised states of Europe. For when we find the arts and sciences flourishing in any country, we may be pretty sure it is far removed from that state of semi-barbarism which still characterises many parts of the Continent. A considerable period of peace, prosperity, and good government must have elapsed before any progress can be made in the useful arts, and before it is possible to establish those great political and social institutions which mark the advancement of modern civilisation.

It is only within the last few years that Roumania has made much progress in the science and practice of medicine. It is not long since there were no native doctors to be found in many of her towns and villages, save those who had little or no qualifications; whereas now, owing to a good medical school that has been recently established, and the enthusiasm with which the students of that province have studied their profession in the great Continental schools, the number of native, far surpasses that of foreign practitioners. Before 1855 (the year in which the school of medicine was founded) the number of Roumanian doctors was remarkably small, of veterinary surgeons there was not one, of druggists only one or two. In 1864 there were only 77 Roumanian, and nearly 100 foreign, doctors of medicine; now there are nearly 200 native, and only 46 foreign, practitioners. In 1864 there was not one native licentiate in medicine; now there are 50. Formerly there were only 7 Roumanian, to 134 foreign, chemists; now there are nearly 40 native chemists. Formerly there was not one veterinary surgeon; now there are 50. The medical profession in Roumania is composed of men who have studied medicine either at their own school, or at the great foreign seats of medical learning; and among the professors of medicine in that country are those who may be said to rival some of the professors of medicine in the best Continental schools, and two or three of whom have attained a great reputation. Hospitals, too, which were formerly scarce, are daily increasing in number. New institutions are springing up, while the old ones are increasing the number of their beds. The clinical and scientific teaching in the school and at the hospitals in Bucharest leave little to be desired, and their chemical laboratory might serve as a model to many of the laboratories in other parts of Europe.

A Faculty of Medicine, a School of Pharmacy, a School of Veterinary Medicine, two Schools for *Sages-femmes*, one at Bucharest, the other at Jassy, form the arena of medical education in Roumania.

The Faculty of Medicine is framed on the model of the

French schools. It is under Government patronage, and most of the teaching is gratuitous, the students having little to pay towards their education and examination. There is not at present a chair of histology, nor one of medical physics: but with this exception, all departments of medicine are well represented, while the clinical teaching is excellent, and embraces most of the specialities. There is a museum of human and comparative anatomy founded by the hospital *Ephori*, *i.e.*, certain administrators and guardians of the different legacies and bounties left by some of the old and great families of the country. At present this museum is under the supervision of the Minister of Instruction. Then there are the model laboratory of chemistry at the Coltzea Hospital, the theatre for dissecting, and a good botanical garden, to which will soon be added a laboratory for experimental physiology and therapeutics. The school of pharmacy supplies the army, the hospitals, and chemists, with physical, chemical and pharmacological laboratories; and here students can go through a course of physics and of natural history. The school of veterinary medicine, which has already done good work, is under the supervision of the Minister of War. For the education of midwives there are two schools, one at Bucharest the other at Jassy. These are also under Government control.

If we turn to the hospitals and other institutions, we shall have further reason to congratulate this province on the progress it is making in medical science and politics. At Bucharest, there are as many as 11 hospitals, 7 of which are situated near the centre of the town. The Coltzea hospital can count 200 beds, and has a special department for diseases of the eye. The hospital for Children has 90 beds, and the Maternity Hospital 37 beds. There are the Philanthropic and the Colentma Hospitals; the former has 170 beds, and the latter which is established for the treatment of venereal diseases, 145. The Marcutz Home is for the reception of insane patients, and the Pantelémon Home for the treatment of chronic and incurable diseases. All these hospitals are under the direction of the *Ephori*, and are provided with an efficient staff of physicians, surgeons, and specialists. There are also the Brancovano Hospital, a fine establishment, situated in the most populous quarter of the city, and making 200 beds, a large Military Hospital, the Hospital for Convalescent Soldiers, the Jews' Hospital, and another not quite finished. Moreover, at Jassy there are are 7 hospitals, one of which makes up 260 beds, and is provided with three senior and five junior physicians. There are also 10 more of these institutions in various parts of Moldavia. In fact, every district of importance has its own special hospital just as all the chief towns have their communal hospitals.

Nothing can show better the progress which medicine is making in Roumania, than the number and good organisation of the hospitals that are now to be found in all parts of that province. But it is not by this means only that the Roumanians hope, in their practice and advancement of medicine, to maintain a friendly rivalry with other and more favoured nations. They are not less zealous in their administration and organisation of the sanitary service throughout the country. The whole sanitary department of the civil service is under the direction of the Minister of the Interior and a medical director. Each department of the province has its medical inspector-general of the sanitary service, and who is at the same time the head medico-legal authority of the department. Each *arrondissement* has its own medical officer, as well as pharmaceutical ambulances, for the gratuitous distribution of drugs among the suffering population. Each village has one or more doctors, one or more certificated midwives, and public vaccinators, who are placed by the authorities at the service of the poor. In every district of importance a Council of hygiene and public health is held, composed of the prefect and medical officer of the district, local practitioners, and a hospital physician; whilst the great cities have their Councils, in which government engineers and architects are largely represented.

Such are only some of the features which characterise the present state of medicine in Roumania. For we might have spoken of their army medical service, of their medical societies, of their medical Conferences, of the dawn of their medical literature, of the first number of their medical journal, *La Revue de Médicale Roumaine*, and many other interesting facts. But, perhaps, we have said enough to show the great strides that have been made by the profession in Roumania within a comparatively recent period, and to give one example of the high standard of civilisation that has been reached by a province whose fair plains are now overrun alike by the Muscovite and the Turk.

PATENT MEDICINE LAW AND ITS EFFECTS.

It is hardly necessary for us to adduce reasons in favour of some restriction upon the existing traffic in patent medicine, for there is not a doctor in practice, nor coroner on the bench, who could not quote a multitude of instances in which life-long or fatal injury has been caused by the indiscriminate use of teething powders, "quietners," chloral syrup, purgative pills, soothing syrups, and similar nostrums. The *Students' Journal* utters a sensible and temperate protest against the toleration, or rather, we should say, the patronage of such practices by the English law and Government.

"The term 'patent medicines,' it says, does not express what the article is. Anyone who wishes to patent an invention has to prepare a specification, go through the routine, and pay the fees of the patent office; but the same, or any other person, wishing to patent a secret remedy, has only to expend three-halfpence in a stamp, paste it upon his production, and it immediately becomes a 'patent medicine.' The enormous fortunes that have been, and are daily being, made in this branch of trade (we can hardly call it industry, seeing that it undermines the constitutions of the public at large), is sufficient proof that it is a lucrative one. In France the system pursued is a very different one to that of this country, for the proprietor of a remedy has there to declare, before a committee, the composition of the article, and they reserve the right of sanctioning the sale. Thus a very great boon is conferred upon the public at large, for they always know the composition of what they are taking; but in nearly everything pertaining to the pharmacien's business, our French neighbours are before us, and English chemists would do well to copy them a little more than they do at present, if only in the respect to patent medicines and counter prescribing."

We can hardly suppose that the greatest worshipper of the liberty of the subject can sympathise with or approve of the way in which the trade in patent medicines is carried on. An obscure and uneducated druggist in a country town, having a few hundred pounds to spare, decides to speculate his all upon the gullibility of the populace. He looks out in the receipt-book for the prescription of some celebrated physician for some very common disease. The formula must have three qualities —(*a*) It must be for the relief of an every day ailment, but still an ailment sufficiently alarming in its nature to make the patient anxious for a remedy. (*b*) It must be calculated, if possible, to give speedy relief to the distressing symptoms; ultimate result counts for nothing, but the patient must feel in the first instance that he has got something for his money in order that he may buy more. If only a temporary faith in the medicine can be produced he will be pretty well drained of money, and will have spread the fame of the drug widely before he discovers that the nostrum is absolutely useless as a cure. (*c*) Its ingredients must be cheap. Having lighted on such a formula the druggist gives it a title such as will fix it in the minds of the populace, and convey the idea that it is some new and miraculous discovery. It will be "Smith's Blood Renovator," or Brown's "Mother's Treasure," or Jones's "Liver Balm," or Robinson's "Pain Destroyer." At once it is patronised by Government, who "go snacks" in the profits, and put their seal of approval on it without any knowledge whatever of the contents. The whole of the few hundred pounds is invested in advertising in such papers as are likely to catch the uneducated, and, for a year or two every shilling of profit (which is at the rate of about 3,000 per cent.) is sunk in endless repetition of the virtues of this elixir of life. Before a year is out the country druggist finds himself elevated to the position of a celebrity. He is obliged to engage fresh assistants as fast as he can find them, and to extend his premises as fast as the builders can work, and in ten years he can cease to force the sale of his nostrum, and content himself with a steady annual fortune.

We should doubt the expediency of this sort of traffic under any circumstances, but we must condemn it unreservedly when we remember that the money is made by the appropriation of another man's ideas—by the parading of falsehood before the public—by the holding out of expectations which are well known to be unjustifiable, and by the sacrifice of the health and the hopes of the sick. This is a line of trade to which Government ought not to give their patronage, but we suppose that a country which derives much of its resources from encouraging the trade in whisky, opium, and tobacco cannot be expected to be particular about a little of this sort of legalised deception.

Notes on Current Topics.

Dictionary of Medical Literature.

Some time ago, when reviewing certain Cholera Reports recently issued by the American press, we drew particular attention to an able Bibliography of Cholera by Dr. Billings, the United States army, which we pointed out as being the most complete catalogue that has ever been published. We are now able to congratulate the profesion on their possessing a far greater and more useful bibliography than that above mentiond. The desirability of having a good catalogue of medical works has long been felt, and one of the chief reasons why we are without one is that the compilation of such a work is just one of those tasks which few have the courage to undertake. Dr. Billings, however, has nearly completed a "Catalogue of the National Medical Library," which although not a complete bibliography of medical literature, goes a great way towards supplying such a want. It contains nearly 82,000 medical works and pamphlets, but what makes it so valuable is the fact that its list of periodical publications will, when finished, be the most complete ever published, and that the catalogue does not merely give the names of the authors, but is also an index of subjects in respect both of books and of periodical publications. The value of a great medical catalogue, in which there is an index of subjects as well as of the authors, cannot be overrated, especially by those who are engaged in the task of adding to the pages of medical literature. It is incumbent upon every author to know, as far as possible, what has been previously written on the subject which engages his attention, a duty, however, very difficult to perform without the assistance of some such catalogue as that projected by Dr. Billings. If, moreover, such a work were made complete and exhaustive, and were at the same time easily accessible to the profession, we might hope that our future medical literature will be even more original than it is now—that it will possess a larger number of original papers and monographs and fewer treatises and compilations, more fresh matter and less repetition. For medical literature has been for years increasing at such an enormous rate that it is very difficult for an author to say that his facts and observations have not been before recorded over and over again. Should, however, this catalogue become, as it well might, a great international work, our authors will be better able to guage and to appreciate the contributions of their predecessors and to check the value they would put upon their own writings by having a better acquaintance with those that have been already published. We hope, therefore, that although Dr. Billing's catalogue only gives the books and periodicals contained in the National Medical Library, U.S., it will soon virtually become a great general dictionary of English and foreign medical literature, or will at least form the basis of such a great and desirable work.

Lectures on Public Health.

A course of these lectures is now being delivered in the rooms of the Society of Arts, under the auspices of the National Health Society. The first, on "Open Spaces," was delivered on May 9th, by Miss Octavia Hill. The rest will be as follows :—

May 16th: W. H. Corfield, Esq., M.D., "Knowledge the True Enemy of Disease." May 23rd: Arthur Ransome, Esq., M.D., of Manchester, "How to Prevent the Spread of Epidemics." June 6th: Rev. Harry Jones, M.A., Rector of St. George's-in-the-East, "Homes of the London Poor." June 13th: Ernest Hart, Esq., M.R.C.S., "Coffee Taverns for the People." June 20th: Dr.

Bridges, F.R.C.P., "The Influence of Civilisation upon Health."

Members of the National Health Society (subscribers of one guinea) are entitled to ticket for the course. Fee for the course, 5s.; single admission, 1s.; reserved seats, 5s. for each lecture, or £1 1s. for the course. Special arrangements can be made for schools, nurses, Bible women, and domestic servants.

The principle involved in giving these lectures is a very good one, and the step that has been taken by the National Health Society deserves every encouragement. At the same time, it is evident from the admission charged, from the class of people who would attend, and from the scientific character of the lectures, that the excellent advice and information they would afford could only reach a very small and comparatively select section of the community. It would, therefore, be as well if the above Society followed the good example that has been set by the Society for Promoting Christian Knowledge, and supplement these lectures by publishing tracts on the different subjects connected with public and personal hygiene. These might either be distributed gratuitously among the working classes, or sold at such a low price as would ensure their purchase by thousands of poor people who have neither the time, inclination, nor means to attend a course of lectures.

The Homœopaths and the Allopathic Journals.

We are somewhat concerned to understand the policy of the medical journals in respect to homœopathic advertisements, the inconsistency of the *Lancet* and *Medical Times* being remarkable in the extreme. Some two or three years since the editors of the *Medical Times*, not content with refusing insertion to their columns of these terrible announcements, actually went out of their way to write condemnatory paragraphs, and took upon themselves the task of lecturing other medical journals on the heinousness of the offence in polluting their columns with the advertisements of the Homœopathic Hospital. The *Lancet* was so terrified that it soon after followed suit, and declined, on the representation of numerous readers, to insert any further announcements. A few months since the editor of the *Lancet* espied in the columns of the *Practitioner* similar objectionable advertisements, and considered it almost sufficient to make the remains of poor Dr. Anstie rise in the grave. The thunder so frightened our esteemed friend Dr. Brunton, the editor, that he, in turn, announced that he would be unable henceforth to insert any more homœopathic advertisements in the *Practitioner*. The homœopaths, not unnaturally, complained in their own organs of this species of persecution.

We are not a little surprised at the sudden change of views in our contemporaries, for in the last numbers of the *Lancet* and *Med. Times* are inserted those very advertisements about which the editors but a short time previously put themselves into such a flutter of indignation, and which they solemnly vowed never to insert in their columns again! We are tempted to ask if the proprietors of the Homœopathic Hospital have agreed to pay double scale for their announcements in future?

"Sanitary Hints."

A few months back, when commenting on some popular lectures of hygiene that have been recently delivered by Dr. Corfield, we suggested that brief and popular tracts on the "Laws of Health, &c.," should be published and distributed among the working classes. We see from an announcement in the *Charity Organisation Reporter* that this idea has occurred to others besides ourselves, for it appears that a small pamphlet has lately been issued by the Society for Promoting Christian Knowledge, entitled "A few simple sanitary hints for working men." The subjects treated of are ventilation, cleanliness of the room, cleanliness and dryness about the house, water, closets, food and cooking, drinks. The hints are valuable not only for working men, but for all who have to deal with the homes of the poor; and the name of the author (the late Dr. Parkes, of Netley), will be sufficient guarantee for their thoroughness and practicalness. The price of the pamphlet is one penny. There can be no doubt that, as far as the health and cleanliness of the more crowded districts of large towns and the personal hygiene of the poorer classes are concerned, this is a move in the right direction. A few thousand tracts of this sort published at so small a price as to ensure an extensive circulation of them would reach a much larger class of people, and therefore be of incalculable more service to the cause of health than any course of lectures could probably do.

Adulteration of Milk.

The adulteration of milk in Dublin has been developed into an almost universal and disgraceful form of roguery with which the law seems to be quite incapable of dealing. The milk vendors who, hitherto, have proceeded in the hope that their adulterations would escape notice, and who, therefore, cultivated secrecy, have now abandoned any attempt to deceive the magistrates, and depend on the weakness of the law for their protection in evil-doing. In other words they commit the offence in anticipation of being fined, and it is well known that they have formed a common purse out of which all fines are paid, so that no individual is anything the worse of prosecution. This fund is kept well supplied by the extortion of the trade, who charge the public nearly 100 per cent. more than the actual trade retail price of milk. Last week the whole of the milk contractors of the North Dublin Union were prosecuted by the guardians, and fined. Most of them had already been convicted more than once, and they were mulcted on this occasion in sums varying from £1 to £25, which they paid at once. Another milk vendor was recently prosecuted in Kingstown, for selling milk with 100 per cent. of added water, for which he excused himself by the plea that the fluid was only supplied to an Orphan Home in the neighbourhood.

Substitution of other Alkaloids for Quinine.

The *Pharmaceutical Journal* calls attention to the enormous rise in the price of bark, in consequence of the total inadequacy of the supply, and says that the fact that such unusual prices have been paid seems to indicate that there is little prospect of a reduction in the price of quinine, which is now upwards of three times the price it was some six or eight months ago, and consequently

the present seems a favourable opportunity for some effort to be made to introduce into legitimate use cinchonidine and the other alkaloids associated with quinine.

The results that have been obtained by the medical commissioners entrusted with the inquiry into the relative febrifuge value of these alkaloids have sufficiently shown that they are not much inferior to quinine in their efficacy, but as yet little has been done in this country towards the practical application of the experience gained by the trials made in India. Here is a subject eminently worthy of the attention of pharmacologists, for if quinine should advance much further in value, the inevitable result will be a partial denial of this most valuable medicine to the destitute poor. We are aware that therapeutists of the highest authority have declared the alkaloids associated with quinine to be of little less value than that alkaloid, and it will be a worthy field of investigation to test the truth of that statement, and thus give the poor the benefit of a potent anti-periodic and tonic of which it seems probable that they may be deprived.

The Cabinet Turkish Bath.

We have always had such a good opinion of the therapeutic virtues of hot-air or vapour baths, that any invention calculated to bring them into more general use will always command our attention. We are, therefore, glad to see that Messrs. Ellis and Co. (of Hart Street, Bloomsbury) have patented a portable apparatus by which we may obtain most of the advantages of a Turkish bath, and which can be used in a private bed-room. It consists of a wooden cabinet mounted on castors, fitted with an adjustable seat and foot-rest or warmer, and is suitable for both children and adults. It can be used without an attendant, and the heat or vapour is so generated and distributed as to cause no inconvenience or danger. Moreover, no preparation is required, beyond lighting a lamp; and provision is made by which the person using the bath can keep his head outside the apparatus, and thus confine the effects of the hot air or vapour entirely to his body.

It costs about six guineas; but to those who can afford it, to those who are suffering from Bright's disease of the kidney, severe colds, bronchitis, rheumatism, &c., it would be a valuable addition to their bed-room furniture. In schools, hotels, and all other public institutions, it will be found especially useful.

Warburg's Tincture.

In reference to Warburg's Tincture, to which we lately drew attention, Mr. James Tompsett, of Spanish Town, Jamaica, writes to the *Practitioner* to say that, after reading Prof. McLean's account of this agent in the treatment of malarious fever, he had a supply of the medicine imported to Jamaica. Since that time he has used it in typical cases of remittent and intermittent fever, and can testify to its great and certain efficacy. He remarks that its action is always speedy when the tincture is effectual, and he cites a case in illustration, both of this fact and of the general efficacy of the drug. He says, however, that in a form of typho-malarial fever seen in Jamaica, its curative properties are not so evident. It seems to exercise its powerful influence chiefly in uncomplicated cases of intermittent and remittent fever. Over other preparations of quinine, it has the advantage of being tolerated in the hot stages of malarious fever. Once the writer gave it in yellow fever, but the result was not satisfactory.

Milk Diet in the Treatment of Amenorrhœa and Obesity.

Prof. Tarnier has been induced to try milk diet as a remedy for the above complaints, from having observed the good effects produced in a patient suffering from Bright's disease, and being subsequently consulted by a young lady with albuminuria, great tendency to embonpoint, and with whom menstruation was arrested for some months. M. Tarnier's opinion was asked whether she was *enceinte*, but he found no symptoms of pregnancy, and advised the strict employment of a milk diet, as a remedy more for the albuminuria than for her stoutness. He did not see his patient for some months, and when she consulted him again she presented the appearance of health, and had so diminished in size that he did not recognise her. She told him she had followed his prescription rigorously, experiencing rapid improvement; the urine lost its albumen, the excessive obesity disappeared, and as she grew thinner menstruation became reestablished. Some time afterwards M. Tarnier was consulted by another lady, not suffering from albuminuria, but from obesity with arrested menses, and he advised a similar regimen. In her case, as in the preceding one, there was rapid improvement, the obesity disappeared, and menstruation returned. It is impossible to draw conclusions from two cases, but there can be no doubt of the efficacy of milk in the treatment of the albuminuria of pregnancy. M. Tarnier is very particular in the mode of administration of the milk, and requires from his patients the exact observance of the diet he lays down for them.

"The New York Hospital Gazette."

Another addition to the serial literature of our profession has appeared in New York, under the title of *The Hospital Gazette*, a monthly journal of medicine and surgery, edited by F. A. Lyons, A.M., M.D., and published by Routledge and Co., of which we have to acknowledge the receipt of the first number. Its table of contents, includes reports of lectures, original articles, hospital reports, a periscope, "items," and a column "about books."

The reports and articles seem well selected and full of interest. The journal consists of sixteen pages of printed matter arranged in double columns, the paper is good, and the type clear and eminently readable. From the character of one number, it would be impossible to forecast the future career of the new adventure; but we think, if it continues as it has begun, we are safe in predicting its success. We need scarcely say that its promoters have our best wishes for the permanency of its future career, and its realisation of their most sanguine expectations.

The mortality in London last week was at the rate of 22 per 1,000 of the population, Edinburgh 23, Glasgow 29, and Dublin 35.

The Tricks of the Anti-Vivisectionists.

"A LOVER of truth and justice" wrote to the *Lancet* last week a remarkable confession and recantation. He was, he says, not only a total abolitionist of vivisection, but a secretary to the Society, and a getter-up of petitions, in which capacity he was supplied with multitudes of pamphlets and handbills of the usual sensational character, by the judicious circulation of which he "hooked" three thousand signatories, including a bishop, many lords, and over 100 magistrates. He is dismayed now to find that the statements in these handbills (which he had so assiduously disseminated) were ridiculously exaggerated, and that the letter of a medical man quoted therein was a piracy, and was so mutilated that he (the author) scarcely recognised it, and that he was made to say "total abolition," whereas, in fact, he advocated restriction. The *Lancet's* correspondent, therefore, formally withdraws from an agitation which is carried on by such disgraceful means, and recants his total abolitionism.

THE Dublin Carmichael School, founded and maintained for many years in connection with the Richmond, Whitworth, and Hardwicke Hospitals, and named after Richard Carmichael, is, we understand, about to change its position from the north to the south side of Dublin. We hear that the proprietors have taken premises in Cork Street, and are prepared to sell the School in North Brunswick Street. The Institution will, henceforth, be within a few hundred yards of the College of Surgeons, the Ledwich School, and Mercer's and Adelaide Hospitals. It is expected that important changes in the teaching staff of the School will be made.

IN London the fatal cases of small-pox, which had been 60, 68, and 89 in three preceding weeks, declined last week to 54, a lower number than had been returned in any week since the beginning of December last; 23 were certified as unvaccinated, 11 as vaccinated, and 20 were "not stated" as to vaccination. The 54 included 32 which were recorded in the Metropolitan Asylum Hospitals, and 2 in the Highgate Small-pox Hospital, whereas the remaining 20 occurred in private dwellings.

WE last week reported a death from hydrophobia at Blackburn. We have now to record the death of a gamekeeper at South Molton in Devonshire, which took place a few days since from the same cause. Deceased was bitten in the hand in January, and after being dressed by Dr. Furse, a local practitioner, the wound healed. Three months after, the usual hydrophobic symptoms showed themselves, and the poor fellow died in terrible agony last week.

AT the twenty-fifth annual meeting on Thursday last of the governors of the Great Ormond Street Children's Hospital, it was stated that the ordinary income of the past year was barely sufficient to meet the expenses, which were £9,990. This is the largest children's hospital in the kingdom, and received last year 869 in-patients, and 9,150 out-patients.

MR. MORLEY, M.P., has accepted the presidency of the Hospital Saturday Fund, and the following noblemen and gentlemen have become vice-presidents:—The Duke of Northumberland, the Earl of Glasgow, Lord Aberdare, Mr. Gordon, M.P., Mr. Leopold de Rothschild, and Mr. Hodgson Pratt.

WE learn that Dr. Marion Sims, having been elected an Honorary Member of the Dublin Obstetrical Society, was to have left New York on Saturday last, and is expected to reach Queenstown on the 21st, after which date he hopes to return his thanks to the Society in person.

WE regret to state that Dr. John Cronyn, Professor of Midwifery in the Irish College of Surgeons, is seriously ill of pulmonary congestion. We learn with satisfaction that at latest reports, he has been making decided progress towards improvement.

THE continued decline in the mortality from fever, remarks the Registrar-General in his last quarterly return, affords satisfactory evidence of the benefit to public health resulting from the improved sanitary organisation of the country.

THE latest official returns of the Registrar-General give the resident population of the United Kingdom as 33,444,419: thus England and Wales, 24,647,300; Ireland, 5,336,395; and Scotland, 3,560,715.

THE commanding officers of some militia regiments now under training in various parts of the country have been directed to call for volunteers from their regiments to join the hospital and transport services.

WE have it on good authority that Mr. Coulson, F.R.C.S., whose death occurred last Saturday week, leaves property to the value of over a quarter of a million sterling.

THE natural increase of population in the United Kingdom during the past quarter was 115,946; the registered births being 298,435, and the deaths 182,489.

THE will of Dr. Lawson Cape, of Curzon Street, Mayfair, W., who died on March 22nd, has been proved under £70,000.

S. HANDSEL GRIFFITHS has been elected Foreign Corresponding Member of the Medical Society of Lisbon.

Correspondence.

MOVEMENT OF FOREIGN BODIES IN THE SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Stokes's paper in your issue for May 2 recalled a case of mine that may interest some of your readers.

While medical officer in Kinsale Union I was consulted by a pensioner who had served in the naval brigade at the siege of Sebastopol in 1855—one of his legs had been carried away above the knee by a shell. He stated for some years he had

suffered from "boils" on the stump. On making an examination I discovered a few minute fistulous openings in the apex of the stump. On the introduction of a probe into one it became evident that some metallic substance existed about three inches deep close to the bone.

I passed a long curved bistoury along the probe and enlarged the sinus so as to allow the introduction of a dressing-forceps, with which I removed a piece of iron about 20 grains in weight, which had remained in the wound from '55 to '72. The fragment was coated with burnt powder. The wound healed up in a few days, and the "boils" did not return.

Yours faithfully,

Whitwick, Leicestershire. WILLIAM DONOVAN.

ERYSIPELAS AND PARTURITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Atthill, in his interesting communication of the 25th inst., refers to a letter of mine which appeared in your issue of the 4th inst. regarding a case which came under my notice of direct and intimate exposure of a puerperal patient to infection from erysipelas without any evil consequences arising therefrom. Dr. Atthill comments on my letter, lest, as he says, "some practitioners, from reading it, may be lulled, under similar circumstances, into false security." I believe, however, that my few observations were just as little calculated to produce such an impression as were Dr. Atthill's own remarks at a recent meeting of the Dublin Obstetrical Society on Feb. 10th, on an "Analogous Case of Exposure of a Lying-in Patient to Scarlatinal Infection, and Escape from it."

We are all unfortunately aware of the proneness of puerperal patients to infection from erysipelas and other sources. The cases recorded by Dr. Atthill show very clearly this susceptibility, as well as being remarkable instances of the difficulty in effectually warding off infection from this source at least, even though all due precautionary measures be adopted. In the cases described by him, notwithstanding the removal of the erysipelatous patient, the removal and disinfection of the bedding, the thorough disinfection of the ward, which was not allowed to be further occupied, nine out of ten patients caught the infection, and one died. No doubt but for the promptness thus displayed in prevention, the symptoms would have been more grave and the fatality greater.

With these facts before us, it is, after all, very remarkable that in another instance (the one to which I referred in my previous letter) a lying-in patient, though in immediate contact in the same bed with a patient in erysipelas, yet escaped without a bad symptom. I must confess that I felt agreeably surprised at the non-appearance of puerperal fever, or some modification of it. However, it is but an individual case, and, no doubt, an exceptional one, and I should not be deterred from using all reasonable precautions in future in guarding against the advent of so dire a malady.

Dear Sir, very truly yours,

Clonmel, April 28th, 1877. CHARLES W. M'CARTHY.

Literature.

THE MEDICAL STAFF OF THE UNITED STATES ARMY, AND ITS SCIENTIFIC WORK. (a)

THE first of these pamphlets contains the address delivered to the International Medical Congress at Philadelphia by Surgeon J. J. Woodward, who was designed for the task by the Surgeon-General.

The total strength of the United States army is less than 28,000 men, broken up into little detachments, so that there are, according to Dr. Woodward, nearly 200 permanent garrisoned posts, and almost half as many more detached parties, of variable strength, requiring medical care. So admirably arranged is its medical bureau, that the actual strength of the army might be increased ten-fold without materially increasing the labour of its medical administration, provided the number of posts and detachments remained as before. These posts are most numerous in the great interior wilderness, remote from the comforts and facilities of more settled communities, many of them on the southern coast and the Mexican frontier, where (as late as 1867) yellow fever destroyed, in a single season, nearly 1 per cent. of the whole strength of the army; while the troops stationed on the Indian frontier are most of the time exposed to all the hardships and privations of a state of actual war, and where, in a recent disaster, two medical officers perished in a single day. The medical officer of each post or station is required to keep a register of the sick and wounded under his care, from which a monthly report is prepared, and forwarded to the Surgeon-General. These reports are consolidated and analysed at the Surgeon-General's office. Special reports of interesting cases are made, and outbreaks of epidemic disease and monthly meteorological registers; at the close of each year, an annual sanitary report.

Dr. Woodward tells us that it was largely owing to the influence, co-operation, and support of the medical profession of the country that the national legislature was induced to supply the medical bureau with funds, to enable them to publish the handsome volumes, and other scientific work, which has been so favourably received, and has redounded so much to the credit of the medical staff of the United States army at head-quarters—Drs. Billings, Otis, and Woodward. Some notion of the responsibility attached to the medical bureau can be formed, when it is stated that since 1865 the hospital histories of about 300,000 deceased or disabled soldiers have been traced through the record books, and furnished to the accounting officers of the Government.

From a remark on the recruiting of the army, it would appear that a great number of the recruits were of foreign birth. Already the Library at Washington contains 40,500 bound volumes and 41,000 pamphlets, and an army medical museum of 19,000 specimens. As in the Italian army, medical officers in the United States hold actual military rank, from lieutenant to brigadier-general.

The work of a medical staff, in the opinion of our author, "cannot be performed by a band of hired barber-surgeons, employed to bind up rudely the wounds received in battle; it cannot be performed by the voluntary assistance of a crowd of educated civil physicians, who may be led by motives of humanity to the scene of suffering after the mischief is done and pestilence has actually broken out. In its efficient performance it requires the existence of a trained medical corps. To possess the desired efficiency, such a staff must be a component part of the army in time of peace; it must enjoy such rank and pay in its higher grades, and offer to its lower grades such prospects of reasonably rapid promotion, as to secure the lifelong services of the ablest medical men."

In his prelude to his interesting sketch on typho-malarial fever, Dr. Woodward informs his readers that the average annual mortality from disease among the white volunteers, during the four years of the civil war, was 55 per 1,000 of mean strength, while it was only 32 per 1,000 of strength for the small regular army during the same period. Among the coloured troops, 133 per 1,000 of mean strength; a large proportion of them had been fugitive slaves, who fled into the Northern lines, "literally naked and starving. The diseases which destroyed them were, to a great extent, engendered by the miseries they had suffered before they had found a refuge under our flag."

While a certain number of cases of ordinary typhoid fever existed in the army, the large majority of the febrile cases were "bilious remittent fevers, which, not having been controlled in their primary stage, assumed the adynamic type which was present in enteric fever;" a complex fever, subsequently designated typho-malarial, and

(a) "The Medical Staff of the United States Army, and its Scientific Work." By Brevet Lieutenant-Colonel J. J. Woodward, Surgeon U.S. Army. And other Reports. International Exhibition, Philadelphia, 1876.

of which 49,871 cases were reported during the war. Dr. Woodward shows, by historical references, that in every great army that ever yet campaigned for any length of time in a malarial region, the prevalent form of fever has been a hybrid between malarial fever and typhus, occurring under the name of Hungarian fever in the campaigns undertaken by the House of Austria against the Turks in the swampy valleys of the Danube. The chief difference between this disease and those of the American camps in the American civil war consisted in the prevalence of spotted typhus in Hungary, instead of abdominal typhus, which was the form from which the American armies suffered.

By the term "typho-malarial" fever, Dr. Woodward does not mean to represent a specific type of fever, but all the many-faced brood of hybrid forms resulting from the combined influence of the causes of malarial fevers and enteric fevers, and which group may be conveniently divided into :—

1. Fevers in which the malarial element, without being the only pathological condition present, is the predominant one.

2. Fevers in which the typhoid element is evidently predominant, although the others are also present in a more or less distinct manner.

3. Fevers of either of the first two varieties, in which from the first, or at some time during the progress of the affection, the scorbutic element becomes predominant.

In order to secure uniformity in the plan of hospital construction at the new posts, a plan for the construction of post hospitals was prepared at the Surgeon-General's office, and rendered authoritative by an order issued by the War Department. According to this plan post hospitals are to be constructed with 12, 24, or 48 beds. The 24-bed hospital is the unit of the system, and consists of a central administrative building two stories high, with a one-storied back building for the kitchen, and two one-storied wings as wards. Each ward was to accommodate twelve beds, and was to be 33 feet long by 24 wide, inside measure ; 15 feet high in the clear from the floor to the eaves ; with ridge ventilation for summer, and shafts, like those used in war hospitals, for winter ventilation. A frame building, with shingle roof, and surrounded by a verandah. The floor of the whole building raised three feet above the ground, and well supported by posts. Earth closets are attached to the wards, but are only intended for very sick patients. Cases of small-pox and other contagious diseases are treated in hospital tents.

Regulation general hospitals were constructed on the principle of detached pavilions, each ward being in a separate building, with beds for sixty patients, arranged *en échelon* in two converging lines forming a V, the administrative building being at the apex of the V. The Lincoln hospital was of this construction, covering an area of thirty acres of ground, and consisting of twenty detached pavilions, built of rough boards, whitewashed, with roofs of boards covered with tarred paper. Each of the 62 patients was allowed 72 feet of floor, and 1,447 cubic feet of air-space. Thirty-one beds were arranged at either side, and an avenue of 11 feet was left between the two rows. Each pavilion was ventilated along the ridge and by means of opposite windows. This hospital was opened December 23rd, 1862, and closed August 22nd, 1865. Excluding those sent to other hospitals, 10,817 were accounted for as follows, viz. :—6,339 were returned to duty (852 were mustered out of the same), 1,121 were lost by desertion, 1,053 discharged for disability, 392 were transferred to veteran reserve corps, and 1,060 died ; showing the great amount of medical and surgical work which comes under operation in a war hospital.

Hospital tents, or substantial frames, with floors raised from the ground, and a door at each end of the frame, were also in use. The sides of these tents were always easily raised, and gave the best of ventilation ; some of them were used as gangrene wards with the best results.

Of special hospital trains, several models are given. They were in themselves perfect hospitals. Ventilation, without exposure to draughts, was well provided by windows in an elevated part of the ceiling and by valvular openings near the roof. They ran regularly from the front to the rear hospitals. It is related that on one occasion Colonel Morgan's scouts stopped one of these trains (which were held inviolate by the Confederates), and having switched it off upon a siding, after inquiring if there were sufficient stores in the train for the sick and wounded, they tore up the main truck, and then rifled and destroyed the supply trains that successively arrived at the point where the line was interrupted.

The principal means of transport for field medical and surgical supplies employed in the United armies in the late civil war, were the ordinary waggons of the supply trains, ambulance waggons, the medicine waggons of Perot and Dunton, the regulation army medicine waggons, and panniers designed for transport by pack animals. The weight of the furnished medicine cart, with three empty boxes for stores, did not exceed 600 lbs. The object held in view in the outfit of the surgical chest was to provide an adequate supply of restoratives, anæsthetics, instruments, and appliances for every primary dressing or operation needful and practicable in the field, and to eschew everything superfluous. When loaded, the surgical chest weighed 203 lbs.; the medicine chest, 226 lbs.; the mess chest, 173 lbs.

In the medicine waggon we notice an ingenious method of packing bottles, which are secured against fracture either by the employment of springs, upon which they rest, or by placing them in paper boxes, thickened at each extremity by bands, which receive all concussions.

On emergencies, after battles, the capacious steamboats often served, without any special fitting up, to convey the wounded in comparative comfort to the base hospitals. The model United States hospital-steamboat was constructed for 400 beds, and the medical officers consisted of one surgeon and three assistant surgeons.

At the present moment these reports may be studied with advantage by all military surgeons, as they afford a great deal of information and very many practical hints of great value. We have seldom perused anything more interesting than Dr. Woodward's sketch on typho-malarial fever ; and his address on the scientific work of the medical staff of the United States army bears, in every line, the stamp of a strong professional *esprit de corps*.

UNIVERSITY OF LONDON.

ADMISSION OF WOMEN TO DEGREES IN MEDICINE.

At the recent meeting of Convocation the following resolution was carried by a majority of thirteen as an amendment upon a resolution thanking the senate for having resolved to admit women to medical degrees :—

"That this house is of opinion that it is undesirable for this University to admit women to degrees in medicine before it shall have considered the advisability of admitting them to degrees in all faculties."

This resolution is capable of being read to signify a desire on the part of the majority that the University should at once proceed to obtain a charter to admit women to all degrees, and that they should not be admitted to degrees in medicine alone. On the other hand, it may be taken to signify that they desire to postpone the admission of women until the time when a charter shall have been obtained, which time they hope will never arrive. Regardless, however, of its precise signification, it may be asked, What is it intended to effect?—Not to prevent women from entering the medical profession, for they now have the means of obtaining a complete medical education with clinical instruction, and they are admitted to examination and can enter their names on the Register as qualified practitioners of medicine. Nay, further, Mr. Simon tells us in a speech at the Medical Council,

that other Examining Bodies are holding aloof from the examination of women, only on the ground that, according to the exact meaning of one clause in the enabling act, they fear women will by right claim a voice in the government of the corporation issuing the license, or diploma. Whatever effect the resolution may have, it cannot interfere with women entering the profession: that is a question of the past. It remains for the senate to decide whether or not some few women who will under any circumstances become qualified medical practitioners may, in addition, take a degree in the University, thereby educating themselves more highly, and rendering themselves more qualified to practice than they will if they are required to pass only one of the more ordinary and less severe tests of knowledge. Most assuredly, however, the time cannot be far distant when all degrees in all the universities will be open to women, a fact evident to all who have watched the progress of the woman's educational movement during the past few years; how difficulties, apparently insurmountable, have been one by one overthrown until the present time, when women have been received into two out of the three learned professions.

Convocation have determined to make yet another stand against the influence and power of the supporters of the movement; and so, by a small majority, they have passed a resolution advising the Senate that it cannot be right to admit women to medical examinations without considering the advisability of admitting them to the other examinations also. Now as the degree in medicine, which is a legal right to practice, is the only degree against which any argument worthy of consideration has been advanced, the resolution is meaningless, but it is an expression of wild hope that the Senate, which includes ministers of this country, leaders of education, and leaders of our own profession, will stultify themselves by rescinding their former resolution, and acknowledge themselves incapable of weighing any question of moment—and why? In order that a delay of a few months shall take place before admitting women to the medical examination.

DEATH OF DR. McMAHON MURPHY.

We regret to announce the death of Dr. James R. McMahon Murphy, of Carrick-on-Suir, which sad event took place after a brief but severe illness, on Sunday week. While attending a poor patient, Dr. Murphy contracted typhoid fever, and, notwithstanding the care and the unwearying attention of Drs. O'Ryan and Martin, he succumbed. Respected by all, loved and looked up to by the poor, for whom he was ever considerate, his premature demise has been greatly regretted.

NOTICES TO CORRESPONDENTS.

Notice—Removal of Offices.—The Offices of the Irish Department of the Medical Press and Circular, have been removed from 23 Ely Place to 3 Molesworth Street, Dublin, where all further communications should be addressed.

Notice to Subscribers—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices n Loadon, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by at ention to this rule.

Reading Cases.—Cloth board case, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Royal Medical Benevolent College.—Notice is given in our advertising columns that an election of one pensioner and eleven foundation scholars will take place within a few days. Balloting papers, properly filled in, must be sent to the Secretary at the office in Soho Square, W., at once.

Humanitarian.—Your letter is unavoidably held over.

An awkward Blunder.—Printer's errors are apt to cause considerable amusement to those unconcerned; but to others whose reputations are at stake, such mistakes as the following must be very galling, especially when the joke is copied into numberless journals:—These paragraphs, intended to have been printed separately, were by some blunder so arranged that they read consecutively in the Parisian journal in which they first appeared: "Dr. —— has been appointed head physician to the Hospital de la Charité.—Orders have been issued by the authorities for the immediate extension of the Cemetery of Mount Parnasse; the works are being executed with the utmost despatch."

Z.—Your letter will appear in our next.

FEES IN GENERAL PRACTICE.

To the Editor of the Medical Press and Circular.

Sir,—The arrangements and charges of English provincial practitioners vary very much, and your correspondent has two systems open to him—

1st. He may charge a low fee, as 1s. a visit and make up for this low price by sending plenty of medicine, *e.g.*, visit, 1s.; mixture, 2s.; pills, 6d.; blister, 6d.; ointment for blister, 6d.; total, 4s. 6d.

This system, though in vogue, has only to be mentioned to be condemned as degrading to the profession, for it simply places us on the level of drug-sellers.

2nd. He may adopt a scale of charges not according to the position of the patient, but to their means, thus, his lowest class, not necessarily the so-called *working-class*, but poor clerks, bookkeeper, officials of various kinds, struggling men with large families, &c., should be rated at 2s. 6d. per visit, including medicines.

He can then have other scales, 3s. 6d., 5s., 7s. 6d., 10s. 6d., according to the means of his clients. This system I have adopted, and have found it to act well. Yours, &c., &c.,

A Provincial Practitioner.

An Accoucheur.—Your letter will, if possible, appear in our next.

Electro-Therapeutics.—Dr. Herbert Tibbits asks us to mention that he will deliver three lectures on "The Essentials of Electro-Therapeutics" at 5 p.m., on May 24th, 31st, and June 7th, at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, to which practitioners and senior students will be admitted on presentation of their cards.

A Stained-glass Window has been erected by the members of the Omagh Masonic Lodge in memory of the late Dr. Henry Thompson, of Omagh, who was for many years connected with the order. At the foot of the window the object for which it was erected is beautifully set forth—"In memory of Bro. Henry Thompson, M.D., who died 8th March, 1875. Erected by his Lodge, 332, A.D. 1876."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Guide to Therapeutics. By Robert Farquharson, M.D. London: Smith, Elder, and Co.

The Dead Body as a Possible Source of Infection. By Francis Vacher, F.C.S.

On Idiocy and Imbecility. By W. W. Ireland, M.D. London: J. and A. Churchill.

Notes from a Dentist's Case-book. By Felix Weiss, L.D.S. London: J. and A. Churchill.

British Journal of Dental Science.

Analysis of the Yellow Fever in New Orleans, 1876.

The West Riding Lunatic Asylum Reports. Vol. VI. London: Smith, Elder, and Co.

Ziemssen's Cyclopædia of Medicine. Vol. XII. On Diseases of the Brain and its Membranes. London: Sampson Low, and Co.

Handbook of Medical and Surgical Electricity. By Herbert Tibbits, M.D. London: J. and A. Churchill.

Bentley and Trimen's Medicinal Plants. Part XX.

The Obstetrical Journal for May. The Veterinary Journal for May. The Practitioner for May. Nature. Science Gossip. The Dental Review. The Monthly Homœopathic Review. The Students' Journal. Guy's Hospital Gazette, &c., &c.

Marriage.

Thomas—Weekes.—May 8th, at Holy Trinity, Brompton, George H. W. Thomas, M.R.C.S., Pocklington, Yorks, to Caroline Maria, third daughter of the late Dr. Henry Weekes, of Brompton.

Deaths.

Bishop.—On May 1, of general paralysis, Edwin Bishop, M.D., of Culworth Hall, Northamptonshire.

Chinery.—On May 7, at Lymington, Hants, Charles Warner Chinery, L.R.C.P.Ed. & M.R.C.S.E., aged 28.

Dougall.—On May 4, at Greenock, Andrew Dougall, L.F.P.S.G., aged 41.

Foy.—On May 4, at Taunton, Henry Gully Foy, M.R.C.S.E., aged 62.

Merson.—On May 3, at Halberton, Somerset, W. F. Merson, M.D., aged 72.

Parker.—On April 22, at Caledonian Road, Joshua Parker, M.B., aged 32.

Pennell.—On April 29, at Powis Square, Notting Hill, John Wilson Croker Pennell, M.D., aged 57.

Rudge.—On April 17, at Dymock, John Edmund Rudge, M.R.C.S.E., aged 40.

Sanders.—On May 3, at Milton, next Sittingbourne, William Sanders, M.D., formerly of Gravesend, Kent, aged 60.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1877.

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THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SESSION 1877.

FIFTH DAY, TUESDAY, MAY 15.

Mr. TEALE asked the President "if he was prepared to state what are the Parliamentary matters requiring the opinion of the Council, during the present session, which most urgently demand consideration."

The PRESIDENT answered as follows:—"Applications have been made by the Government for the opinion of the Council on two subjects:—1. Foreign and Colonial Degrees; 2. Education and Registration of Midwives. Two subjects have been referred to the Council from other sources, viz.:—The East London Medical Defence Association, and the Obstetrical Society. The last of these is that referred to by the Government in relation to midwives. All these are referred to the Medical Acts Amendment Committee. The amendment of Russell Gurney's Bill as to women, and the amendment of the Lunacy Acts in a particular case known to the Council, have also to be considered."

Moved by Sir JAMES PAGET; seconded by Mr. SIMON; and agreed to:—"That the following documents, relating to a legal difficulty, hindering the College of Surgeons from taking part in a Conjoint Examination for the examination of women-candidates for a license in midwifery, be referred for consideration and report to the Medical Acts Committee," viz.:—

The first document referred to questions which will be considered by the Council of the College of Surgeons on the 26th instant, and which were laid before the Medical Council for their consideration.

1. Whether referring particularly to the Act 39 and 40 Vict. cap. 41, commonly known as Russell Gurney's Act, the Council is prepared to admit women candidates to the respective examinations for the membership and fellowship of the College?

The question likely to arise was, whether the College, if it admitted women to qualification, as members or fellows, could, under Russell Gurney's Act, assign to them any other relation to the government and proceedings of the College than such as would be had by the other members and fellows.

2. Whether, if the scheme which is now under consideration for a Joint Examining Board in England be brought to bear as proposed, with the College of Surgeons taking part in it, women shall be admitted on the same footing as men to the ordinary examinations of the Joint Board.

3. Thirdly, it having been "referred to the President and Vice-Presidents of the College to take into consideration and to report to the Council on the appointment of a Board of Examiners in Midwifery," the President and Vice-Presidents take this opportunity to submit to the Council the suggestions which, after careful consideration, they believe to be the most pertinent to that difficult matter of reference.

In the first place, adverting to circumstances which are well known to every member of Council, the President and Vice-Presidents would express their opinion that no satisfactory new Board of Examiners for the Midwifery License can be formed till the Council shall be in a position to declare that the grant of the license will in future be under improved conditions; for that, were it intended by the Council that examinations on the old footing should be resumed, the Council could not, in the opinion of the President and Vice-Presidents, expect that persons of credit in the profession would be found willing to take office at the Board.

As regards the three ladies who were seeking the midwifery license of the College a year ago, and whom the Council had then consented to admit to examination, the Council must, of course, regret that, under the circumstances, no possibility was left to it to fulfil the intentions which it had expressed to them. So far as the personal hardship is concerned, the President and Vice-Presidents cannot suggest to the Council any honourable way by

which an examination on the old footing could now be provided for those ladies. They have no reason to believe that the ladies themselves would be likely to accept, any more than the Council could consent to offer, the unworthy expedient of a makeshift revival of the old examination; and they can only hope, with regard to the personal disappointment, that Russell Gurney's Act may have enabled the ladies to obtain elsewhere more satisfactory credentials for public confidence than a mere midwifery license, under the old regulations, would constitute.

As regards any revival of the old system, whether it were for male or for female candidates, the President and Vice-Presidents would report to the Council that, in their opinion, the objections to such a course are insuperable. Not referring exclusively to the difficulty in which the College has been placed by the retirement of the Examining Physicians of its Board, but looking also to the public interests in the matter, the President and Vice-Presidents would remind the Council that the registrability of midwifery licenses, independently of qualifications to practise medicine and surgery, has been brought under the notice of her Majesty's Government by the General Medical Council as "a serious error in the Medical Act . . . calculated to be injurious to the public interests," and an error which "should be corrected by legislation." (*a*) And in view of all the circumstances, the opinion which the President and Vice-Presidents have formed, and which they would now submit as their recommendation to the Council in this matter, is: That, except so far as the College may be coerced by any positive injunction of a Court of law, no fresh action whatever should be taken under section 17 of the Charter of 1852, till the law shall have been amended or declared in a sense which will allow the College to proceed satisfactorily under that section.

Considering this legal aspect of the case as regards the College of Surgeons, and, considering that, in relation to the claims of women candidates, the case of the Society of Apothecaries is probably almost the same as that of the College, the President and Vice-Presidents are of opinion that it might be well for the two Bodies to consult together, and to see whether they could concur in promoting at the General Conference (subject to such statutory sanction as would eventually be wanted in the matter) the adoption of special Joint Scheme Rules having reference to the qualification of women.

Reverting to a point which was incidentally raised in an earlier part of this memorandum, the President and Vice-Presidents would observe that, in their opinion, the College might properly, if permitted by law, take part, on the following basis, in special joint-arrangements for the examination and qualification of women candidates; viz., That, the conditions concerning education and examination being in other respects the same, or as nearly as practicable the same) for women as for men, the Committee of Reference should, in respect of the final examination, have authority to appoint, in agreement with the Licensing Bodies concerned, a modified examination for women—such examination not to require a knowledge of major surgical operations, nor a knowledge of diseases special after infancy of the male sex; and that every woman candidate, who finally passed this examination, should, subject to the bye-laws of the Licensing Bodies, be entitled to receive the midwifery license of the College of Surgeons, and the license, for general medical practice, of such one or more of the Medical Licensing Bodies as had been willing to take part in the arrangement.

(Second Document.)

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

EXTRAORDINARY MEETING OF THE COUNCIL, 27TH MARCH, 1877.

Resolutions adopted by the Council:—

(*a*) That (1) the Council of the College of Surgeons regards women as not eligible to become members or fellows of the College, and is therefore not prepared to admit them to be examined for those qualifications, whether at the examinations as now conducted, or with the proposed machinery of Joint Examinations; but (2) that the Council, if legally authorised, would be willing to take part in special joint arrangements, under which women should be able to acquire other registrable titles for practice.

(*b*) That, with regard to the Midwifery Board and Midwifery License of the College, the Council approves and adopts, in principle, the report this day read of the President and Vice-Presidents to take such steps as they may find expedient in order to promote the suggested amendment of law, and otherwise to give effect to the suggestions of the report.

(*c*) That, copy of the above resolutions, and of the memorandum of the President and Vice-Presidents, be communicated (but not for publication) to the Conference of Representatives on the Conjoint Scheme.

EDWARD TRIMMER, Secretary.

(*a*) Minutes of the General Medical Council.

The Council having considered the application of Mr. John Joseph Mullen to have his name restored to the *Register*, resolved—That his name, which had been erased in conformity with clause xiv of the Medical Act, be restored to the *Medical Register*.

The Council resolved, after consideration, that, as it had been proved to the satisfaction of the General Medical Council, that the entry in the *Register* of the name of Thomas Richardson was "fraudulently or incorrectly made," the Council does, by this order in writing, direct his name to be erased from the *Medical Register* in conformity with clause xxvi of the Medical Act.

The Council, having considered the cases of Michael Manus Sheedy and James Meehan, whose names were erased from the *Register* on the 17th June, 1875, in consequence of their conviction of a misdemeanour, resolved—That their names be restored to the *Medical Register*.

Resolved—(1) That the Council, having considered the application of Samuel Levenston to have his name restored to the *Medical Register*, decline to accede to it, unless the said Samuel Leveuston shall furnish to the Executive Committee satisfactory evidence of character; (2) That the Council delegate to the Executive Committee the duty of inquiring into and deciding on the case, having regard to the requirement of the Council.

The Council having considered the application of Henry Pearson to have his name restored to the *Medical Register*, resolved—That the Council do not see fit to make any order for the restoration of the name of Henry Pearson to the *Medical Register*.

The Council then adjourned.

SIXTH DAY, WEDNESDAY, MAY 16.

THE minutes of the last meeting having been read and confirmed, the Registrar read the official notification of the appointment of Dr. Alfred Hudson, of Dublin, as Crown Nominee for Ireland, in place of Dr. W. Stokes, resigned.

Dr. Hudson was then introduced by Professor Rolleston, and took his place at the Council board.

The PRESIDENT then read a communication from the Lord President with respect to the latest time he could meet the Council. The Council then resolved itself into a committee, and resumed the adjourned consideration of Dr. Humphry's report.

On Clause 4 of this report, viz.: "That the 'first' examination be passed before the commencement of the second year of professional study; the 'second' before the commencement of the third year; and the 'third' after the completion of the fourth year of professional study;" the following amendment was moved by Dr. ROLLESTON, and seconded by Sir WILLIAM GULL:—"That these examinations be passed in a certain order, approved by the Council, a student being allowed to present himself for either of the two later examinations on a certificate of having passed the preceding examination or examinations."

Dr. ROLLESTON in bringing forward this amendment said,

his object in doing so was to give idle men an incentive to study and studious men an encouragement, by facilitating their passing over the preliminary subjects. He contended that examinations must be in a certain order, but there should be no "spacing" between them. For example, he would allow a student to pass the two first examinations soon after one another, and then he would have the overplus of time for clinical study before presenting himself for his final examination. If this plan were adopted an idle man would see that it would be to his advantage to pass his two first examinations early instead of wasting his first year. A diligent student also would see the advantage over the preliminary part of his studies. Dr. Rolleston's great desire is, not to see the first, second, and third years of study marked by any definite event in the student's career. He would allow a man to pass his first examination immediately on his enrolment as a medical student.

Dr. ANDREW WOOD considered the amendment at present unintelligible.

Dr. HUMPHRY thought Dr. Rolleston's amendment simply a corollary to his own resolution.

Dr. ROLLESTON proposed that the Council might allow the first examination to be passed six months before the license to practice was given. The interval might advantageously be spent in practical work as house-surgeons, &c.

Prof. LISTER considered that Dr. Humphry's motion would be satisfactory if the expression "be passed" were altered to "take place." He would leave the question of limitation for future consideration.

Dr. ROLLESTON then proposed to interpolate certain words with Dr. Humphry's motion which would make it run thus "That the first examination be passed before the commencement of the second year of professional study, it being hereby intended that no time which may elapse after the first year of professional study shall count until after the first professional examination shall have been passed."

Dr. ALLEN THOMSON doubted the propriety of the Council going into such minute legislation. There could be no doubt in the mind of any member of the Council, that it was of the utmost importance to separate the earlier subjects of study from the more advanced. He thought, however, that the Council should endeavour to secure this end, without going so much into detail. He should object to there being two examinations on preliminary subjects, and only one on practical subjects. It appeared to him that there was just as much reason for four examinations as for three. He considered, also, that the Council, in thus descending to details, was in danger of interfering with the liberty of teaching. He thought it would be impossible to settle the examinations themselves, until the subjects of them had been settled. There were different ideas among the various bodies as to what were preliminary, and what were practical subjects. His own idea was, that the professional examinations should take place in two divisions: the first division of one or more examinations may be passed before the second year, and the second division after the fourth year.

Professor LISTER considered it important to have two years between the second examination, and the examination for the license. He considered, however, that it would be very hard for a man who had not passed his first examination in his first year, not to have his second year count. He moved the substitution of the words "take place," for "be passed," in Dr. Humphry's motion. He could not help thinking, however, that it would have been better to have taken the subjects first, have subdivided them, and then considered the order of the examinations. As it was, they were taking the cart before the horse.

Sir WILLIAM GULL thought there was a tendency to go too much into detail. He should consider it better to pass a resolution couched in more general terms, and he should move "that these examinations be year by year, for the first two years, and the final examination at the end of the course."

Dr. AQUILLA SMITH thought the Committee had got into some confusion as to what was being discussed.

The PRESIDENT said there was no doubt some confusion, and the Committee must now proceed with more regularity. The motion now before the Committee was one to support Dr. Humphry's motion, if he would consent to the interpolation of certain words, as suggested by Dr. Rolleston.

Professor LISTER moved, "That the first examination take place at or before the end of the first year of professional study."

Dr. ANDREW WOOD was doubtful whether they were not going into too much detail. Hitherto, the licensing bodies have gone along with the Council, and loyally adopted their recommendations. Why was this? Because the Council had not attempted to interfere too much with their autonomy. He thought the Council must first consider what are to be the subjects of the three examinations, and thought the matter should be referred to the Committee of Examinations. He thought that even if the Council laid down a distinct direction, some of the bodies would find it impossible to adopt it. The Council have passed the resolution that there should be three examinations, and they should now leave it to the bodies themselves to settle the details.

Mr. MACNAMARA gave it as his opinion, that students fall off in their second and third year; they were generally enthusiastic and energetic in their first year. He considered that Dr. Rolleston's plan would encourage grinding; it was practically telling students not to attend hospital practice, in their first two years, but to keep it till the third and fourth year. An opinion had been expressed that it was difficult to attend lectures and hospital practice at the same time. This depended very much on the arrangements. No difficulty was found in Dublin. He thought the motion would give an impression that anatomy, &c., were to be passed before the end of the second year, and that then these subjects would be thrown aside. Anatomy being, in his opinion, the foundation of all medical and surgical study, it should be made to run through the whole course. He could not help thinking that it was a bad thing to over-legislate, and he regretted that the subjects of examination were not brought in with the question of subdivision.

Mr. Lister's motion, which was seconded by Mr. Teale, was withdrawn in favour of the following, proposed by Dr. ANDREW WOOD, "That the professional examinations be arranged in two divisions, the first to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of study; but the second not until the expiration of two years after passing the first division, nor until the completion of the fourth year of study."

Sir JAMES PAGET thought there must not be too much distinction made between fundamental and practical subjects. Students get into a habit of endeavouring to get subjects "off their mind." In his opinion anything which could be got off the mind should never have been put on. Many subjects are both elementary and practical.

Mr. SIMON thought that the final examination should deal with the applications of anatomy.

Dr. Andrew Wood's motion, seconded by Dr. Allen Thomson was then put and carried.

Dr. HUMPHRY then proposed his motion with Dr. Rolleston's interpolation.

Dr. ROLLESTON contended that such a regulation would be no hardship to students.

Professor TURNER pointed out that men who are often thought to be stupid in their first years, and who make a poor figure at the preliminary scientific examinations, often turn out very good men in the after subjects.

Sir JAMES PAGET thought that an examination of students at the end of their first year was very desirable. He thought that it would be well if this first examination could be held at the several schools under the control and supervision of visitors or inspectors. What is wanted is, not so much to find out how much a student knows, but how far he has worked and taken advantage of his opportunities. He thought these examinations might be conducted by the teachers of the schools under the control of the visitors.

Prof. LISTER expressed his great gratification at Sir James Paget's remarks. With respect to the examination of students by their own teachers he thought the system had some advantages, and referred to the practice of the University of Edinburgh where independent assessors take part with the teachers in the examinations. He thought Sir James Paget's proposal would be of value as reducing the expense of the examinations especially in the provinces. He also thought it would have a good effect on the teachers.

Dr. Humphry's motion was then put and lost.

Dr. HUMPHRY then moved "That the Committee on Recommendations of last year be re-appointed, and that Recommendations 5, 6, 10, and 11, of Dr. Humphry's report be referred to that committee."

Mr. TEALE seconded the motion.

Mr. TURNER thought it was a question whether the Council should pronounce any opinion as to the subjects of the dif-

ferent examinations. He thought it would be found impossible to lay down any uniformity. The examinations for high university degrees must be different from those for a mere license to practise. It might be possible to lay down a minimum.

Dr. ANDREW WOOD thought the Council should deal with the report of the Committee on Recommendations.

Dr. STORRAR contended that the Act leaves the limitation and definition of subjects to the licensing bodies.

Dr. HUMPHRY pointed out that in the present instance it is the bodies themselves who have given their opinion that such a course is desirable.

Dr. Humphry's motion was then put and carried.

Dr. ANDREW WOOD moved that the following be the Committee on Recommendations :—

Dr. Humphry, Dr. Fleming, Dr. Apjohn, Mr. Teale, Sir Dominic Corrigan, Dr. Hudson, Mr. Lister, and Dr. Andrew Wood (chairman).

The Council then proceeded to the consideration of the Army Medical Returns.

Dr. ROLLESTON moved, and Dr. PYLE seconded—"That these returns be entered on the minutes, and that the thanks of the Council be conveyed to the Director-General of the Army Medical Department."

This was carried.

Communications were then read from the Royal College of Surgeons of England and from the University of Edinburgh, with respect to the Resolution of the Council of last year regarding certificates of proficiency in vaccination. The documents showed that the two bodies had paid attention to the Council's Resolution.

On the motion of Dr. ANDREW WOOD these communications were ordered to be inserted in the Minutes.

The Council next considered the Report by the Executive Committee with reference to a Resolution of the Branch Council for England (Minutes, vol. xiii., pp. 377-378) in regard to the Lunacy Acts :—

The Executive Committee have to report that, in their opinion, the difficulty can only be remedied by legislation in some such way as is suggested by the Lunacy Commissioners in their letter of November 24th, 1876, and they recommend that, on any occasion when either the Medical or Lunacy Acts are under consideration of Parliament, the requisite clauses be introduced.

Dr. HUMPHRY moved "That, as it appears that there is at present a Select Committee of the House of Commons on the Lunacy Laws, the President be requested to draw the attention of the Chairman of that Committee to the subject of the above Report."

Carried.

The consideration of some correspondence between the Royal College of Surgeons in Ireland and the Senior Lecturer of Trinity College, Dublin, on the subjects of preliminary education and examination, was postponed.

Correspondence with the Registrar-General on the subject of the forgery of death certificates was read, and ordered to be inserted on the Minutes.

The Council then adjourned.

SEVENTH DAY, THURSDAY, MAY 17.

THE Council resolved itself into committee to consider the report of the Medical Acts' Committee. This Report was considered under three heads :—

A. Territorial Range of Titles to Practise.

B. Legal Difficulties under "Russell Gurney's Act" and under "The Medical Act, Royal College of Surgeons, 1875."

C. Appropriation of Penalties accruing under the Medical Act.

(*A*).—*Territorial Range of Titles to Practise.*

1. The first subject on which the Committee has to report is that of various questions which have arisen as to the proper territorial range of certain Licenses and Honorary Titles, British and Foreign, relating to rights or ranks in the Medical Profession.

2. Remonstrances have come from the Dominion of Canada against the exclusion of legally-qualified Canadian practitioners from recognition under the medical law of the mother-country, and particularly as to the grievance and detriment which they suffer in their relation to the *Merchant Shipping Acts* of the home Legislature. And, in respect to British India, an application is made by Sir Joseph Fayrer, on behalf of the Licentiates and Graduates of the Universities of Calcutta, Madras, and Bombay, that they may be admitted to the privilege of registration under the Medical Act of the mother-country. The points thus raised are two particular cases of a large general question ; and the principles on which they must be dealt with are, in the opinion of the Committee, not exclusively applicable to India and Canada. The grievance (stated in general terms) is, that medical degrees or licenses which have been conferred under due authority in British Possessions outside the United Kingdom, and which respectively entitle to practise in the particular Imperial Province in which they are granted, give at present no professional status in other parts of the British Empire ; and the question of principle which the Council has to determine is that of admitting such degrees or licenses to be registered as qualifications under the Medical Act. The Committee regards this question as one which urgently needs to be decided by the Council.

3. Again, an important issue has been raised in France as to the privilege under which the medical practitioners of other countries (including our own) have hitherto been allowed to settle there for professional purposes ; and the Committee, while considering this question in its relation to British interests, has found itself confronted with the fact that British law affords no recognition to the medical licenses of foreign countries. The Committee is of opinion that, under the circumstances, the Council would do well to deliberate and decide, in its present session, whether or not it will move the Legislature to relax—and if so, to what extent, the present non-recognition of foreign licenses and degrees.

4. The Committee, in preparing to submit its opinions to the Council on the two above-mentioned questions, would remind the Council of previous occasions on which those questions have been more or less under discussion. In 1870, on occasion of Lord Ripon's Bill of that year, the Council appears to have assented to the principle that "Colonial" and foreign diplomas, respectively valid as titles to practise in British Possessions or the foreign countries in which they are granted, should *under conditions* entitle their holders to rank as legally-qualified medical practitioners in the United Kingdom. Two years ago, however, on occasion of Mr. Cowper-Temple's Bill (which aimed at procuring registration under the Medical Act for women holding foreign diplomas) the Council appears to have taken, at least in regard of the foreign diplomas, a position somewhat different from that of 1870 : the position of 1875 being, that the Medical Act "very properly" refuses to foreign degrees the privilege of registration in this country, because "the Council has no means of exercising that supervision and control over the education and examinations required for foreign degrees to which the licensing bodies of this country, whether Universities or Corporations, are, by the Act of 1858, subjected." And on two occasions in 1876 the Council expressed itself to the same effect as in 1875 : first, with regard to a renewed proposal of Mr. Cowper-Temple's Bill ; and secondly, in answering the Memorial in which a large number of registered practitioners, being also graduates in medicine of foreign universities, had prayed the Council to obtain power to insert in the *Medical Register*, as additional qualifications, foreign degrees conferred after examination on duly-qualified registered practitioners.

5. As regards those previous conclusions of the Council, the committee is of opinion that, so far as the conclusions expressed in 1875 and 1876 differ from the conclusion expressed in 1870, the conclusion of 1870 is that which ought to prevail ; provided always that the "conditions" under which the extrinsic licenses would be admitted to register in this country shall be such as fairly to represent the essential intention of the Medical Act—"that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners."

6. In regard of such "conditions" as are here in question, the committee would distinguish between qualifications granted in the outlying possessions (Indian and Colonial) of the British Empire, and on the other hand qualifications granted under foreign governments.

7. As regards the former, the committee is of opinion that qualifications granted under legal authority in any part of Her Majesty's dominions, ought to be regarded by the Council as presumptively entitled to legal recognition in the mother-country. It is true that the Council would be unable

in general to judge the value of these qualifications as accurately as it can judge those for which the Medical Act holds it directly responsible. But the committee is of opinion that sufficient allowance for this consideration would be made by providing that in the *Register* there should be a distinct alphabetical section for "practitioners registered in the United Kingdom in respect of qualifications conferred in the other parts of Her Majesty's Empire." And, in the opinion of the committee, it would of course also be desirable that the right of Indian and Colonial qualifications to be registered as above under the Medical Act should, in case of abuse, admit of being suspended by some such process as that which applies under Sections 20-22 of the Medical Act to qualifications which are granted within the United Kingdom. It is the opinion of the committee that the Council should recommend to Her Majesty's Government to promote at the earliest opportunity legislation to the above effect. But if it should seem that such legislation (as perhaps opening some large questions under the Medical Act) could not at once be provided, the committee would recommend that meanwhile at least the urgent grievance of the Canadian practitioners should be removed by the required small amendment of the Merchant Shipping Acts.

8. As regards qualifications granted under foreign Governments, the Committee is of opinion that there are many which, in international courtesy, ought to be admitted as conferring on the foreigners who seek to practise under them in British territory a claim to be recognised at law as properly qualified medical practitioners; cases, namely, where the degrees or licenses are known not to be conferred except after all due education and examination. It is of course evident in regard to foreign qualifications that the Medical Council cannot ever pretend to judge their value as accurately as it judges the value of qualifications conferred in the United Kingdom under its own superintendence and visitation; and no doubt there may be particular foreign qualifications regarding which the Council, after inquiry, would not approve that they should have any legal recognition in this country. But cases of the latter description ought, in the Committee's opinion, to be dealt with as exceptional. And, considering that foreigners who desire to practise here under legal sanction would be practising chiefly, if not exclusively, on their own countrymen (who could here, just as when at home, judge for themselves as to the value of the diplomas of their own countries) the Committee would recommend to the Council, as principles for legislation—(*a*) that the General Medical Council should have authority to establish, under conditions, in the *Medical Register*, a distinct alphabetical section for "foreigners practising in the United Kingdom with qualifications granted in foreign countries and entitling to practise in those countries respectively;" and (*b*) that the Council should have authority to cause to be registered in this section of the *Register* such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be reasonable guarantees of professional skill.

9. The Committee does not propose that British subjects holding foreign qualifications should be dealt with under the above general rule. Freedom of choice as to places of *study* ought, of course to be open to all; but the Committee would think it inadmissible that British students intending to practise in the United Kingdom, should have the option of undergoing in any other country than their own the *examinations* which are to test their fitness for practice. Individual cases may no doubt occur in which a British subject, having received his education and diploma in a foreign country, with *bonâ fide* intention to practise in that country, and having perhaps spent many years in practice abroad, may eventually wish to take professional status at home, and to do so without submitting himself to the ordinary home-examination; but cases of this sort would in all be very few, and still fewer would be those in which the claim to be exempted from examination could be deemed legitimate. Such almost solitary cases can hardly be thought to require a special notice in the law; but cases, if any, of extreme hardship might probably be best dealt with under some general exempting power with which the Council might be entrusted (as was proposed in Lord Ripon's bill) in favour of persons unpossessed of registrable qualifications, but long established in practice, and of indisputable character and attainments.

10. The Committee does not propose that any Foreign Qualification should be registrable, as an "additional qualification" under the Medical Act, by persons primarily registered under British Qualifications. It is one thing to approve that, in regard of foreigners, the foreign degrees and licenses should (under conditions) be admitted as reasonable evidence of qualification to practise; but it would be quite another thing to approve that such degrees and licenses should take rank in the *Register* as special qualifications (which in effect would be titles of honour) for the already qualified practitioners of the United Kingdom; and the Committee is of opinion that to accord this privilege to the foreign diplomas would very greatly and most seriously increase the difficulty which general readers of the *Register* must at present experience in any endeavour to understand what, if any, of the qualifications there recorded are to be deemed higher qualifications.

11. As regards the proposal which has been made by M. Roger-Marvaise in the French Chamber of Deputies, to alter the present French law relating to foreign practitioners in France, and by the alteration to discontinue the usage under which many of our countrymen have from time to time been authorised to practise in that country, we are glad to believe that the proposed law is not likely to be accepted; and we therefore do not at present think it requisite to recommend that the Council should take steps, in addition to those which the President on its behalf has already taken, with reference to M. Roger-Marvaise's Bill. Lest, however, this sort of endeavour should at any future time be renewed, we would submit to the Council that the right with which this country could protest against it, as injurious to the reasonable interests of British sojourners in France, will materially depend on the legislation which may meanwhile have been made in this country in respect of the privileges which can be claimed among us by persons practising under foreign qualifications. It is true that the consequences which attach to not having a recognised professional status are more severe in France than in this kingdom, since in France no one without such status is allowed to settle in practice; whereas in the United Kingdom he may, if he chooses, settle in practice, though he cannot by process of law recover payment for any services which he claims to have rendered, nor can enjoy any other of the advantages which attach to registration under the Medical Act. But, on the other hand, the professional status is conceded exceptionally in France to foreigners who (as having the proper credentials of their own countries) can show reason for the exceptional privilege; whereas no such exceptional grace can be obtained by foreigners who are practising in England on their foreign diplomas; and in this respect M. Roger-Marvaise's Bill would only assimilate in principle the French to the present British law. That this state of British law is one which ought to be amended is, however, an opinion already expressed by the Committee; and the Committee is not prepared to believe that, if the British law were relaxed into the more liberal form which has been suggested, treatment of a less liberal kind would be accorded to British practitioners who may desire to exercise their profession in other civilised countries.

In conclusion, the Committee would propose that, if the Council approve of the suggestions of the above report, representations to that effect be at once addressed by the Council to Her Majesty's Government, and that, before the end of the present session of Council, the Executive Committee be authorised to take such steps as in the absence of the Council may be necessary to promote the legislation which has been suggested.

Mr. SIMON as the mouth-piece of the Committee explained the sections of the report, and moved the resolution, which was seconded by Dr. STORRAR, and carried:—

"That Medical qualifications granted under legal authority in any part of Her Majesty's dominions outside the United Kingdom, and entitling to practise in such part should be registrable within the United Kingdom on the same terms as qualifications are granted within the United Kingdom, but in a separate alphabetically arranged section of the Register.

Sir DOMINIC CORRIGAN and Mr. LISTER objected to the last clause "in a separate section," and moved that it should be omitted, but the amendment was lost.

Moved by Mr. SIMON seconded by Dr. STORRAR and agreed to:—

"That the General Medical Council should have authority to establish, *under conditions*, in the *Medical Register*, a distinct alphabetical section for 'Foreigners practising in the United Kingdom, with qualifications

granted in foreign countries, and entitling to practise in those countries respectively.'"

"That the Council should have authority to cause to be registered in this section of the *Register* such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be sufficient guarantees of "the possession of the requisite knowledge and skill for the efficient practice of their profession."'

In discussing section 9 Mr. SIMON said :—The principle was that a British subject intending to practise in this country should be examined in this country, but that he should not bring a foreign qualification and claim that it should be registered. He then moved, and Dr. STORRAR seconded :—

"That the Council would not approve, as a general rule, that British subjects should not be allowed registration in the United Kingdom on the basis of foreign qualifications ; but the Council would approve the granting of a limited authority to the Council to permit, in particular exceptional cases, and by way of special grace, the registration of persons long established in practice in foreign parts, and of proved character and attainments, but not possessed of registrable qualifications."

Mr. LISTER thought that would permit any foreigner to register his diploma in England, and have every privilege of a British practitioner, whilst a British subject should not have the privilege granted to a foreigner.

Dr. WOOD considered such would be an equitable arrangement; we did not desire that British subjects should obtain diplomas abroad of a less scientific position than our own, and yet have the privilege of those who had passed our examinations ; but by Mr. Simon's motion a special grace or discretionary power would be given to the Council to register any foreign degree possessed by a British subject.

Dr. ALLEN THOMSON would not by any means encourage the licentiates of this country going abroad to obtain a degree on more easy terms, but he did think that a British subject having resided abroad, and there obtained his diploma should be registered in this country, notwithstanding the fact that he had *not* been long established. He would suggest that the words long established should be omitted.

Mr. SIMON said that in such cases it would be better to institute modified examinations. He considered that any *young* man intending to practise in this country should study here. Of course a young man might reside abroad with his family and qualify abroad intending to practise there, and at the last moment change his plans ; such cases would be extremely rare, and could be met with by a modified examination. If a man had been practising twenty years in any foreign place the circumstances would be different, and he would be willing that such an individual should be allowed to register.

Sir WILLIAM GULL said suppose the Examining Bodies refused to examine these men ? or to accept these certificates ? Another question seemed to be opened. How should they be admitted to examination ?

Mr. TURNER said the Scotch Examining Bodies arranged for such cases. They would receive certificates from any recognised Schools, but required one year at least to be spent in their own Schools.

The resolution was agreed to.

(*B.*)—*Legal difficulties under Russell Gurney's Act, and under the "Medical Act, Royal College of Surgeons of England,* 1875."

1. On the question which was referred to this Committee for consideration and report, as regards the second proviso in Russell Gurney's Act, the Committee has to report as follows :—

The recommendation of the General Medical Council in 1876 (see *Minutes*, p. 239) was—"That the qualifications conferred should not, except at the further discretion of the Bodies, carry with them any right to take part in the government of the Universities or Corporations, or any right or privilege beyond that of registration with a view to the practice of the medical profession."

The Act 39 and 40 Vict., cap. xli., clause 1, contains, as its second proviso, the following—"Provided always that no person who *but for this Act would not have been entitled* to be registered, shall, *by reason of such registration*, be entitled to take any part in the government, management, or proceedings of the Universities or Corporations mentioned in the said Medical Act."

This proviso appears to be open to serious objection in respect of the two groups of words which are put in italics. In respect of the first group, because much needless contention might arise under them as to what "*but for this Act*" would be the entitlements to registration ; and the second group, because of the assumption that it is "*registration*" which gives power to take part in the government, &c., whereas the right to take such part arises, not from the registration, but from the *degree or qualification* which the University or Corporation confers. And thus the proviso appears to the Committee to be such that only a court of competent jurisdiction can determine what construction is to be put upon it.

It appears quite certain to the Committee that the intention of the legislature was to carry out the recommendation of the General Medical Council ; and the Committee is of opinion that a representation should be made to her Majesty's Government, with a view to the amendment of the Act in this respect.

It would be quite desirable that the new proviso, which should be substituted for that which is at fault, should be as completely as can be non-ambiguous ; and the Committee would suggest that in its amended form the proviso should be to the following effect :—"That if any university or medical corporation, which has not before the passing of the Act examined women for qualifications as aforesaid, shall at any time after the passing of the Act see fit so to examine women, no woman obtaining such qualification shall, in respect of it, except at the further discretion of the university or medical corporation granting the same, be entitled to take any part in the government, management, or proceedings of the university or corporation.

2. As regards the legal difficulty which the Royal College of Surgeons of England has brought under the notice of the Council, as preventing the College from arrangements which it would wish to make with other authorities for a joint examination of women desirous to obtain the midwifery license of the college, the Committee, having, as desired by the Council, considered this difficulty, has to report that, in view of its parity of matter with the previously-mentioned difficulties under Russell Gurney's Act, it would in the opinion of the Committee, be desirable that, whenever legislation shall be proposed for removing the difficulties under Russel Gurney's Act, such legislation should, if the College of Surgeons approve, extend to the College of Surgeons' Act, in order to relieve the College from the difficulty which now stands in its way.

In the summer of 1875, when the bill for the College of Surgeons' Act was under consideration, no question had yet arisen as to the College's granting its midwifery license to women, and the possibility of its perhaps desiring to take this course, and to take it by means of joint action with other authorities, was not in view of the framers of the bill. The effects of this oversight are represented in the first section of the Act, where not only no special provision is made for the granting of the midwifery license by way of joint action, but where also the difficulty is created that, if the College, under the general (but very inadequate) enablement of Clause 19 of the Medical Act, took joint action distinctively in regard of women candidates in midwifery, the question might arise whether the women passing this joint examination could be excepted from the general effect of section first of the College of Surgeons Act, under which all persons who pass such joint-examinations as are therein described become of right members of the College.

In order to define more exactly the amendment of law which seems requisite, the Committee, subjoining copy of the first section of the College of Surgeons' Act, inserts (within square brackets) certain additional words, which, if they had been in the section, would apparently have obviated the difficulty which is described, and the Committee would suggest that the present law should, by suitable amendments, be brought to express the meaning which the subjoined section, with the inserted words would convey.

Section first of the College of Surgeons' Act.—1. If in pursuance of the principal Act the Royal College of Surgeons of England unites or co-operates with any of the colleges or bodies in that behalf mentioned in the Medical Acts, in conducting the examinations required for qualifications to be registered under the principal Act, then notwithstanding anything in any statute or charter contained, it shall be lawful for the Council for the time being of the said college to prescribe by a bye-law under the common seal of the said college, that no person shall become a fellow, or member, or licentiate in midwifery of the said college, unless (in addition to passing such examination (if any), and complying with such other conditions (if any) as may be prescribed by any bye-laws in force for the time being, made in pursuance of any charter of the said college), he shall have passed such examinations, herinafter called the joint-examinations, for qualification to be registered under the Medical Act, and complied with such conditions relating thereto as may be agreed upon between the said college and colleges or body, colleges or bodies, with whom the said college may be united or co-operating as aforesaid; and every person who shall have passed such joint-examinations and complied with such conditions as aforesaid, shall be entitled to receive letters testimonial of his qualification to practise the art and science of surgery [OR, AS THE CASE MAY BE, A CERTIFICATE OF FITNESS TO PRACTICE MIDWIFERY] under the common seal of the said college, on obtaining which [LETTERS TESTIMONIAL OR CERTIFICATE] he shall become and be constituted a member [OR, AS THE CASE MAY BE, A LICENTIATE IN MIDWIFERY] of the said college, subject to all the regulations, provisions, and bye-laws in force for the time being of the said College: provided—&c., &c., &c.

The CHAIRMAN said that, from conversation with Mr. Russell Gurney, he was sure that the Bill was intended to be in two ways permissive. 1. It permitted medical bodies to examine women. 2. It permitted those bodies to give to women, so examined, or not to give them, the right to take part in the government of that body.

Mr. SIMON moved that the following words replace the words in the Act, after the words "provided always," "That if any university or medical corporation, which has not before the passing of the Act examined women for qualifications, as aforesaid, shall at any time after the passing of the Act, see fit to examine women, no woman obtaining such qualification shall, in respect of it, except at the further discretion of the university or medical corporation granting the same, be entitled to take any part in the government, management, or proceedings of the university or corporation."

Some discussion took place upon the necessity of retaining the words "before the passing of this Act," but ultimately the resolution was agreed to.

Dr. HUMPHRY moved, and Sir J. PAGET seconded, that so much of the report as refers to the legal difficulties of the College of Surgeons, be referred to the President and Vice-President of that College.

(C.)—Appropriation of Penalties accruing under the Medical Act.

The Committee has given its attention to representations which have been made to the Council relating to the recovery of penalties from persons convicted of illegal practice. By Clause 42 of the Medical Act it is provided that all penalties shall be paid to the Treasurer of the General Medical Council; and so far as this payment of penalties is made the Council is enabled to meet the applications which persons who have undertaken the charge of prosecutions often make for contribution of the whole or a part of the penalties towards the expenses of such prosecutions. But Clause 42 is so far imperfect that it does not repeal, in regard of its subject matter, the provisions of the Police Courts (Metropolitan) Act and other local Acts: and under these provisions another destination is given to such penalties. It is therefore very desirable, in order to give effect to the evident intention of the legislature, that a remedy should be applied to Clause 42; and the Committee suggests that the Council should move Her Majesty's Government to procure the required change in the law.

The addition to Schedule 42 of such words as follow would, in the opinion of the Committee, meet the case: viz., "*anything to the contrary contained in any Act passed before the passing of this Act notwithstanding.*"

JOHN SIMON,
Chairman of the Committee.

The Council resumed, and then resolved that the report of the Medical Acts' Committee be received, entered on the minutes, and adopted by the Council.

Resolved, that the report be communicated to her Majesty's Government by Mr. Simon, together with a Scotch and an Irish member of the Council, Dr. Andrew Wood and Dr. Hudson.

The Council then adjourned.

EIGHTH DAY, FRIDAY, MAY 18.

DURING this day the Council was occupied first, with the consideration of the Report of the Medical Acts' Committee, and then with the adjourned consideration of Dr. Humphry's report.

The minutes of the previous day's meeting having been read and confirmed,

The PRESIDENT rose and said that he considered it his duty before the Council proceeded with the business of the day to lay before them the result of the deputation which had just waited upon the Government. The deputation, which consisted of the President, Dr. Andrews Wood, and Mr. Simon (Dr. Hudson being unavoidably absent), stated to the Lord-President that the Council had under their consideration various matters connected with the amendment of the Medical Act—*viz.*: 1. The question of the recognition and registration of foreign and colonial degrees; 2. The French Medical Bill; 3. The question of the better instruction of midwives. Besides these they had also had under consideration—1. The Bill for the amendment of the Medical Act introduced by Dr. Lush; 2. The amendment of Russell Gurney's Act; 3. The Bill to amend the Medical Act introduced by Mr. Errington; 4. The amendment of the College of Surgeons' Act, 1875; 5. The amendment of the Lunacy Act.

It would then be seen that there were eight distinct subjects to be considered. He (the President) laid before the Lord-President the conclusion at which the Medical Acts' Committee had arrived, and handed him a copy of the report as far as it had at present gone, and expressed the intention of the Council to send the remainder of their conclusions to his Grace. He also added a request that the Lord-President would inform the deputation whether the Government would give the Council its assistance, and, if so, when—whether in the present Session or not. Speaking necessarily under that reserve which must always be maintained when reporting another person's remarks, he would say that the Lord-President's reply was as follows: With respect to the private Bills, Dr. Lush's, &c., there was little chance in the present state of Parliamentary business, of any Bills, not of the very first importance, passing. There was, therefore, no reason for supposing that any of these private Bills would become law. All the other questions the Lord-President considered to be, both severally and collectively, important. Some were more urgent, others less so. It was impossible for him, however, to give any answer in the name of the Cabinet without consultation with his colleagues. He added that he was anxious to receive from the Council the fullest expression of opinion as to the matter referred to them, and also advice and suggestions with respect to any other matters requiring legislation. He would lay these before the Government and endeavour to find out when it would be possible to bring them forward. There were, howevever, other measure which must have precedence, *e.g.*, the Universities' Bill, the Prison's Bill, &c., &c. The Lord-President desired that the Council should furnish him with all the conclusions which they arrived at. A suggestion was made in the course of the interview (not by the Lord-President) that the most urgent matter—*viz.*, the question of Colonial degrees, might possibly be settled by altering a clause or two in the Passenger's Act, without the necessity of amending the Medical Act. The Lord-President observed, incidentally, that he and the Government generally feel that a body such as the Medical

Council must be in full possession of all information necessary with respect to medical questions, and it was his Grace's conviction that it was essential to confer with the Council before undertaking any medical legislation.

Mr. SIMON said that it was impossible to speak too highly of the courtesy and kindness of the Lord-President. He (Mr. Simon) must, however, express his great regret that the Government, in receiving a deputation with respect to matters full of technical details, had no functionary of the medical profession in attendance. He believed that there was no chance of getting details attended to unless there was some skilled person present to take notice of them.

On the motion of Mr. SIMON, seconded by Dr. WOOD, the Council resolved itself into a committee to consider the remainder of the report of the Medical Acts' Committee.

The Royal College of Surgeons,
Edinburgh, May 9, 1877.

To the PRESIDENT and Members of the General Council of Medical Education and Registration of the United Kingdom :—
The Memorial of the President's Council of the Royal College of Surgeons of Edinburgh,

SHEWETH,—

That your Memorialists have had their attention drawn to certain proposals at present before the Royal College of Surgeons of England, to the effect that those persons only who possess the qualification of Licentiate in Dental Surgery of the Royal College of Surgeons of England "shall be entitled to use the designation of Dental Surgeon, Surgeon Dentist," &c. ; also "that a special Schedule be added to the Medical Act for the registration of Dental Surgeons as such ;" as well as to certain other suggestions that those only who possess the said qualification of Licentiate in Dental Surgery shall be entitled to hold Dental appointments in Hospitals, or to sign Schedules, or grant Certificates of Attendance to Dental Students.

That your Memorialists are of opinion that the suggestions and requirements of the Royal College of Surgeons of England regarding registration of Dental Surgeons, and otherwise, could only receive effect under the authority of an Act of Parliament, and that such legislation, as creating a monopoly of teaching and registration of Dental Surgeons, would be injurious to the interests of the other Surgical Corporations recognised by the Medical Act, and an interference with the rights and privileges of the Members or Licentiates of these Bodies.

That your Memorialists are further of opinion that if the separate registration of Dental Surgeons in the *Medical Register* should be found to be either necessary or expedient, the right to such registration should not exclusively be confined to the Members or Licentiates of one Corporation, but be extended to all the Institutions who at present grant Diplomas in Surgery.

Your Memorialists therefore pray that the sanction of the General Medical Council shall not be given to any application for power to register the Qualifications of Dental Surgeons, without obtaining the approval, or the views of all the Licensing Bodies, under the Medical Act, possessing an interest in the matter referred to.

In name of the Council,
(Signed) HENRY D. LITTLEJOHN, M.D.,
President.

With respect to the above Memorial of the Royal College of Surgeons, Edinburgh, in regard to dental surgeons the committee report as follows :—

(*D.*)—*Memorial of the Royal College of Surgeons of Edinburgh in regard to Dental Surgeons.*

As regards the annexed Memorial of the Royal College of Surgeons of Edinburgh, referred to this committee, the committee has to report as follows :—

"The matter of the Memorial does not, in the opinion of the committee, require the Council at present to express any judgment in regard to it ; but the committee suggests to the Council that a copy of the Memorial should be sent by the Council to the Royal College of Surgeons of England, for the information of that College."

Mr. SIMON moved and Dr. STORRAR seconded :—"That a copy of the memorial should be sent by the Council to the Royal College of Surgeons of England, for the information of that College."

Dr. ANDREW WOOD thought the matter one on which the Council should give an opinion. There was at present great agitation in the dental profession, which was divided into two camps, who required : 1. That no man should be allowed to practise as or call himself a surgeon dentist unless he hold the diploma of the Royal College of Surgeons of England, and that only. 2. That there should be a special schedule of dental surgeons in the Medical Register. He thought that the opinion of the Council might help to quell this agitation. He thought the Council should express an opinion that it is not desirable to have special schedules. Every surgeon is qualified to practise as a dentist. He would propose the following amendment :—1. That having considered the memorial of the Royal College of Surgeons of Edinburgh with regard to dental surgeons, the Council is of opinion that it is inexpedient that special schedules should be added to the Medical Act for the registration of dentists as such ; and, 2. That a copy of the memorial should be sent by the Council to the Royal College of Surgeons of England for the information of that College.

Mr. SIMON would not ask the Council to pronounce any opinion on this matter.

Sir JAMES PAGET said that the part taken by the Royal College of Surgeons of England had been misunderstood by the memorialists. There never had been any question of the registration of dental surgeons before the College. The only question was what should be the qualification of those who should be allowed to grant certificates of dental surgery, that is whether they must be members or licentiates in dental surgery of the College.

Dr. STORRAR shared the opinion of Mr. Simon. There was no doubt great disagreement among dentists, but from information he had received from a private but reliable source, he believed that it was never intended that the Royal College of Surgeons of England should take up any exclusive position with regard to dentists.

Dr. Woods amendment having been put and lost, the original motion of Mr. Simon and Dr. Storrar was carried.

Mr. SIMON moved that section E of the Medical Acts Committee be read.

(*E.*)—*Dr. Lush's Medical Acts Amendment Bill.*

On this Bill, first brought under notice of the Council by the East London Defence Association, and subsequently introduced in the House of Commons by Dr. Lush, the Committee has to report as follows :—

1. As regards Clause 1, the Committee need hardly observe that, in common with the whole body of the medical profession it regards with extreme regret the injury occasioned to the general community by the unskilled practice of unqualified persons. But the Committee cannot recommend to the Council to give approval to Dr. Lush's Clause 1 as it stands. The Committee does not believe that a clause of such stringency, even if it could be recommended by the Council, would have any chance of being accepted by the Legislature. And supposing even that this clause were modified into the comparative mildness of Section 23 Lord Ripon's Bill, the Committee would suggest that endeavours to strengthen the Medical Acts in their penal relations to medical imposture may probably best be postponed till such time as those Acts shall have received all essential amendments in the provisions relating to the profession itself, and shall then be in readiness for consolidation.

2. As regards Clause 2 of Dr. Lush's Bill, the Committee has already submitted to the Council a recommendation that Her Majesty's Government should be moved to promote the amendment of law for which this clause would provide.

3. As regards Clause 3, the Committee has already reported to the Council the course which it would recommend to be taken by the Council in regard of the various University degrees to which this clause refers.

Mr. SIMON moved :—"That in the opinion of the Council the consideration of the question of introducing more stringent penal clauses into the Medical Acts should be postponed until such time as those acts shall have received all necessary legislative amendment in the provisions relating to the profession itself, and shall then be in readiness for consolidation.

On the motion of Dr. ANDREW WOOD, Dr. Lush's Bill was read.

The motion of Mr. Simon was put, and carried.

The Council resumed, and, on the motion of Mr. SIMON

sections D and E of the report were received, adopted, and ordered to be entered on the minutes.

Mr. SIMON stated that the Medical Acts Committee would shortly report on section F, with reference to midwives. He asked a question with respect to the committee appointed in 1873 with regard to midwives, &c.; to which

The PRESIDENT replied that, since the report of that committee, nothing substantial had been done. Legislation has since admitted women into the profession, and now the time has come for the consideration of the registration of midwives.

The Council, having resolved itself into a committee for the consideration of Dr. Humphry's report,

Dr. HUMPHRY moved:—"The Council, being of opinion that it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study, suggests to the Licensing Bodies to consider whether this object might not be obtained, or partly obtained, by examinations held at the several medical schools by the teachers in those schools, or by other examiners, under such supervision as may, from time to time, be determined." He said that on May 14th a resolution was carried that there should be three examinations, and on May 16th another providing that the first division of such examination may be completed before the close of the second year; while a rider, passed on the motion of Sir William Gull, provided "that the examinations and the subjects included in each be such, and in such order, as may insure, as far as possible, a due sequence of study." Another resolution, moved by himself, and which was somewhat stringent in terms, was negatived. He had now brought forward the present resolution, as not being binding. It expressed the opinion of the Council, that an examination in the first year was desirable. There was, however, considerable difficulty in the way of the Licensing Bodies holding these examinations, and therefore he (Dr. Humphry), acting partly on the suggestion which had fallen from Sir James Paget, proposed that these examinations might be held in the medical schools. No doubt there are objections to examinations being held by teachers themselves, but this resolution allows other examiners; he proposed, in fact, that if the Licensing Bodies liked to recognise examinations in schools, they could do so. He thought it sometimes desirable that teachers should take some part in the examinations of their own studenrs; and he thought a principle such as the one he suggested in the resolution would be a stimulus to work and to teaching.

Mr. TEALE seconded the motion. He thought Dr. Humphry's plan would avoid expense and many other difficulties.

Dr. ROLLESTON would give students more than one chance of passing in these elementary subjects. He would have the examinations held every six months.

Dr. HUMPHRY divided his motion, and moved the first part, viz.: "That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study."

Dr. ROLLESTON moved, as an amendment, "That it is desirable that more than one opportunity for passing an examination in the earlier subjects of professional study should be afforded to students before the end of the first year of professional study."

Sir WILLIAM GULL thought it might be left to each board to settle the matter. It was a question whether the Council was not attempting to over-legislate.

Sir DOMINIC CORRIGAN objected to both the resolution and the amendment; they did not state how or where the examinations were to be conducted. With regard to the amendment, he considered it was unintelligible. Did Dr. Rolleston mean by "more than one opportunity" a hundred and fifty, or only two?

Dr. AQUILLA SMITH felt that the resolution was over-legislating.

The amendment was put, and lost.

On the motion being put,

Mr. SIMON moved, as an amendment, the substitution of the words "be passed" for "take place." He was anxious that the meaning of the Council should be made plain—viz., that an examination should be passed in the first year.

Dr. STORRAR seconded the amendment.

Sir WILLIAM GULL wanted to know what was to be done with the people who did not pass.

Sir DOMINIC CORRIGAN asked who was to conduct the examination?

Dr. ALLEN THOMSON thought it would be impossible to decide, unless Mr. Simon's motion was followed by an interpretation.

The amendment was then put, and lost.

Sir JAMES PAGET said the Council talked of legislating; but they could not legislate, they could only advise and suggest. The Licensing Bodies might differ in their application of the suggestions. He thought the incitement of an examination at the end of the first year was necessary to many students.

The motion was then put, and carried.

Dr. HUMPHRY then moved—"That it is desirable that visitations of the several medical schools, the certificates of which are received by any of the Licensing Bodies, should, from time to time, be made by this Council." He said that hitherto the Council had directed its attention to the visitation of examinations. This had had a very salutary effect, and that effect had been due, not to any pressure which was put upon the boards, but from the silent working of the system, from the conferences of visitors, the remarks and reports of the visitors, &c. He thought the same process should be carried into the medical schools. Having seen how the men are examined, the Council should go on to see how they are prepared for their examinations. The visitors should ascertain the number of students and of teachers, the appliances for teaching (museums, laboratories, &c.), and the method of instruction. This last was most important. Teaching had become one of the sciences of the country, and he (Dr. Humphry) desired that the Council should consider this science. Never was there a body more competent to enter upon the subject, as it contained some of the most eminent of living teachers. It was true that the letter of the Act did not give the Council the power of visiting schools, but in this instance he thought they should exceed the powers of the Act. He believed that every school would thankfully and cordially receive the visitors. Speaking as a teacher he would thankfully receive the visitors. It might be asked why the Council should not leave the visitation of the schools to the licensing bodies? Because it was a very important work; because the licensing bodies have no more power than the Council have; and because it would be an invidious task for any one licensing body. He contended that nothing would tend more to improve medical education than such visitations and the recommendations which would result from them.

Sir JAMES PAGET seconded the motion.

Mr. SIMON thought there was some fallacy in Dr. Humphry's observations. It was the licensing bodies which had the recognising power over the medical schools. Visitation by the Council would be an excellent work, but it would not have the practical meaning which visitation by the recognising licensing bodies would have. If the system of recognition of schools is to continue, the recognising bodies should visit and satisfy themselves of the completion of the schools as to appliances, teaching arrangements, &c. He was not an unqualified admirer of the recognition system; if the school was good and turned out good men it would flourish—if not it would fail. A just step was made when the licensing bodies began to publish "pass" and "pluck" lists. He thought it would be better at present to express an opinion that it was the duty of the licensing bodies to visit the schools.

Mr. TURNER thought the question a very important

one. He thought they should have some more precise data submitted to the Council. It would be well to consider how many schools there were. He then reckoned them, and it appeared there were in London 11, in the provinces 8, in Scotland 5, and in Ireland 10. There were then 34 organised schools, and in addition there were in Edinburgh 16 extra-academical teachers. If the Council adopted the resolution it would be taking on itself an enormous duty. The pecuniary element must be considered. The visitations of examinations had cost over £2,000, and the visitations of schools would cost much more. It would also take up much time. Visits must be made twice a year in summer and winter. The visitors also would have to attend lectures and hear how the subjects were treated. He thought also that the reporting on the schools and the teachers would be a most invidious task.

Dr. ANDREW WOOD agreed with Dr. Humphry as to the desirability but not as to the expediency. The expense would be enormous. In visiting the examinations two or three days was sufficient, but in visiting the schools a month would be necessary. He thought the best way would be to get the examining bodies to send pass and pluck lists with the names and schools from which the candidate came attached. He moved an amendment—"The Council recommend that the licensing bodies take note of the schools of medicine which have been attended by candidates for their licenses or degrees, and that the returns of rejections annually made to this Council contain a statement of the schools attended by each rejected student distinguishing the first, second, and third examinations.

Sir WILLIAM GULL considered that nothing had been more demoralising to students than the publication of pass and pluck lists.

Dr. AQUILLA SMITH drew attention to the fact that the Council was in the 8th day of its session and that four days had been taken up with a consideration of Dr. Humphry's report.

Sir DOMINIC CORRIGAN thought Dr. Wood's amendment would be useless because a man often attended more than one school. In proposing his original motion Dr. Humphry had said the Council was giving *ultra vires*, but as it had given *ultra vires* before it should go on doing so; that seemed to him an extraordinary argument. As to the power of moral suasion, the Council had now been trying it for 19 years, and he did not think they had done much. Then there came the question whether the lecturers in the schools would submit to the criticism of visitors. He thought not. The visitors also would probably know much less of the subject than the lecturer and yet would be required to report upon the lectures.

Mr. MACNAMARA said the Royal College of Surgeons in Ireland had for years visited schools.

Sir JAMES PAGET thought damage would ensue from the returns proposed in the amendment. Nothing was more uninstructive than the pass and pluck lists of the Royal College of Surgeons. In the worse schools grinders come between the school and the licensing body, and the lists, therefore, could not tell exactly what was the teaching of the several schools.

The amendment was put and lost.

The original motion being put,

Sir JAMES PAGET thought all the objections against visitation of schools laid equally against visitation of examinations. If the Council has done good it has been by the visitation of examinations. No doubt there would be considerable difficulty about the visitation of schools, but the report need not be very minute. As to visitation by licensing bodies they have no power. All the power they have is to refuse to accept the certificates of a certain school, but they have not the power the Council have.

Dr. QUAIN thought there was no analogy between the visitation of examinations and the visitation of schools. The schools were far greater in number than the licensing bodies. The visitors might be turned away from the schools. The Council should endeavour to improve medical education through the examinations.

Sir WILLIAM GULL differed from Sir James Paget. He doubted the feasibility of the plan; if not done properly it would be worse than useless. He would give a man a degree wherever he got his knowledge, as long as he had the necessary knowledge. Examinations at present were not proper tests. Utterly useless things were often asked, and students were able to "get up" for particular examinations. The Council should give their attention to the improvement of the examinations.

On the motion of Mr. LISTER, the debate was adjourned.

REFORM OF THE SANITARY ORGANISATION IN IRELAND.

THE following petition to Parliament has been presented by Dr. Brady, M.P. for Leitrim, on behalf of the President, Vice-President, and Council of the Royal College of Surgeons in Ireland.

To the Honourable the Knights, Burgesses, and Commons, in Parliament assembled.

The Petition of the PRESIDENT, VICE-PRESIDENT, *and* COUNCIL *of the* ROYAL COLLEGE OF SURGEONS IN IRELAND.

HUMBLY SHEWETH,—That your petitioners are aware that the working of the sanitary organisation, under the provisions of the Public Health (Ireland) Act of 1875, is eminently unsatisfactory, inasmuch as it fails to secure an effectual inspection or, in many instances, an abatement of nuisances dangerous to the health of the people, and has created almost universal dissatisfaction amongst the medical officers charged with its administration.

That the dispensary medical officers of Ireland having, by the said Act, been created sanitary officers without the option of refusal, were entrusted with a most important and (if efficiently discharged) a most onerous and irksome duty, for which they have received, in the great majority of instances, only a nominal salary, although they are responsible to the sanitary authority for reporting and suggesting a remedy for all nuisances of which they may become cognisant.

That, in consequence of the non-existence of any officers who, being independent of the sanitary authority, are charged with the inspection of districts, the sanitary law (which is confided to the management of the board of guardians) is in many districts never enforced; and such localites, therefore, remain in a state dangerous to the health of the inhabitants, for which circumstance the medical officer cannot be held responsible, inasmuch as he is not under any central supervision in the discharge of his duties.

Your petitioners respectfully submit that the title of "sanitary officer," given to the dispensary physicians (who are in the Sale of Food and Drugs Act, and in the Public Health Act of England, named "medical officers of health") is calculated to convey an erroneous and depreciatory idea of their status and functions, and to create confusion in the public mind between those officers and the subordinate nuisance inspectors, thus lowering the position of authority which such officers should occupy.

That by a general order of the Local Government Board for Ireland, a maximum scale of payment of sanitary officers in proportion to their salaries as dispensary medical officers was enacted, and sanitary authorities were thereby ordered not to exceed such amount in assessing salaries, the effect of which course has been that remuneration which has no relation to the extent, population, or nature of the district and which is, in almost all cases, totally insufficient for the active discharge of the duties, was fixed, and the efficiency of the sanitary system seriously prejudiced. Moreover, by said general order, duties which were never contemplated by Parliament, were imposed without remuneration upon the sanitary officers.

Your petitioners therefore pray that your Honourable House may be pleased so to amend the Public Health (Ireland) Act as to provide:—

1. Effectual inspection of sanitary districts by officers who shall be entirely independent of the sanitary authority, and who shall supervise the medical officers of health in discharge of their duty.
2. Adequate remuneration for the said officers proportionate to the nature and extent of the duties which they have to discharge.

3. Such change of their designation as may define their functions and enhance their position as medical officers.
4. Special remuneration for such officers for attendance to give evidence at sanitary prosecutions.

And your petitioners furthermore pray that your Honourable House will be pleased to institute a full investigation into the working of the sanitary system in Ireland by a Select Committee before whom the sanitary officers may be heard as witnesses.

And your petitioners will ever pray, &c.

Signed on behalf of the Royal College of Surgeons in Ireland.
GEORGE H. KIDD, President.
ROBERT MACDONNELL, Vice-President.
WILLIAM COLLES, Secretary of the College.

Coincidently with the presentation of this petition, the following communication was handed to the Chief Secretary for Ireland by Dr. Macnamara, representative of the College in the General Medical Council.

To the Right Hon. Sir M. H. BEACH, Bart., M.P., Chief Secretary for Ireland.

SIR,—I am directed by the President, Vice-President, and Council of the Royal College of Surgeons in Ireland, to bring under your notice—in view of contemplated legislation on the subject—certain deficiencies in the existing sanitary organisation in Ireland, which the Council considers are seriously prejudicial to the efficient working of such system. The Council has reason to be aware that, in very many districts, the law of public health is almost altogether inoperative, which the Council attributes to the fact, that no inspection or supervision, independent of the sanitary authority, is provided, and that the scale of payment, for medical duties, indicated to sanitary authorities by the Local Government Board for Ireland, is totally inadequate to secure an active discharge of such duties. The effect of these circumstances is, that widespread discontent exists amongst the dispensary medical officers, who desire to be relieved of the functions compulsorily imposed by the Act, unless such amendment of the system can be effected as will ensure that their functions and remuneration shall be worthy of their position as professional men. The Council is of opinion that the title of "sanitary officer" is depreciatory of the position of dispensary physicians, who would be more fittingly designated, as in the English Act, "medical officer of health," by which title they would be distinguished clearly from the nuisance inspectors. The Council is further of opinion that it is not reasonable that the medical officers should be called upon to appear, without remuneration, as witnesses at sanitary prosecutions.

I am therefore directed by the Council of the Royal College of Surgeons in Ireland, to express earnestly the hope that, in dealing with the subject, her Majesty's Government will give special consideration to these points, and will endeavour to effect such amendment of the law as will provide for Ireland an efficient sanitary system.

I am, Sir, yours,
JAMES STANNUS HUGHES, F.R.C.S.I.,
Secretary of Council.

GLASGOW heads the list of mortality in the large cities of the United Kingdom last week with 32 per 1,000 of its population. Dublin was next with 31, Edinburgh 26, and London 24. Of the towns in the second division the mortality of Salford reached 41 per 1,000, Manchester 36, Oldham 34, Liverpool 29. The lowest in this division was Portsmouth with a mortality of 19 per 1,000.

THE mortality from small-pox again rose last week to 92. Of these 78 occurred in London, 4 in Liverpool, and 8 in Manchester and Salford. Of the 78 deaths in London, 35 were certified as unvaccinated, 17 as vaccinated, the remaining 26 not certified as to vaccination.

THERE were 1,170 deaths in Madras last week, being at the rate of 153 per 1,000 of the population. Of this number 436 died of small-pox and 153 of cholera.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 23, 1877.

THE ENGLISH REGISTRAR-GENERAL'S ANNUAL SUMMARY.

THE Annual Summary of the Registrar-General for the year 1876 contains some facts which will afford ample food for reflection to all who take any interest in the statistics and sanitary condition of this great metropolis As usual on these occasions, the Registrar relieves the monotony and dryness of his statistics by such just observations and apposite allusions as invariably add to the value and interest of his reports. This time he opens his summary with a citation from Milton's "Areopagitica," in which the great poet and prose writer of the seventeenth century says: "Behold now this vast city! A city of refuge, the mansion-house of liberty, encompassed and surrounded with His (God's) protection."

"When," says the Registrar-General, "Milton wrote this passage the population of London was much less than half a million, and the two metropolitan counties of Middlesex and Surrey were then inhabited by not more than six hundred and fifty thousand people. Now, London within the present Bills of Mortality has, by estimate, 3,489,428 souls within its limits; and Greater London, extending fifteen miles all round the centre, has 4,286,607. Among the employments of London, Milton refers not only to it as a 'shop of war,' with waking hammers and anvils, where the 'instruments of armed justice' were fashioned, but as the abode of men 'there sitting by their studious lamps, musing, searching, revolving new notions and ideas wherewith to present, as with their homage and their fealty, the approaching reformation; others as fast reading, trying all things, assenting to the force of reason and convincement.'"

Still these works, in greater variety and amplitude (though less directed to arms and exciting controversy) employ the people of the metropolis of extended empire. It is still the centre of the Government, the sciences, the arts, and the learned professions of England. At the

last census more than a hundred thousand men were enumerated in the professional class, including the Houses of Parliament, civil servants, officers of the navy and officers of the army, the clergy, lawyers, physicians, scientists, authors, editors, artists, teachers, civil engineers; fifty-three thousand of the entertaining and domestic class; two hundred and eleven thousand of the great commercial class, including bankers, merchants, clerks, and their collaterals; the agricultural class, barely represented by twenty-seven thousand; the industrial (the most numerous class of all), five hundred and five thousand, including publishers and printers. And so we might run on enumerating a hundred other trades and employments, each engaging thousands of the population. Of labourers alone, sixty-five thousand were told in the last census, besides thirty-five thousand in undefined employments. Of women, too, a large number were authoresses, artists, actresses, musicians, schoolmistresses, and governesses—shall we not soon have to add female doctors? In the domestic class, eight hundred and ninety-two thousand, one hundred and thirty are wives, who in many cases aid their husbands in business; two hundred and twenty-six thousand are domestic servants; fifty-eight thousand milliners and dressmakers; twenty-seven thousand shirtmakers and seamstresses; and forty-four thousand laundresses. Only twenty-nine thousand are returned as gentlewomen.

We can easily imagine that the number of inhabited houses must be pretty considerable for the accommodation of so large a population. At the census of 1871 there were within the metropolitan area four hundred and seventeen thousand, seven hundred and sixty-seven houses, containing an average of 7·8 persons to a house. Nor can we wonder, with all the traffic and bustle incidental to so vast a population, that even the deaths from mere accidents in the streets are remarkably numerous. Two hundred and seventeen persons were killed last year in the streets of London; and two thousand nine hundred and seventy-four so severely wounded as to fall under the notice of the police.

"The slaughter," says the Registrar-General, "is partly due, no doubt, to the abolition of the deodand, without any effectual substitute. There is danger that people might acquiesce in this sacrifice of life as if it were inevitable and entered into the inscrutable designs of Providence, that vans, waggons, and drays drawn by heavy horses should trample to death and crush the life out of eighty-four persons walking about the streets of London; that carts should kill fifty-six persons, cabs twenty-four, tram-cars twelve, omnibuses seventeen. Only four of the deaths were ascribed to carriages, and thirteen (in various ways) to horses."

As a contrast to the number of deaths from street accidents, it is, considering the enormous population of London, gratifying to find that the deaths of only twenty-seven, out of three millions and a half living, were directly referred to privation.

With regard to the mortality last year, it appears that the rate in London was 22·3 per 1,000, or 1·9 (nearly 2) per 1,000 below the average of the years since 1840; the average rate being 24·2 per 1,000. The average annual deaths in the ten years, 1866-75, was eighty-two thousand four hundred and ninety-five. Now the actual deaths in the year 1876 were seventy-seven thousand, four hundred and eleven, or five thousand and eighty-four below the average; of this number, thirty-two thousand, nine hundred and seventy-three children died under five years of age. It is a curious fact in connection with this annual mortality, that no less than fourteen thousand and seventy-three persons died within the walls of public institutions. Of these eight thousand, one hundred and seventy-four died in workhouses, five thousand, three hundred and ten in hospitals, and four hundred and forty-one in lunatic asylums; so that more than one-sixth of the people die in establishments supported by charity and public rates.

We are glad to see that the deaths from scarlet fever, measles, small-pox, whooping-cough, diarrhœa, and fever, the most fatal of the zymotic diseases, are gradually diminishing; for we are told that "from every one of them the deaths were below the average of the preceding ten years." On the other hand, cancer is growing more fatal than it was ten years ago; and the fatality of diseases of the respiratory organs was slightly above the average.

The meteorology of London has always been somewhat remarkable, for not only does it differ very much from that of other parts of the country, but the climate and meteorology of one part differ in many respects from that of other parts of the metropolis. This we cannot be surprised at, when we consider the variation in the elevation of the land on which London is built, and how some districts are much more sheltered than others. The population of London resides at a mean elevation of thirty-nine feet above Trinity high-water mark; but the general elevation varies from eleven feet below high-water mark in Plumstead marshes, to four hundred and twenty-nine feet above high-water mark in Hampstead. Indeed, exact information respecting the temperature and meteorology of different parts of London, and the effect this variation has upon the health of the inhabitants, is very much wanting, and we should like to see the Registrar-General devote some of his valuable time and labour to a full consideration of the subject. With regard to the past year, it appears that the mean temperature at Greenwich was 50°·1 F., which is 1°·3 above the average of one hundred and five years; and in the months of July and August the temperature was excessively high, and much above the average. The frosts of the winter months were not severe, but the remarkable effect that cold has upon the death-rates of a population is shown by the fact that, while the weekly average through the year was fourteen hundred and eighty-nine, in the second week of February, and the mean temperature not lower than 31°·5 F., as many as two thousand and five deaths were registered.

In connection with the subject of meteorology, we may remark that an interesting and valuable record is now kept of the duration of sunshine, at the Royal Observatory, Greenwich. The Registrar-General gives us a table derived from the records of Campbell's "registering sun-dial," first brought into use in the month of May, 1876. From this we learn the total registered duration of sunshine for each month, the mean daily duration of sunshine, &c. Thus the longest period of sunshine was in August, amounting to 216·9 hours, whereas in December it was only 6·5.

On the whole, therefore, we may say that, could Milton rise from his grave, he would not only be astonished at the enormous increase in the size, in the population, and in the traffic and business of London, but at the great improvements that have taken place in the sanitary condition of "this vast city," the general healthiness of its inhabitants, and, considering all things, the small amount of its pauperism and its crime.

LADY DOCTORS AT THE IRISH COLLEGE OF PHYSICIANS.

At the monthly examination, last week, the College admitted to the "License to Practice Medicine," the following ladies :—

Louisa Atkins, M.D., University of Zurich, 1872.

Mary Edith Pechey, M.D., University of Berne, 1877.

Sophia Jex-Blake, M.D., University of Berne, 1877.

These ladies were, in consequence of their Swiss degrees, exempted from one-half their examination, while the rest of the candidates, twelve in number, were submitted to the usual tests in full.

We have already recorded an earnest protest against this laxity with regard to foreign degrees, and we repeat that the license of the Irish College of Physicians must lose a step in public estimation, when it is known that a class of candidates are authorised to write L.K.Q.C.P. after their names, without satisfactory evidence of medical competency. We do not suggest that these ladies would have failed to prove their competency, nor are we able to say whether Swiss degrees are or are not reliable evidence of medical knowledge. The College of Physicians are no more competent to judge upon this point than ourselves, simply because they have no more than the hearsay knowledge on the subject, which we ourselves possess.

The General Council of Medical Education and Registration is now in conclave in London, and we invite their attention to the fact that a Licensing Corporation has taken upon itself to recognise degrees, and place them on the Register, of which the Medical Council itself declared that it knew nothing, and against the reception of which it officially protested. If a candidate coming from Berne is to be assumed to be skilled in Anatomy and Physiology, why shall not one hailing from Ontario have the same privilege, and, if he have, where are we to stop? Can the Irish College of Physicians give a good reason for refusing to exempt candidates who present their credentials from Dr. Paine's University of Philadelphia?

The profession have a definite opinion on this point. They may or may not approve of women doctors, but they refuse to raise special barriers in the way of female practitioners, and are quite willing that ladies should prove their qualities in the race for practice. They, however, insist that ladies shall prove their capabilities to as full an extent as men. The Irish College of Physicians, in the course they have pursued in this matter, have taken a decided step towards the granting of *absentia* diplomas, and, if they continue the pursuit of the same policy, we expect to see the time when their license will occupy the same ground as the Glasgow Faculty, or the Dublin Apothecaries' Hall.

DECISIONS OF MEDICAL POOR LAW BY THE IRISH LOCAL GOVERNMENT BOARD.

It is not, we presume, to be expected that a Government department shall exercise common sense and consistency in the same degree as an ordinary commercial man, and we may therefore be considered unduly *exigeant* in our complaint of the extraordinary decisions which emanate day by day from the Irish Local Government Board, and which have well-nigh driven us and our Irish Poor-law constituents into complete bewilderment. Elsewhere we quote two specimens of official adjudication which are worthy of preservation as curiosities of tergiversation.

The first instance is the case of a dispensary medical officer who wrote to the Local Government Board a representation that, in his district, medical relief tickets were habitually issued by persons who have no right to give them, to persons who have no right to receive them, and without inquiry as to the competency of the recipient to pay, the tickets having previously been signed *in globo* by the committee-man and left with the potboy for distribution among all good customers of the shop. The medical officer wrote, therefore, to the Local Government Board as follows :—

In the General Rules and Regulations for the Government of Dispensary Districts, published in 1870, and supplied to us, I find at page 28, under the head of "Directions for filling up Medical Relief Tickets," the following :—

"The ticket and counterpart are both to be filled up *by the person authorised to issue* the ticket, one part to be retained by the person issuing the ticket, and the other to be detached from the book and given to the applicant for presentation to the medical officer.

I therefore pray respectfully that I may have a ruling as to :—

I. Whether a guardian or a warden can hand over to others the giving away of the public funds by means of such blank tickets, signed by them.

II. Is the issue of such tickets by the servants of a guardian, or warden, in the manner described, legal, and is the medical officer bound to attend, and continue attending on such tickets.

These are very straightforward questions, and they place the Local Government Board in a very simple position. Either tickets so issued are legal, and the medical officer is bound to attend on them; or illegal, in which case the Local Government Board is bound to deal with the infraction of its own laws. But the Irish Poor-law department carefully avoids either horn of the dilemma, for it declares the tickets illegal, but, nevertheless orders the medical officer to honour them, and intimates distinctly its intention to permit the illegality to continue. Here is the reply :—

The Local Government Board . . . . . desire to state that the practice of signing blank tickets for medical relief and leaving them to be afterwards filled up by a person who is not authorised to give tickets is at variance with the provisions of the Medical Charities Act, and the Dispensary Regulations. . . . . The Local Government Board, however, think, that when a ticket, *duly signed*, is presented to you, you are bound to act on such ticket. . . . . You can, however, bring any such case under the notice of your dispensary committee.

The second case to which our observations apply is that of a medical officer who, contemplating to present himself for a vacant dispensary, discovered that three of the *ex-officio* guardians, (who, under the Act of Parliament, are necessarily and *de facto* members of the committee,) h been excluded from the election, and that three others w

did not possess the legal qualification, had been co-opted as voters in their places. Thereupon he sent a protest to the committee, and also a letter to the Local Government Board, both communications being in ample time to stop the election. In answer to this communication from the medical officer, and to a letter from the clerk of the union asking for instructions, the Local Government Board wrote to the clerk of the union a letter which winds up as follows:—

In reference to this statement, the Board desires to point out that if the fact be as stated by Dr. S——, the committee has been illegally formed, and steps should be at once taken to prepare a correct list of those entitled to be placed upon it. Until this is done, the election of a medical officer for the district should not be proceeded with.

In the teeth of this decision the Committee determined to have its own way, and accordingly held the election in the absence of the three legal guardians, and in the presence of the three illegal voters. Will it be conceived possible that the Local Government Board swallowed its own decision, *and confirmed the decision which it had already officially declared to be totally illegal?*

In adjudging a value to this narrative it may be well to recollect that the Irish Local Government Board is the institution which is at this moment on its trial on the Public Health question, and in the discretion and justice of which we are challenged to show our confidence by submitting calmly to its rule. Episodes such as we have quoted are certainly not of the sort to inspire confidence in the department, and we therefore counsel sanitary officers not to trust themselves, if they can help it, to the mercies of a department which does not know either the law which it is charged to administer, or its own mind.

Notes on Current Topics.

The Arctic Inquiry.

THE Report of the Commissioners appointed to inquire into the cause of scurvy among the crews of the Arctic Expedition, has at length been presented to Parliament, and as we intimated on a former occasion, it must be regarded as a condemnation of the principal officer in charge. There has been a feeling abroad, and pretty strongly expressed in some quarters, that the report has been toned down by the Admiralty, and a question was asked on Thursday night by Mr. Mitchell Henry of the First Lord, as to whether there was any truth in the whisperings on this point. Mr. Ward Hunt refused to answer his question, and immediately gave way to a burst of indignation, at the same time accusing Mr. Henry of wishing to offer him an insult. Dr. Lyon Playfair, however, came to the rescue, and without in any way altering the terms of the question, and complaining of the reticent attitude of the First Lord, which he attributed to the circumstance that he could hardly be in ignorance of the feeling that existed among medical men on the subject, ultimately succeeded in eliciting from him that this was the only report with which he was acquainted. Mr. Mitchell Henry has given notice that he will return to the attack after the holidays.

From the report we learn that the cause of the outbreak of scurvy was the absence of lime-juice from the sledge dietaries. Furthermore, it is the opinion of the Commissioners that the long winter extending over 142 days, involving, during that period, absence of sunlight, confinement during the greater part of the 24 hours to a lower deck, of necessity not free from damp, and an atmosphere comparatively vitiated, accompanied by exposure to extreme changes of temperature and deprivation of fresh meat—especially in the *Alert*—had not been without effect on the health of the officers and men, notwithstanding the apparent good condition in which they started on their sledging journeys. These predisposing causes of scurvy were aggravated by the severe cold and arduous labour encountered by the sledging parties immediately on leaving their ships, followed by the usual results, inability for some days on the part of those concerned to take their proper allowance of food and to obtain sufficient sleep. How far, with due regard to the length of the travelling season, dependent on the breaking up of the ice in the Arctic Sea, these evils could have been mitigated by a recourse to short journeys, utilised for laying out depots of provisions, and other preparatory purposes, prior to those of a more extended character undertaken to effect the main objects of the expedition, we are not prepared to say, but it is obvious that the adoption of such a system would have afforded an amount and description of that previous training so essential to the success of sledging far more efficacious than the exercise obtained during the winter, but limited by its severity.

As to the orders given by the Commander of the Expedition, the Commissioners say these deviated from the 11th Article of Memorandum of Recommendations and Suggestions of the Medical Director-General, furnished by their lordships for his information, and that the reason assigned for such deviation being insufficient, the said orders were not proper. We forward a paper on scurvy drawn up by the Medical members of the Committee, which will bring to their lordships' notice the prevailing view of the medical profession in regard to this disease, some exceptional cases of immunity from scurvy deserving of further investigation, together with such suggestions in regard to the prevention and treatment of the disease, the use of lime-juice and other anti-scorbutics, as the professional evidence tendered to the committee leads them to consider, may prove of general interest. In the memoir entitled "Description of Travelling Equipments," furnished by Rear-Admiral Sir F. Leopold M'Clintock, Knt., for the use of the expedition, we find the following recommendation:—"With a view to retain and to add to our present knowledge of Arctic travelling equipment, I request that at the close of the expedition this manuscript, compiled by me for its use, may be returned to the Admiralty, accompanied with the remarks on each article of those officers and men who have been most employed in sledge travelling, and gathered from them after all the sledging has terminated."

The *Times* of Monday contained a fussy and illogical letter on the report from Rear-Admiral Richards, who freely bespatters the Commission, and of course includes the medical department of the service. Many statements re put forward in defence of his friend requiring little

notice from us, as upon their face elements of untruth are conspicuous enough, and are in no way supported by the evidence given before the Commissioners. He in no way, however, disposes of the ugly fact which, as the *Saturday Review*, in an excellent review of the report, says clearly proves that Capt. Nares, "in his ignorant self-conceit, treated his medical advisers with contempt, and deliberately withheld the lime-juice upon which the lives of the sledgers depended."

The Carmichael Prize,

Which has been awarded, in accordance with the will of Richard Carmichael, of Dublin, by the Council of the Royal College of Surgeons in Ireland, for the best essay "On the State of the Medical Profession," has not been productive of as much benefit as the donor anticipated. For some cause which it is difficult to point out, the essays (though sufficiently numerous and, in some instances, monstrously voluminous) have not added much to the knowledge or the education of the profession in medical reform, and the literary efforts of the authors have been somewhat weakened by the indefensible delay in printing the essays, and from the style in which some of them were put before the public. The Carmichael bequest has, therefore, very decidedly languished—so much so, that futile efforts were made by the Council on a former occasion to obtain the leave of the Master of the Rolls for a modification of the subjects of the essays. The Council has power, under Mr. Carmichael's will, to hand over the amount of the prize to the Royal Medical Benevolent Fund Society, in case they shall not find any of the essays worthy of it; but they are, as we understand the matter, incapacitated from doing so until they have advertised for essays, and caused them to be perused.

One of the principal difficulties of carrying into effect Mr. Carmichael's intention is that that gentleman apparently expected that competent judges would be found to adjudicate on the essays for the love and honour of medicine, and therefore made no provision for the payment of assessors. Considering that on one occasion the essays were five in number, and that one of them occupied the largest part of three manuscript volumes, it is not surprising that Fellows of the College should demur to the duty of deciding on the merits of rival authors; and as counsel have advised that no payment can be made out of the fund as remuneration to assessors, the Council is in a difficulty. In this dilemma, it has been decided that the application to the Master of the Rolls for power to extend the area of subjects for the essays should be renewed, and a resolution has been adopted that it is impracticable to carry on the adjudication, unless payment to the assessors from the fund is permitted.

To the latter of these proposals we give a cordial assent. Medical men are as liberal of their time and labour in the service of their profession as any other class of men; but the task of careful reading of these essays would be worthy of liberal payment, and, if supposed to be discharged gratuitously, would not be discharged at all. Either the College or the fund must pay for such work, and the Fellows would very naturally complain if collegiate money were diverted from more needful purposes for such an object. To the proposal for enlargement of the area of subjects, we cannot give the same approval. We live in a day when medical reform and educational improvement ought to be sufficient to occupy strong minds with real advantage to the profession. The college Council have not, we believe, gone the right way to attract competitors of the best class, which a prize of £100 or £200, brought effectually under the notice of the profession, ought to do. We would remind the Council that to enlarge the area of competition is to increase the difficulty of adjudication, and, however advantageous it may be to vary the subject of the prizes, the Council does not thereby make the working of the fund more practicable. The best course, we think, would be for the College to put the prize before the profession in the best way, and, if necessary, pay liberally out of the college fund for one adjudication. If, then, the *concours* of essayists should be unworthy of the occasion, the Council would appeal with great force to the law for permission to hand over the bequest *in globo* to the Benevolent Fund. If, on the other hand, the competitition was a succes, they might very reasonably ask that the trust should, for the future, bear the outlay.

Local Government Rulings in Ireland.

In another part of our issue we record two decisions of the Irish Local Government Board, incomprehensible in their contrariety to the previously-expressed judgments of the same tribunal. A third ruling of the Board, of an equally surprising nature, has reached us. A requisition had been made to the Sligo Guardians for payment of a fee of £2 2s. to Dr. Robert G. Roe, of Cliffoney, co. Sligo, for attending as consultant in a dangerous midwifery case. The reply received by the guardians was as follows:—

Local Government Board,
Dublin, April 30th, 1877.

Sir,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the board of guardians of Sligo Union on the 24th instant; and with reference to the resolution requesting their sanction to the payment of a sum of £2 2s. to Dr. Roe, for assisting the medical officer of the Carney (No. 2) dispensary district in a difficult case of midwifery, the Board request that they may be informed if the additional services were procured through the relieving officer. If they were, the sanction of the Local Government Board is not requisite; if not, the guardians have no authority to make such a payment.

By order of the Board,
B. Banks, Secretary.

The following are the circumstances connected with the attendance of Dr. Roe on the patient in question:—

He was called to attend an urgent midwifery case (on a red ticket, issued by one of the Committee) at 7.30 a.m., when he made an examination of the case, and found it necessary to get the help of another medical man. It was ridiculous to think of sending the messenger to the relieving officer in this *urgent case*, as he lives ten miles from where the woman was sick, and nine from Dr. Roe's residence. The people were the very poorest in the district, living in an outhouse, the husband a labourer, and seventy years of age; his wife having, previous to this

confinement, seven children, which made me more anxious about the life of the mother.

The Local Government Board have objected to the payment of Dr. Roe's fee, because he did not sit and wait in the house of the suffering woman for seven or eight hours, while the old man, seventy years of age, would walk to the residence of the relieving officer, and get the legal order to get another doctor. The woman would have about that time required the presence of another class of man—viz., an undertaker.

It might reasonably have been expected that the Local Government Board would have seen the utter impracticability of a rule, involving a fatal delay, in urgent cases of this sort. If the medical man had not accepted the responsibility in this instance, and run the risk of having to pay the consultant out of his own pocket, the death of the patient might be laid at the door of the Local Government Board; and we, therefore, earnestly trust the rigid rule laid down by them will not be considered as invariably applicable.

The Pharmaceutical Society of Great Britain.

On two occasions last week the members of the Pharmaceutical Society assembled together in force to promote the work of charity, and the mutual goodwill of the body. A dinner in aid of the Benevolent Fund took place on Tuesday evening at the Freemasons Tavern. This was well attended, and, so far as the main object was concerned, was a perfect success, upwards of £1,400 being subscribed and added to the fund. The chair was occupied by the President of the Society, Mr. Williams, who discharged its duties with considerable ability and tact. The several toasts, after those of the "Queen and Royal Family" and "Army and Navy," were "the Medical Profession," proposed by the Treasurer of the Society, Mr. Hanbury, and responded to by the President of the College of Physicians of London, Dr. Rawdon Bennet; "The continued prosperity of the Pharmaceutical Society," appropriately given by Dr. Buchanan, and "The Health of the Visitors," by Mr. Scott Brown, and acknowledged by Dr. Greenhow and Dr. Vrij, a visitor from the Hague.

On the evening of Wednesday the *conversazione* of the Society was held by the permission of the Lords of the Committee of Council on Education in the South Kensington Museum. The reception commenced at eight o'clock, and during the evening the several courts were thronged with a numerous company. The band of the Royal Horse Guards performed a selection of music, whilst successive audiences in the large theatre listened to an excellent company of glee and madrigal singers, under the direction of Messrs. Winn and Montem Smith. These re-unions have the effect of binding together members from all parts of the country, and who evidently look upon them as red-letter days in the history of pharmaceutical progress.

A grand ball will be given this evening at Willis's Rooms, St. James's, in aid of the Central London Throat and Ear Hospital, under very distinguished patronage.

University College Prize Distribution.

Nothing can show better the great estimation in which this University is held than the fact that, during the last ten years the number of students in the medical school had increased from 193 to 340.

We were also glad to hear the very sensible remarks which Mr. Justice Denman made on the great vivisection question. We did not think with regard to any such practices that more could fairly or with propriety be said than that those who did not understand it, or understand whether it was necessary or not, should abstain from condemning the whole of the profession, who deemed it necessary for the purposes of education. If it ever came before him to investigate judicially the test he should be disposed to apply would be to ascertain whether it was done for the sake of humanity and to be of use to our fellow creatures, or wantonly and recklessly and without regard to science or suffering. We trust the time will not be long before the intemperate zeal of a few mistaken agitators will cool down, and that the public generally will be of the same way of thinking as Mr. Justice Denman.

Electro-Magnetic Properties in certain Plants.

The *Gazette* of Nicaragua publishes some notes on a plant of the order of *Phytolacca*, which is believed in that country to possess electro-magnetic properties. When a branch is cut the hand experiences a sensation like that of a *Rumkorff* battery. Surprised at this phenomenon, the author made an experiment with the aid of a galvanometer. At seven or eight paces distance, the influence of the plant made itself felt immediately. The deviation of the needle was in the ratio of the distance; on closer approximation the movements became irregular, and finally, when the instrument was placed in the centre of the branches the rotation became accelerated. The soil underneath did not contain any iron or other magnetic metals, and there is no doubt that this quality is inherent in this plant. The intensity of this phenomenon varies during the day; at night it is almost absent; at two o'clock in the afternoon it attains its maximum, but in stormy weather its power increases. When it rains the plant withers. The author never saw birds or insects perched upon the *phytolacca electrica*.

Public Health Reform in Ireland—Deputation to the Chief Secretary.

On Thursday last, a deputation from the Irish Medical Association consisting of Dr. Jacob, Chairman of the Council, Dr. Grimshaw, Secretary of the Council, and Dr. Speedy, waited on the Chief Secretary to represent to him the necessity for amendment of the Irish Sanitary System, and the necessity for providing improved remuneration and position for the medical officers. The deputation was accompanied by Dr. Hudson, representing the College of Physicians, Mr. Macnamara representing the College of Surgeons, Dr. Stewart representing the British Medical and Social Science Associations, and by seventeen members of Parliament. We hope to lay a *verbatim* report of the proceedings before our readers next week.

Prizes of the Paris Academy of Sciences.

THE following subjects have been determined on for the competition for prizes of the Academy during the year 1878 :—*Lacaze prize*, 10,000 francs, for the work which will have contributed most to the progress of physiology, physics, or chemistry (3 prizes of 10,000 francs each). In medicine and surgery, the *Montyon prize* for useful discoveries in the art of healing. Means of rendering an art or trade less unhealthy—*Bréant prize :* 100,000 francs, or 5,000 francs. Cholera—*Godart prize :* 1,000 francs. For memoirs on the anatomy, physiology, and pathology of the genito-urinary organs—*Serres prizes :* 7,500 francs. For a work on general embryology applicable as far as possible to physiology and medicine—*Chaussier prize :* 10,000 francs. For books or memoirs which have advanced medicine (either forensic or practical)—*Desgati prize* (every 5 years) : 2,500 francs for diagnostic signs of death. Physiology—*Montyon prize :* gold medal of 764 francs for experimental physiology.

Pneumonia—Bloodletting.

A CASE of sthenic pneumonia, treated by wet-cupping over the affected portion of lung (lower lobe of left lung), is reported in the *Hospital Gazette* (New York), in which the successful result is ascribed to the treatment adopted. Immediate relief followed the abstraction of two ounces of blood, and convalescence was established the following day. The other treatment adopted in the case consisted of a diuretic, and the administration of 10-grain doses of Dover's powder at bed-time. Previous to the application of the cups, there was every sign of an advancement of the inflammation ; no sooner were they applied than the pain was relieved, and the general condition of the patient improved.

AN Excise prosecution has been commenced by the Board of Inland Revenue against Mr. Lamplough, of "Pyretic Saline" notoriety. A decision, subject to appeal, has been given by Baron Cleasby to the effect that the pyretic saline is subject to medicine stamp duty. The defence urges that if that interpretation be supported, other compounds of a similar character, and certain mineral waters will be equally liable.

WE have made inquiry and are pleased to state that the "Dr." Campbell, of Coleraine, whose remission to jail for knocker-wringing we noticed the week before last, is not a registered member of the medical profession at all, and has already made acquaintance with the inside of the county jail on a former conviction for poaching.

CAPTAIN PIM'S Mercantile Marine Hospital Bill which had for its object the establishment of contagious diseases hospitals for the compulsory medical inspection of seamen at the principal ports of the United Kingdom, was thrown out of the House of Commons on Wednesday last by 212 to eleven votes.

H.R.H. THE PRINCESS LOUISE accompanied by the Marquis of Lorne, re-opened the Royal Infirmary for Women and Children, south of the Thames on Wednesday last. The infirmary has been closed for some time for alterations and repairs.

WE regret to understand that the health of Dr. Cronyn, Professor of Midwifery in the Irish College of Surgeons, is still in a very precarious state, and has not improved within the last week.

THE rainfall of Dublin during the year 1876 was 31·526 inches, being very nearly 4 inches in excess, or 14 per cent. more than that averaged in the previous ten years.

THE death, at Paris, of Dr. Cazenave the illustrious dermatologist, is announced.

DISTRIBUTION OF PRIZES AT ST. MARY'S HOSPITAL.

ON Wednesday last, the Marquis of Huntly distributed the prizes to the successful competitors among the students at this school.

The DEAN (Dr. Shepherd) opened the proceedings by a reference to the general success of the Medical School, and remarked upon the loss sustained by the death of two of the consulting staff during the past year, Dr. Sibson and Mr. Coulson.

The Marquis of HUNTLY, after congratulating the school on its success, said he was pleased to see among the students so many from the Universities of Oxford and Cambridge, a proof of the high education which many members of the medical profession underwent. He knew that the life of a medical man was arduous and obscure ; that men might gain public distinction as sailors or soldiers, or as politicians ; but he considered that every medical man gained a silent distinction, for he must possess many eminent qualities—kindness, gentleness, and good intellect. He did not desire to enter into a learned discussion on medical education, but wished to allude to a few points which had presented themselves to his observation, as one altogether outside the profession. He thought the general public displayed the grossest ignorance in that knowledge with which the public ought to be acquainted. He instanced how many persons might be saved from drowning, or from death by bleeding, if the people were taught a few simple rules. How deaths and diseases were continually caused by dosing children with patent medicines. With regard to the treatment of animals, much cruelty existed, the result of ignorance ; preparations of antimony, in large doses, were given to horses, and certainly for a time the animals appeared to the eye to be improved, but they suffered from it, and suddenly fell dead. There was another subject of importance, instances of which often came under the care of the medical man, he meant inebriety. Now he did not believe that the law was strong enough to overthrow drunkenness, but example and advice could, and it would be very much in the power of the young men before him who were about to enter the profession, to diminish this national vice, both by their example and advice. After pointing out that there was yet much room for study and research on medical subjects for the relief of mankind—cancer, the forms of neuralgia, &c., he exhorted the students not to expect life to be a bed of roses ; but whether they might broil in the plains of India, or labour in the sloughs of Aberdeenshire, they would, he felt sure, prove themselves, by God's help, a blessing to the people.

The successful competitors were :—

1876—Open Scholarship in Natural Science, Mr. W. A. Smith ; Extra Scholarship in Natural Science, Mr. R. E. G. Cuffe ; Exhibition in Natural Science, Mr. G. C. R. Bull ; Scholarship in Classics and Mathematics, Mr. A. Benson and Mr, H. L. Roche.

1876-77—Scholarship in Anatomy, Mr. G. H. Hetherington ; Prosectors, Messrs. D. A. Fraser and C. F. Seitz.

Summer Session, 1876—Prizes, first year—Materia Medica, Mr. W. T. King ; Hon. Certificates of Merit—Messrs. A. Baird, A. C. Bridges, and J. Tucker ; Botany, Mr. R. N.

Hormazdji; Practical Chemistry, Mr. H. G. Hill; Hon. Cert.—Messrs. C. D. Aam, A. Baird, W. H. T. King, and K. Millican.

Prizes, second year—Midwifery, Mr. H. Seager; Hon. Cert.—Messrs. W. L. Cox, G. H. Hetherington, L. C. N. Nicod, and W. Pearce; Medical Jurisprudence, Mr. W. Pearce; Hon. Cert.—Mr. W. L. Cox.

Winter Session, 1876-77—Prizes, first year—Anatomy and Histology—Mr. C. G. Havell; Hon. Cert.—Messrs. H. F. Parsons, J. Tucker, J. P. B. Wills, J. A. Webster (Anatomy), and R. E. G. Cuffe, R. N. Hormazdji, A. H. Proffit, and L. E. Wood (Histology); Chemistry, Mr. L. Wood; Hon. Cert.—Mr. R. E. G. Cuffe, first in examination, but disqualified for prize as scholar in Natural Science.

Prize, second year—Anatomy and Physiology, Mr. A. Baird; Hon. Cert.—Messrs. A. C. Bridges, H. G. Hill, W. H. T. King, J. E. Lane, and H. B. Runnalls (Anatomy).

Prizes, third year.—Medicine, Mr. A. May; Hon. Cert.—Mr. W. W. Edwardes; Surgery, Mr. W. W. Edwardes and Mr. A. E. May; Pathology, Mr. G. H. Hetherington; Hon. Cert.—Messrs. W. W. Edwards and A. E. May.

Prizes, third and fourth years—Clinical Medicine, Mr. A. B. Prowse; Extra Prize, Mr. J. S. Scriven; Clinical Surgery, Mr. J. S. Scriven; Hon. Cert.—Mr. A. B. Prowse.

Correspondence.

A DIFFICULTY IN PRIVATE PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should like to have your opinion on the following, or that of some of your readers. It is a typical instance of what occurs in practice:—

A. B. is a practitioner, doing about £2,000 a year, with appointments, &c.; he keeps an old unqualified assistant who has never been at a school of medicine.

I am called to a midwifery case; when I arrive at the house I see to my surprise before the door a handsome barouche and pair, and meet in the bedroom the aforesaid assistant.

What should be my professional conduct in this dilemma? What my real conscientious duty? Should I rub my hands, assume a smile of pleasure, shake Mr. C. D. by the hand, and say, how do you do, "Dr.," and thereby sanction the attendance of a gentleman who has no more right to attend a case than the neighbouring chemist? Or must I decline to take charge of the patient unless Mr. C. D. is discharged? If the patient was in danger, of course *medical etiquette* should be a secondary consideration, and my imperative duty would be to afford unhesitatingly all the assistance in my power. But such is not the case, and it is simply a question of doing what is right, not only in the interests of the profession but of the public.

Of course, this assistant is usurping my medical rights, and is depriving qualified members of the profession of practice, especially as we have a sufficient supply of qualified gentlemen willing to accept the position of assistants.

The difficulty in my case was speedily solved, but I should like to have the sense of the profession on this point before sending the solution, so that I may know how to act in the future!

Yours faithfully,

May, 1877. AN ACCOUCHEUR.

THE OFFICE OF CORONER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few weeks ago I was glad to observe in your valuable and spirited periodical a short article on the above subject, and the prospect there was that the time had arrived for the introduction of a Bill into Parliament this Session to amend or abolish that antiquated office which, from lapse of time, had become most corrupt and inefficient, as well as a great waste of public money. I observe that Mr. Errington, M.P., had asked Sir Michael Hicks-Beach if there was any prospect of its receiving early attention or not, when he declared that he had no power to interfere with the election of that officer, although it is universally acknowledged that in Ireland the inquest system is quite inefficient and often most objectionable and in many instances such a farce as to bring the present machinery into ridicule and contempt. But however objectionable, it may have become in Ireland I think it will be found on inquiry that the same court in England, as at present constituted, is equally objectionable, if it is not worse, as it admits of much favouritism and abuse on the part of that officer or his officials. It will also be found that more than two-thirds of the deaths have been returned as having taken place from natural causes, and very many unnecessary inquests held, which surrounding circumstances did not warrant, more especially in borough towns where there is a resident coroner, so that the number of inquests which are held in workhouses on old people subject to fits, and on children having died from teething, diarrhœa, or convulsions, and where a medical attendant has been called in too late to be of service, refuses to give a certificate as to the cause of death unless an inquest is held, would quite startle a careful observer. It has, therefore, become quite necessary we should be able to define the limits and powers of coroners, so that they may be more generally understood by the great body of the medical profession throughout the country, but more especially in rural districts, where they are generally held at public-houses, and before a jury selected from a class of persons, the humblest householders or cottagers perhaps, very imperfectly educated, as I have often observed they could neither read nor write their names when desired, but were obliged to make their mark thus +, yet they were fully alive to the consumption of grog and tobacco provided for them on such occasions; hence, they were not difficult to influence in the direction wished in returning their verdict, so much so; I think it is quite time some independent members of the House of Commons would direct their attention to this anomalous subject, and my chief object in writing you now is to elicit other opinions as to the extent of the evils which are acknowledged to exist in so many localities, and that some speedy and more uniform law may be enacted that would prove more satisfactory to England as well as for Ireland. I trust so important a subject will receive further ventilation from some of your more able correspondents.

I am, Sir, yours, &c.,

Z.

PRIVATE ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I hope I shall not be accused of heterodoxy in hazarding the opinions I have expressed in my first letter; they were written after mature consideration, and are not prejudicial to the real interests of our profession.

It is unpleasant to the surgeon to probe diseased parts, but it must be done when required. I must again return to the question of the wisdom of immuring a patient on the certificates of two medical men only, and endeavour to show some of the reasons against it.

There exists amongst the highest medical authorities on insanity the widest possible difference as to what constitutes such a state, and readers of lay and medical journals will have noticed this in many public cases, notably, that of Wyndham, Townley, and of Treadaway.

Now, the evidence that would satisfy such an eminent authority as Dr. Crichton Brown would not perhaps satisfy Dr. Forbes Winslow, though it might satisfy some younger member of the profession who looked upon insanity from Dr. Crichton Brown's stand-point, and there would be no difficulty in obtaining the second certificate, and *vice versa*, the evidence that would satisfy Dr. Forbes Winslow would be unsatisfactory to Dr. Crichton Brown, &c., &c.

Of course, with such *experts* the first certificate would be the great *desideratum*, for the second physician could only say in the words of Molière (L'amour medicin), "Your reasonings are so learned and so beautiful that it is impossible for him not to be mad, and under the influence of melancholy-hypochondria, and although he were not, it would be necessary that he should become so, for the sake of the admirable things you have said and the justness of your reasoning," and he would, bowing to the weight of authority, sign.

Leaving stars of the first magnitude, the same difference of opinion will be found to exist among the minor luminaries, and we have the same reasoning *da capo*.

Without imputing any unworthy motive, ignoring all such insinuations as the influence of money, interest, &c., believing that our profession does not number in its ranks any members so debased as to falsely certify to the insanity of some victim

of a conspiracy, and thereby deprive a fellow-being of liberty —it is still evident, that, purely from the abstract nature of insanity, from the diversified opinions held as to its conditions, there is not sufficient protection under the present system.

The experience of the Commissioners have already established this fact, and it remains to be seen whether any result will ensue from the present sitting committee.

I shall not now enter on the subject of private asylums, but must defer for a future letter my opinions on them, and also on the detention of lunatics and imbeciles in workhouses, if you will kindly allow me space in the columns of your valuable journal. Yours faithfully,

May 18, 1877. HUMANITARIAN.

Literature.

DES SONDES A DEMEURE ET DU CONDUCTEUR EN BALEINE. (a)

THIS pamphlet is a reprint of a paper, which originally appeared in the *Gazette des Hôpitaux*, in 1875, and the *Revue de Thérapeutique Médico-Chirurgicale*, in 1876.

It is illustrated with several finely-executed wood engravings, demonstrative of the assistance that may be derived from the use of conductors in guiding instruments to the bladder.

The author seems to refer the origin of this conducting system to his namesake, Amussat. He writes :—

"Amussat recommended the employment of his silver sound with conductor ; this being introduced, its stem is lengthened, and it is used for gliding a gum elastic sound (b) into the bladder, then it is withdrawn."

An oversight has been committed by him in this matter, Desault having introduced his conducting method in 1813, whereas Amussat did not publish his *Leçons sur les Rétentions d'Urine* until 1832, in which the description of his "sound with conductor" first appeared.

The author has had the extremity of Amussat's sound pierced with a small opening, and when the sound has reached the obstruction, he passes the conductor into the bladder, and replaces it with a gum elastic instrument, having an open end.

Here we have a revival of Desault's system, to which we have just referred.

It was scarcely necessary for the author to warn us to see to the quality of our instruments, for we are sure that there are few, if any, surgeons who would knowingly use bad ones.

He is justly enthusiastic regarding the whalebone conductor, of which he gives a very precise description.

On this, when passed into the bladder, the catheter is to glide. He tells us that he has for a long time devoted himself to perfect the instrument. "It is composed of whalebone, one of the ends of which is thinned, and terminates in a small smooth olive or bulb. Its length varies from seventy to eighty centimetres, and its thickness from eight to twelve-tenths of a millimetre. The tenuity of its extremity permits of its coiling easily in the bladder."

He employs it constantly, although he possesses others, the extremity of each of which being flattened and very supple, offers the same advantage.

Our readers may remember that the canula of Maisonneuve's urethrotome is provided with a filiform, flexible conductor, which is screwed to its vesical extremity. This, as he observes, is liable to "roll up either before the obstacle, or, more frequently, in the prostatic region, and, what is still more unfavourable, to form an elbow at its point of union with the little adjustment."

Indeed, some surgeons, Gouley amongst the number, state that it has been cut in the urethra by the knife or blade of the urethrotome.

The author, to avoid a similar accident, has modified Maisonneuve's canula, to enable it to be used with either the filiform bougie or whalebone conductor.

He has made the same modification in Voillemier's divulsor, which is provided with a filiform conductor, similar to that of Maisonneuve's urethrotome, and liable to a like accident when in use.

He has adapted the whalebone conductor to the metallic bougies he is in the habit of introducing, after either urethrotomy or divulsion ; but we think that if a stricture has been well cut, or sufficiently ruptured, the guide should not be required. Moreover, poking the incised or the lacerated urethra must be extremely painful, and must more or less increase the traumatism.

Finally, he has adapted the conductor to the lithotrite, and to Heurteloup's evacuating catheter. This appears to us an unnecessary addition, and an element of delay, rather than of rapidity, in their introduction.

The author does not seem to be aware that these whalebone conductors have been in the hands of surgeons for some years previous to the appearance of his paper in the journals to which we have alluded.

They are much used by the American surgeons, Van Buren, Otis, Gouley, and probably many others.

The reader will be surprised to learn that there is no allusion in this pamphlet, the production of a French surgeon, to the name of the illustrious Desault, one of the greatest masters of the French school of surgery, and the inventor, if we are not much mistaken, of this conducting system, which was revived many years ago by Dr. Hutton, who substituted catgut for Desault's wire conductor.

The author's plan of guiding the lithotrite into the bladder on the whalebone conductor, when the prostate is enlarged, resembles Desault's mode of using the wire in certain cases.

"We may," he observes, "lessen these difficulties by at first introducing into the bladder a gum-elastic sound through which we inject tepid water ; then we pass the conductor through the eye, or through the extremity of the sound, which we have had the care to cut, and we withdraw it. Engaging then the whalebone in the orifices formed in the female branch, we conduct the instrument until the beak has cleared the meatus ; then, fixing the penis between the ring and middle finger on one part, and the whalebone between the thumb and index finger of the left hand, we glide the lithoclaste on the whalebone into the bladder, by following the ordinary rules of this catheterism, then withdraw it."

The following was Desault's method : . . . . "If we fear," says he, "finding a difficulty in passing the second catheter, it would be easy to obviate this inconvenience by making use of catheters open at both ends ; we should introduce the first by means of a stylet with a button, and, before changing it, we should furnish it with a stylet (guide), about two feet long, which should be pushed some lines into the bladder ; then we should withdraw the catheter upon the guide, which must be left in its place, and upon which we may thus conduct a new catheter, without trouble and with safety." (a)

Notwithstanding that the oblivion of M. le docteur A. Amussat regarding what has been done in this branch of urethral surgery by Desault, and many subsequent writers, is a literary Rip-Van-Winkleism we could not pass over in silence, we must nevertheless admit that we derived much pleasure from the perusal of this reprint, the typography and engravings of which could scarcely be excelled.

University College Hospital.—The annual dinner in aid of the North London or University College Hospital took place on Wednesday evening last, at Willis's Rooms, under the presidency of Sir Henry Thompson. From the statement of the committee, which was read by the secretary, it was shown that during the past year relief was afforded by the hospital to 15,810 cases. The total receipts for the year, including

(a) "Des Sondes a Demeure et du Conducteur en Baleine." Par Le Docteur A. Amussat.

(b) With many French writers sound and catheter are synonymous terms.

(a) *Œuvres Chirurgicales de Desault.*

legacies, amounting to £12,133 16s. 4d. The expenditure was £13,143 9s. 7d. The balance at the end of the financial year was £777 7s. 4d., and the then outstanding debt was £2,056 2s. being slightly below the amount of last year.—The Chairman, in proposing the toast of the evening, after pointing out the advantages which the public had derived from the institution, and the necessity which existed for the enlargement of the hospital, stated that Sir F. Goldsmid had offered to subscribe £10,000 for the purpose, on condition that £20,000 was raised by other friends of the institution. Lady Goldsmid had also offered £1,000 from a fund at her own disposal for the same purpose. He clso stated that, however valuable the hospital might be as an aid and refuge for the destitute poor of London, it was still more beneficial to the public at large through the happy combination of the medical school for the education of rising doctors, to whom the public look for the preservation of health.—After the various toasts, including the health of Sir Henry Thompson, had been duly honoured, subscriptions in the room were announced amounting to about £1,400.

Leeds and West Riding Medico-Chirurgical Society.—At the annual meeting held last Friday at Leeds a very satisfactory report for the past year was presented. The following were elected officers for 1877-78 :—*President:* Mr. Scattergood (Leeds). *Vice-Presidents:* Dr. T. Clifford Allbutt (Leeds), and Dr. Holdsworth (Wakefield). *Treasurer:* Dr. Heaton (Leeds). *Hon. Secs.:* Mr. A. F. M'Gill (Leeds), and Dr. E. West Symes (Halifax). *Librarian:* Mr. Horsfall (Leeds). *Committee:* Mr. E. Atkinson (Leeds), Dr. J. H. Bell (Bradford), Dr. Deville (Harrogate), Dr. Eddison (Leeds), Dr. Ginders (Normanton), Mr. Lodge (Bowling), Dr. Major (Wakefield), Dr. Myrtle (Harrogate), Mr. Nunneley (Leeds), Dr. Tibbits (Bradford), Mr. C. J. Wright (Leeds), and Mr. J. Hodgson Wright (Halifax).

Obituary.

DR. BRADY, OF FALCARRAGH.

THE death of Dr. George Frazer Brady, which took place at Falcarragh, county Donegal, on the 15th March last, caused much regret in the district. The deceased gentleman was a Fellow of the College of Surgeons, England, and a magistrate for the county; surgeon to the coastguard, and Admiralty agent. As medical superintendent under the old dispensary system, during the famine years, he had charge of the wild and extensive parish of Templecrone, a district of "The Rosses," and he came through the ordeal with remarkable and well-deserved credit. From his amiable and winning manner he was beloved by the peasantry, amongst whom, with able and energetic effort, he battled against widespread disease and misery in its saddest shapes. An exhaustive report on the then condition of the Island of Arran, made jointly with the resident minister of Templecrone at the time (his intimate friend and fellow-worker in "The Rosses") and bearing date January 19th, 1847, is extant, presenting a vividly-drawn, yet faithful picture of a state of things only too common in Ireland at that period. In matters professional he possessed sound judgment, and his opinion was greatly relied upon and sought by the neighbouring medical men. His practice, up to a short time ago, was an extensive one; but like many another country doctor of intellect and ability, his labours were of too severe and physically-trying a nature to allow him to contribute much to the literature of his profession, and valuable practical hints, as well as interesting histories, have thus been lost.

NOTICES TO CORRESPONDENTS.

Notice—Removal of Offices.—The Offices of the Irish Department of the MEDICAL PRESS AND CIRCULAR, have been removed from 23 Ely Place to 3 Molesworth Street, Dublin, where all further communications should be addressed.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board case, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

QUEKETT MICROSCOPICAL CLUB.—On Friday, May 25, at 8 p.m., Mr. W. H. Gilbert, "On the Staining of Vegetable Tissues."

ROYAL INSTITUTION.—On Friday, May 25, at 9 p.m., Mr. G. J. Romanes, "On the Evolution of Nerves and Nervo-Systems."

CLINICAL SOCIETY OF LONDON.—On Friday, May 25, at 8½ p.m., Dr. Farquharson, "On a Case of Small-pox originating from the Contagion of Chicken-pox."—Dr. Murchison, "On a Case of Enteric Fever treated by Salicylate of Soda."—Dr. Thin: Microscopic Specimens of the Skin of a Case communicated to the Society in 1874 by Mr. Morrant Baker.—Mr. Owen, "On a Case of Misplaced Testis" (a living subject).

VACANCIES.

Buckinghamshire General Infirmary.—Resident Surgeon. Salary commencing at £80 with board. Applications to Mr. Fell, Solicitor, Aylesbury.

Honiton Union.—Medical Officer for the Branscombe District. Salary, £30, with the usual fees extra. Applications to the Clerk of the Guardians.

Charing Cross Hospital.—Resident Medical Officer and an Assistant Medical Officer. Board is provided for the former, partial board for the latter. Applications to the Secretary.

Board of Works, Fulham District.—Public Analyst. Salary, £100 per annum. Applications to the Chairman of the Board, Hammersmith, S.W.

Holborn Union.—Dispenser. Salary, £80, with apartments. Address the Clerk to the Guardians, the Workhouse, Gray's Inn, London, W.C.

APPOINTMENTS.

CADDY, H., M.R.C.S.E., a Medical Officer to the North Dispensary, Liverpool.

CAMERON, Dr. N., Senior House Surgeon to the General Infirmary, Macclesfield.

COLLINS, W. E., M.R.C.S.E., a Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

CLAPP, R., L.R.C.P., M.R.C.S.E., Junior House Surgeon to the Royal Albert Edward Infirmary, Wigan.

DAVY, Richard, F.R.C.S., Joint Lecturer on Surgery at the Westminster Hospital with Mr. G. Cowell, F.R.C.S.

PARDON, Mr. E. A., Resident Physician's Assistant to the Middlesex Hospital.

GIBSON, G. A., D.Sc., &c., a Resident Physician to the Royal Infirmary, Edinburgh.

GRAY, J. A., M.A., M.B. & C.M., a Resident Physician to the Royal Infirmary, Edinburgh.

HASSALL, J., M.B., C.M., M.R.C.S.E., House Surgeon to the Clayton Hospital and Wakefield General Dispensary.

HOOKHAM, P., M.R.C.S.E., Junior Resident Medical Officer to the Royal Free Hospital.

MACPHAIL, D., M.B., C.M., a House Surgeon to the Western Infirmary, Glasgow.

MCCANN, C., M.R.C.S.E., Principal Medical Officer to the Central London Sick Asylum District Asylum, Highgate.

MOYES, J., M.B., C.M., a House Physician to the Western Infirmary, Glasgow.

OGLE, J. W., M.D., F.R.C.P.L., a Consulting Physician to St. George's Hospital, on resigning as Physician.

PRICE, B., L.R.C.P.Ed., a Medical Officer to the East Dispensary, Liverpool.

Marriage.

STANGER—GREEN.—May 15th, at the Parish Church of March, Cambridge, Wm. Stanger, F.R.C.S., of Wakefield, to Mary, eldest daughter of the Rev. J. W. Green, Rector of March.

Deaths.

JEFFREYS.—On May 13, at Richmond, Surrey, Julius Jeffreys, Surgeon, F.R.S., aged 76.

MANLEY.—On May 16, at Teddington, John Manley, M.D., aged 80.

MORTON.—On May 12, at Helensburgh, Alexander Morton, L.F.P.S.G., aged 64.

NICOL.—On May 13, at Pollokshields, Glasgow, Andrew Nicol, L.R.C.P.Ed.

OLIVE.—On May 10, at Northampton, Eustace Henry Olive, B.A., M.R.C.S., only son of the late John Comley Olive, of Clifton, Bristol, aged 46.

SHARPE.—On April 26, at Cootehill, James Sharpe, jun., second son of James Sharpe, M.D., aged 22, having just completed his medical studies.

TRAYER.—On May 16, at 7 Blessington Street, James John Trayer, M.B. T.C.D., F.R.C.S.I., late of Bagenalstown, co. Carlow, aged 61.

TURNER.—On May 10, at Lower Phillimore Place, Kensington, James William Turner, F.R.C.S.E., aged 59.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

Report of the Proceedings of the Committee of Council of the IRISH MEDICAL ASSOCIATION, during the quarter ended 24th March, 1877, submitted to the Quarterly Meeting of the full Council, held 27th March, 1877, Dr. JACOB in the chair.

(*Continued.*)

Civil Medical Practitioners in Charge of Troops.—The Honorary Secretary received a letter from Lord Cadogan from the War Office, stating that Mr. Secretary Hardy, who had considered the matter, had decided *not* to advise any change in the present rate of payment to civil medical practitioners in charge of troops in Ireland; and the Committee instructed the Honorary Secretary to communicate with gentlemen holding these appointments, with a view to taking further action, which is being carried out.

(Dr. Jacob having left the chair, Dr. Darby was called thereto.)

Medical Witnesses at Sessions.—A letter from the Attorney-General was received, dated 5th January, 1877, stating that he had directed that in future a fee of two guineas should be paid to medical witnesses at sessions, who were in court longer than three hours, in the town in which they reside; and that two guineas should be paid to a medical witness for attendance at sessions court in any other town than that in which he resided. The Honorary Secretary, by direction of the Committee, replied that whilst the council was grateful for the concessions made by the Attorney-General, they hoped that at no very distant time the prayers of their memorial would be fully granted; and the committee are informed that the new scale of fees is in operation.

Vaccination.—The Vaccination Amendment and Consolidation Bill, drawn up by Drs. Speedy and Pollock, has been forwarded to the Chief Secretary for Ireland, together with the draft of a Bill simply to amend the laws regulating vaccination in Ireland, which Dr. Speedy proposed as an alternative measure, lest the former should be objected to, and which met with the approval of the committee. When forwarding these Bills to the Chief Secretary, the honorary secretary requested that he would receive a deputation from the Association to confer with him on the subject, and the committee directed that the presidents of the Colleges of Physicians and Surgeons, and several Members of Parliament, should be invited to attend with the deputations, which in addition would have comprised the president and vice-presidents of this Association, as well as many members of this Council, besides representatives of country districts; but the Chief Secretary for Ireland replied that he had forwarded the Bills to the Local Government Board for Ireland for their consideration, and that at present he did not consider it necessary to trouble a deputation to confer with him. The committee forthwith requested Dr. Speedy to write out his explanatory statement concerning the Bills, and had same printed and forwarded to the Chief Secretary as soon as possible, in order that the deputation should to all intents and purposes have effect. When forwarding to the Chief Secretary a copy of Dr. Speedy's statement, the honorary secretary took the opportunity to state that the deputation proposed was intended to be a representative one, in which not only representatives of this Association, but those of the College of Physicians and Surgeons, Members of Parliament, and delegates from country districts, would have been invited to take part.

The College of Physicians and the College of Surgeons have recommended the Amendment Bill to the most favourable consideration of the Chief Secretary, and the leading professional journals of Ireland and England, as well as the non-professional press of Ireland, have warmly advocated the measure in able leading articles. Copies of the two proposed Bills were sent to the vice-president of the Local Government Board, and also to Mr. Meldon, M.P., who has evinced much interest in the cause of Vaccination in Ireland.

Workhouse Medical Officers.—In reply to the letter addressed to the Local Government Board, Ireland, by the hon. sec. to Council, as instructed by the committee, on the subject of Workhouse Medical Officers' grievances under existing regulations, the Local Government Board stated that they saw no reason to alter the existing rules, which were similar to those in force in England, and that any cases of hardship arising thereunder should be brought under their notice, when they would be attended to. On this subject the committee must wait for further information from workhouse medical officers.

Dispensary Medical Officers.—The appeal of "Woods *v.* Crumley" was heard before Judge Fitzgerald, who dismissed the case because it was not brought forward as one of *fraud*, with the observation that if it had been brought before him as a case of *fraud*, he would have given speedy judgment against Crumley. With this encouragement, Dr. Woods further appealed, and the final case of appeal was heard before Judge Barry, who dismissed it because the charge was that of *fraud*. Although Dr. Woods has not actually obtained a decree against Crumley, yet he has in the principle been successful; and he considers that Crumley has been sufficiently punished already without having a new trial for negligence brought on, which might possibly be misconstrued as animus on his part against his oppressor. Under these circumstances the committee (at whose last meeting Dr. Woods attended) decided not to press him to take further action in this case, which has taught a good lesson to careless and malicious issuers of tickets for dispensary medical relief, and will doubtless be the means of preventing much of the persecution of the dispensary medical officers, which has hitherto been too frequent.

A newspaper report stating that a member of this Association had been dismissed from his appointment as dispensary medical officer by the Local Government Board in consequence of drunkenness, was submitted to the committee, who decided to refer the matter to this Council.

An application was received by the committee for a sum of money to enable an apparently persecuted dispensary medical officer to defend himself in an action brought against him for libel by a member of his dispensary committee, as a cross action to one brought by the dispensary medical officer against the committee man for libels contained in charges made against him. The committee, on behalf of this Council, agreed that whilst they were willing to afford to any member of this Association means to resist persecution, provided the matter was of a

purely professional nature, they would strenuously oppose any kind of assistanee being afforded towards *initiating* actions at law; and accordingly instructed the hon. secretary to apply to the applicant for a copy of the summons and plaint and also of the pleadings, and directed that if the cause of action appeared to him be of a purely professional nature, he was to convene a special meeting of the Council to consider the application. The documents applied for having been received by the hon. secretary, he consulted the chairman of your Council, who agreed with him in considering that the grounds of action in this case were *not* of a professional nature, and could therefore not be entertained by this Council.

LOCAL GOVERNMENT BOARD TERGIVERSATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Enclosed is some correspondence I had with the Local Government Board, and I now leave it to you to do what you deem best with. I believe it fully explains itself, and requires no further comment from me.

Your obedient servant,
GREGORY SALE.

Kilmeague, Naas, May 2nd, 1877.

To the Committee of the Kilcock Dispensary District.

GENTLEMEN,—It was my intention to offer myself as a candidate for your dispensary, but having discovered that your committee is illegally constituted and not according to the Act regulating such, I have deemed it necessary to bring such under the notice of the Local Government Board, from whom you may by this time have received a communication in reference thereto, as I am of opinion your proceedings must be declared null and void.

Your obedient servant,
GREGORY SALE.

Kilmeague, 10th March, 1877.

This protest, I understand, was not forwarded to the Local Government Board.

URGENT. (Copy)

To the Local Government Board.

GENTLEMEN,—It is advertised that there will be an election of a medical officer for the Kilcock Dispensary District, Celbridge Union, on Tuesday next, 13th inst. It was my intention to offer myself as a candidate for the vacancy; but having discovered that the committee of said district is illegally constituted, and not according to the Act regulating such, or as it is administered in this, and the adjoining union of Edenderry, I consider the proper course to adopt is to bring the matter under your notice.

His Grace the Duke of Leinster, and Lord Cloncurry, *ex-officios* and residents in said union, are extensive owners of property in the Kilcock Dispensary District, and yet they are not returned as members of the committee.

Under these circumstances, I respectfully submit, you are equitably called on to interpose, and adjourn or annul this election, until those legally entitled to vote have the option of exercising their rights and privileges, and that those disqualified may be removed from said committee.

By MEDICAL PRESS AND CIRCULAR, I learn that the present *locum tenens* was appointed for three months from 23rd January last.

I have the honour to be, Gentlemen,
Your obedient servant,
GREGORY SALE.

Medical Officer of the Robertstown and Kilmeague Dispensary District, Naas Union, from 15th May, 1868.

Kilmeague, 7th March, 1877.

(Copy)

Local Government Board, Dublin,
13th March, 1877.

SIR,—The Local Government Board for Ireland have had before them your letter of 7th inst., in which you inquire if a guardian can act as a member of a committee of management in more than one dispensary district, and in reply the Board desire to state that each guardian of the union is *ex-officio* a member of every dispensary committee in whose district he is owner or occupier of any property, and there is no power given either to the guardians so concerned to relinquish the position, or to the Board of Guardians to deprive them of it.

In reply to your further inquiry, if section 7 of the Act 14 and 15 Vic., cap. 68, when applied to non-resident *ex-officio* members of a committee intends that the owners or occupiers of property therein should appear on the rate books as immediate lessors or occupiers, as the case may be, and if the owner is to be construed as owner in fee, the Board have to state that it is not necessary that the names should appear on the rate books if the interest defined by the section above referred to exists in fact, and that an owner need not be so in fee.

The Board transmit herewith a copy of a letter which they have received from Dr. Sale, a candidate for appointment to the vacant office of Medical Officer of the Kilcock Dispensary District, in which he states that the committee of management of that district (to which it is presumed your inquiries refer) is illegally constituted, inasmuch as two *ex-officio* guardians who are owners of property in the district, are not returned as members of the committee.

It is necessary to explain that in spite of this decision the Committee held the election without summoning the *ex-officio* guardians, and the Local Government Board confirmed the election.

ABBEYLEIX UNION.

DANGEROUS LUNATICS' CERTIFICATES.

AN application, signed by the magistrates assembled at Castletown petty sessions, was received for the payment of £2 to Dr. Hanrahan, for examining and certifying in the case of a dangerous lunatic.

The board expressed an opinion that the fee was extravagant, and that a guinea would be sufficient, inasmuch as the case occurred within his (Dr. Hanrahan's) district; and a representation to that effect was ordered to be addressed . . . pending payment of the account.

The Clerk remarked during the discussion that £2 was the maximum fee allowed by law, and that, if pressed, the board would have no alternative but to pay it.

ARMAGH UNION.

RETENTION OF INFECTED BODIES BY THE GUARDIANS.

MR. Small brought the case of a patient (a female), who had died of fever on last Sunday night, under the notice of the Board. The friends wanted to get out the remains and have a wake; but the master, acting upon previous instructions, refused, and the body had been lying there since Sunday night. He (Mr. Small) suggested that the master should have distinct direction, regarding such cases for the time to come, and not have him acting upon mere recommendation. Whatever resolution they might put forth on the subject let it be recorded, and then the master would have something to guide him clear of responsibility.

A long and desultory conversation followed. Acts of Parliament were referred to, but nothing definite could be elicited regarding the scope of the guardians' authority in in the matter.

Mr. Gray was afraid they had not power to refuse the body when the friends claimed it.

In the case before them the friends of deceased were allowed to take the body out on promise of having it conveyed at once to the burying ground.

Mr. Small—Let them dispute our power (for it is only by the result of such a dispute we can find out how to act); but let us do our duty in the meantime.

Resolved :—"That where a pauper inmate of the house dies of infectious disease, the remains are not to be given to any relative or friend to be taken to their dwelling, and afterwards to be buried; but may be given on the express terms of being taken direct to the burying ground, desired by the friends, and buried; otherwise to be buried in the workhouse grave yard."

TRALEE GUARDIANS.

SANITARY—EPIDEMIC AT CARRIGAHOLT.

THE Clerk read the following correspondence in reference to an outbreak of disease in Carrigaholt :—

Local Government Board,
4th May, 1877.

SIR—I am directed by the Local Government for Ireland to forward herewith, for the information of the board of guardians of Kilrush union, a communication of management of the Carrigaholt dispensary district, in reference to the outbreak of dysenteric disease in that district, and I am to suggest that the guardians should at once have the well referred to in the enclosed communication examined by the consulting sanitary officer, enclosed if he should so advise. A supply of pure water should also be procured for the inhabitants of the district, and with a view to this, the sanitary authority may find it expedient to employ a civil engineer competent to advise them on the best sources of supply. The water should be carefully analysed before it is adopted.

By order of the Board,
B. BANKS, Secretary.

The Clerk of the Kilrush Union.

To the Committee of Management of the Carrigaholt Dispensary District.

GENTLEMEN,—I beg to draw your attention to the fact of a serious epidemic of a dysenteric nature having appeared in my district, in and around the village of Carrigaholt. Already twelve persons have been attacked, of which one has proved fatal. The prominent symptoms are great prostration, dysentery nausea with violent and repeated vomiting, a white-furred tongue with raised papilla, thirst, and pain in head, total absence of cramps, and fever. I have found that stimulants with astringents, &c., and narcotics administered by the mouth and rectum, give great relief. The area in which these cases are occurring is very circumscribed, and, in my opinion, I have traced the origin of the epidemic in the majority of the cases to the use of a well, situated in their midst, which is polluted by sewage from the village. I would suggest the closing of the well.

I am, gentlemen, your obedient servant,
JOHN STUDDERT, M.D.

After a little discussion, it was referred to Dr. Counihan to report on it.

LIMERICK UNION.

THE WORKHOUSE HOSPITAL—DR MACCABE'S REPORT.

THE Chairman said the first business was the motion that they take into consideration the report of the Local Government Inspector—Dr. MacCabe—relative to the recent investigation into the management of the workhouse hospital.

The Chairman then proceeded to read the report which has been already published. The first paragraph spoke favourably of the management of the hospital, and the care and attention paid to the sick by the medical officers, &c. Out of 500 chronic cases he did not discover a single case of bed sore.

The Chairman next read the paragraph in which Dr. MacCabe expressed his satisfaction with the time devoted by the two visiting physicians in attendance on the patients.

Mr. McDonnell did not think that one minute three quarters was a sufficient time to devote to each of 174 patients suffering from acute diseases.

Dr. O'Sullivan said that forty-nine lines of the report was devoted to a fruitless attempt to show that the time given by the visiting physicians in attendance upon their patients was sufficient. Dr. MacCabe tried to persuade the Board that one minute three quarters was sufficient for each of the 174 patients, requiring surgical or other treatment, and that there should not be a kind look, a kind word, or a moment's attention bestowed on 500 other cases, because they were pauper patients, suffering from chronic diseases (oh). He would repeat the statement.

After much discussion,

The Chairman proposed—"That this Board having entire confidence both in the capacity and the character and the honesty of Dr. MacCabe adopt the conclusions expressed by him in his report."

The resolution was put to the meeting and passed, Dr. O'Sullivan and Mr. McDonnell dissenting.

Dr. MacCabe's suggestion that the evening visits of the medical officers might be dispensed with was next considered.

On a division 13 dissented from the suggestion and 9 concurred. It was therefore decided that the evening visits should be continued.

Some further recommendations of Dr. MacCabe were also agreed to, they being already in force.

Dr. O'Sullivan said that from the turn events had taken he would give notice that he will move that Dr. MacCabe's report be considered by sworn investigation. He was not at all pleased with the report of Dr. MacCabe, and stated that the time of the medical officers was sufficient, and took the authority of the officers for making the assertion. He would take another day to do all this business.

The Chairman suggested to Dr. O'Sullivan the inadvisability of pursuing such a course after the unanimous expression of the approval of the guardians of Dr. MacCabe's report.

The following letter was then read.

UNION INFIRMARY.

"To the presiding Chairman Limerick Board of Guardians.

"My Lords and Gentlemen—It is with feelings of reluctance, and indeed regret, that we the medical officers of your Union are compelled to ask the protection of your Board from the course of conduct adopted towards us by a certain guardian, and we regret to say a professional brother, which conduct if permitted to continue must seriously interfere with us in the discharge of our duties, and is calculated to lessen that respect and confidence in us which is necessary for the proper working of your hospital. The guardian to whom we allude to (Dr. O'Sullivan) has frequently visited the hospital wards without being attended by any of the officers of the union which is contrary to the rules, and no later than Friday last, visited on two occasions the hospital wards of the lunatic division, and there openly—in the presence of the inmates—without authority, questioned a pauper attendant in charge of the department as to the particulars and treatment adopted by us on the 13th and 14th December last in the case of one John Madigan, a patient admitted to the workhouse hospital. It will be seen on reference to your minutes that on the 8th of October, 1873, Dr. O'Sullivan, who was then one of the visiting physicians, wrote to your Board requesting that visitors, whether medical men, guardians, relatives, or friends, be not permitted to interfere with the general regulations of your hospital or the treatment of patients; and this request which (as he states) is so reasonable, is marked "approved." Since, however, Dr. O'Sullivan's election as guardian, the numerous notices of motion which he has handed in bear anything but a friendly feeling towards the Medical Officers of your Union, and we feel we would be unworthy of the onerous positions with which you have entrusted us if we did not bring the matter under

the notice of your Board, and represent to you the results likely to follow any undue or unnecessary interference with us in the discharge of our duties, which we are sure will not meet with the approval of your board, or that of the public generally—We have the honour to remain my Lords and Gentlemen, your obedient servants,

"F. W. O'Connor,
"Patrick Barry,
"Rd. O'Kelly."

Dr. O'Sullivan said he had pleaded guilty to every word in that letter, and expressed himself justified in the course he had adopted.

The Chairman and Mr. Powell considered that no Guardian had a right to go to the hospitals and interfere in their management.

Mr. Fitzgibbon said that, by way of testing the felling of the board on the subject, he would propose a resolution that the board express their fullest confidence in the medical officers.

Lord Clarina said he would second the resolution with pleasure, as he had been the means of having the recent inquiry held. At the time Doctor O'Sullivan wrote to him and earnestly desired to impress on him to allow himself to be nominated on a committee of the board to inquire into the working of the hospitals, but he declined, and stated his reasons for declining in a letter to Dr. O'Sullivan, in which he stated that he thought some official inquiry ought to take place.

The Chairman then put the resolution, which was carried almost unanimously, Dr. O'Sullivan alone dissenting.

Dr. O'Sullivan, handed in the notice of motion for this day fortnight, to move that the Local Government Board he asked to institute a sworn inquiry into the manner in which Dr. MacCabe had conducted his inquiry and into the treatment of the man Madigan.

BALLINA UNION.

CROSSMOLINA DISPENSARY.

Dr. Mahon applied for a fortnight's leave, owing to ill-health, and Dr. Canny was appointed to act for him, to be paid £3 a week.

Mr. Crean mentioned that Dr. Mahon got an increase of salary on the distinct understanding that he was to pay his substitute when he should require one.

The Chairman mentioned that the Dromore West Board of Guardians required a medical officer there to pay his substitute during his abscence.

Mr. Pratt—A similar application came before the Committee a few years ago, and they then looked over the minutes, and found that the resolution to which Mr. Crean has referred did not apply to absence through sickness.

Mr. Mostyn—This is a case of sickness, and we should sanction the action of the Committee. The Dromore West case was not one of sickness, I understand.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 12, 1877.

Total registered deaths in Dublin and suburbs *	...	188
Ten years average of same week	...	156
Excess of mortality above average	...	32
Ratio of deaths, suburb of Rathmines	26·8	per 1,000
,, ,, ,, Donnybrook†	7·0	,,
,, ,, ,, Blackrock	36·1	,,
,, ,, ,, Kingstown	30·9	,,
,, ,, Entire Dublin district	31·1	,,
Comparative Ratios—London ...	23·8	,,
,, ,, Glasgow...	30·0	,,
,, ,, Edinburgh	25·7	,,

The number of deaths from zymotic diseases registered during the week is 31 : average number for the corresponding week of the previous ten years, 29·3. Among the deaths of this class are, 1 from small-pox (that of a van-man, aged 34 years, duration of illness 10 days), 7 from measles, 3 from scarlatina, 6 from fever (2 typhus, 3 typhoid, and 1 simple continued fever), 5 from croup, 2 from whooping-cough, &c.

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May 12th, 1877; the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, May 12, 1877. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	31	183	188	30	57	1	7	3	...	2	6	...	3	5	60
Belfast . .	20,687	182,082	30	130	106	18	17	...	5	1	...	1	7	3	3	...	21
Cork . .	13,816	91 965	28	56	49	5	16	...	...	...	...	...	2	3	...	1	21
Limerick .	8,509	44,209	21	21	18	4	3	...	...	...	...	...	2	..	...	...	7
Londonderry	21,865	30,884	29	22	17	6	5	...	...	...	...	...	1	...	...	...	7
Waterford .	17,209	30,626	20	12	12	2	2	...	...	...	...	...	...	...	...	...	7
Galway	21,358	19,692	50	18	19	3	4	...	...	...	...	...	...	...	...	...	2
Sligo . .	30,835	17,285	27	3	9	1	4	...	...	...	..	...	1	...	...	...	

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 30, 1877.

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ETHER DRINKING IN THE NORTH OF IRELAND.

Harry N. Draper, F.C.S., M.R.I.A.

In the year 1870 I made a communication to the Medical Press on this subject, in which were stated all the facts which could at the time be elicited by a painstaking inquiry. To me the most remarkable outcome of this was the almost total absence of any apparent interest in the matter though as I pointed out, it involved not only a social question of great gravity, but seriously affected the Revenue and the interests of the Fire Insurance Companies, I have still to regret the absence of personal opportunity of investigating the subject, but shortly after the appearance of my paper I was enabled to interest in the subject a friend upon whose capacity for observation and absolute integrity I could rely. This friend has, within the last few weeks, sent me the following notes, made during a residence of several years in that part of the north where the practice of ether drinking prevails. They are interesting as showing that the habit still continues, and as in all essential particulars corroborating the original observations. They include also to me quite a novel feature, the possibitity of the ignition of the breath of the ether drinker. In printing these notes, I would ask again that those of your readers who reside in those parts of the north where ether is used as an ordinary daily stimulant, will, through your columns, state the results of their own observations, and especially that if any of them know of any well authenticated case where an ether drinker has, in the words of my correspondents informant, "tuk fire inside." It is also interesting to note that the difficulty of obtaining information on the subject evidently arises from the fact that the votaries of ether are much more ashamed of the habit than any class of alcohol drinkers. I think this plainly points to the conclusion that ether drinking is not a social but a half secret practice, and one not held in good repute.

When ether first appeared at Draperstown, co. Derry, (said to be about 1842) the "wonderful new drink" was greatly spoken about, and people gradually became acquainted with it, its use at length spreading rapidly till it came to their very doors.

The publicans (*a*) in Maghera, co. Derry, do not sell it, but is got at the shops of the petty grocers, who obtain it from the local druggists, and who, it is said, sell it at a large profit, in many cases to people who would not drink whisky. The dose is half an ordinary wineglass-full, or rather less, for which the sum of three halfpence is paid. Many drink it pure, taking about the same quantity of cold water immediately after it. Others mix water with it, using equal parts; while some take it mixed with only about one-fourth part of water. Water seems to be in all cases swallowed after the dose.

In the same town (Maghera), and in the adjoining district, the use of ether is dying out, owing to the fact that it has been, as the people say, "cursed" by the parish priest; (*b*) and it is said that now "no Catholic dar sell it." Ether appears to have been sold for the first time in this town between 1845 and 1850, and it became very common five or six years after its introduction; its use reaching a climax about 1869, when the exertions of this clergyman were directed against it with considerable success.

The Roman Catholic clergyman at Draperstown, similarly opposed its use in his parish, and it is said to have induced sellers to give up their stocks to him for their value or something over it, he returning the ether to the original sellers in Belfast for whatever price he could get.

(*a*) Some say, and I believe it is true, that it is obtained occasionally in the lowest public-houses, both in towns and country, but especially the latter.

(*b*) It would appear that at least in some cases residents consider themselves at liberty to indulge in ether, provided they do so beyond the boundary of their own parish.

The ether was at first used pure for some years, but it is said to have been of late greatly adulterated. An informant says the fact is "some kind ev sperrit" has been substituted for it, and this is "taken asier widout wather nor the ayther used to be."

Results, &c., of Ether Drinking.—Towards the end of 1875, a young man died at Draperstown from excessive use of ether and whisky. He is said to have taken an unusually large dose of the former as a last drink previously to giving all up to the priest, and besides this had been drinking hard for some time, both whisky and ether.

Details of a case (probably the same) in words of informant. "He dhrank a big dhraft uv it, and he wint out é the house and did'nt crass the crib-stone t'll he dhropped an never spoke." Q. Had he been drinking much of it latterly? A. Oh! aye, he wuz dictated (addicted) to the ayther, and jist wint on t'll it killed him."

Another piece of information by the same person. "I knew of a man that wuz always dhrinkin it, an wan day afther a dose uv it he wint to light his pipe, an the fire cot his breath, an he tuk fire inside, an only fur a man that was carryin' a jug é wather wud some whisky to the kitchen, he'd a' lost his life. He jist held him down at wanst as quick as he could, an poured down the wather down his throat. Q. Well, did he recover? A. Oh! aye, he recovered, but the inside uv him wuz on fire, an only fur the wather he'd a' burned away." The informant himself, a publican, condemns the ether as a dangerous drink, and boasts that he never kept it in his shop.

Opinion of a labouring man, Jan. '76.—"Et's the thremenjessest (most tremendous) stuff offered, but it's near bet down, fur none iv the clargy iv any 'profession' 'll allow it."

Supposed loss of sight through the use of ether.—A young man, living between Desertmartin and Maghera, is said to have lost his eyesight from the frequent use of ether, and to be at present in an ophthalmic hospital.

—— says she knows of people that have "gone out of their minds from dhrinkin ayther." This is confirmed by a statement of a man met with, going up Slieve Gallion Mountain, in the same district (Draperstown), that "the ayther is puttin' the people asthray an desthroyin' their heads" (and yet he was carrying a bottle of it up with him).

There is a difficulty in procuring trustworthy information, as the people who could give it are extremely reticent on the subject. This, I believe, proceeds from a sense of shame, or a desire to avoid being thought capable of stooping to the use of so (comparatively) contemptible a beverage. (An important consideration in endeavouring to "nip it in the bud" before it makes a name for itself as whisky has done.)

I knew an old woman at Maghera who spoke severely against ether and ether drinkers, and next day she herself emitted a strong odour of it; and, as I afterwards learned, used frequently to indulge in it.

Another woman who, with her sister, used to drink ether, though not extensively, gave it up when their father "swore that if iver they tasted another dhrop, they'd niver cross his doorstep agin'."

Clinical Records.

TWO CASES OF PLACENTA PRÆVIA TREATED WITH LIQUOR FERRI PERCHLORIDI.

By W. T. Greene, M.A., M.D.,
Fell. of the Obstetrical Society of London, &c., &c.

Case 1.—On the 20th February, 1876, I was sent for to visit Mrs. S., a stout, unhealthy-looking multipara, about 40 years of age, who was reported to have had a severe flooding a short time previously, before any labour pains had been felt. These, however, must have followed quickly, as on my arrival I found the os uteri dilated to about the size of a florin; the presentation was placental, and no part of the child could be felt. The hæmorrhage was slight during the intervals, but recurred in an alarming manner with each pain. I had brought some liq. ferri perchlor. with me, and having tested its efficacy in controlling post-partum hæmorrhage, at once concluded to try what could be done by its aid towards checking ante-partum, or unavoidable, hæmorrhage. I charged an ounce-and-half glass syringe with a mixture containing one half-ounce liq. ferri perchlor. and one ounce water, and bringing the nozzle of the syringe into immediate contact with the presenting portion of the placenta, slowly discharged the contents of the syringe, and the bleeding ceased at once. On making a further examination, I found that the placenta only slightly overlapped the posterior lip of the os uteri, I carefully separated that portion from its attachment to the uterus, and, as the hæmorrhage had returned, once more applied the styptic with the same effect as before. As the pains were strong, and the head presenting, I did not interfere again, after a few pains the membranes ruptured, the liquor amnii escaped and the child was born about half an hour afterwards, dead, probably from asphyxia, as the placenta followed immediately, quite bloodless, and had, I think, been detached at least some minutes. The patient made an excellent recovery in spite of brandy, consequent unpleasantness with her husband, and a very indifferent nurse. I regretted very much not having turned, as, in that case, I believe the child's life would have been saved.

Case 2.—On the 14th of January of this year (1877), I was sent for to see Mrs. C., who did not expect to be confined for another month, but was nevertheless reported to be in labour. On my arrival, about 8 o'clock in the morning, the pains were so trifling that I did not think it necessary to make any vaginal examination, especially as there was no hæmorrhage, in fact no discharge of any kind. I ordered a sedative and thought the pains would probably pass away, and the patient go her full time. In the afternoon, however, I was sent for again, and on my arrival found that considerable hæmorrhage had taken place soon after my visit in the morning, and had continued, at intervals, ever since. On making an examination I found the placenta presenting and the os uteri dilated to about the size of the top of a tea-cup. I lost no time in applying the liq. ferri perchlor. which effectually checked the hæmorrhage that was beginning to tell on the patient, a very hysterical person, whom I had previously attended in six natural confinements. On explaining the nature of the case to the husband and mother, they expressed a wish to see a physician; so I sent for Dr. ——, and contented myself, while awaiting his arrival, with simply watching the case: no hæmorrhage of any consequence took place, and on Dr. ——'s arrival the os was almost fully dilated, so that he was enabled to turn directly. The child, a small one, was alive, and is now thriving. The patient made a capital recovery, without a single bad symptom.

Independently of its great and acknowledged value in checking hæmorrhage I believe the liquor ferri perchloridi to possess considerable antiseptic properties, which, in cases where the placental surface of the uterus is so close to the atmospheric air as in placenta prævia, are especially valuable. For my part, although Dr. —— thought that the application of the styptic had caused a certain amount of rigidity of the os, so that he had some difficulty in introducing his hand into the uterus, I am so satisfied with its action in these cases that I shall not hesitate for a moment to use it again whenever an opportunity for so doing presents itself; and if applied at once, as soon as the nature of the case has been made out, and repeated if necessary, until the parts are in a suitable condition for turning, I believe many lives will be saved in a class of

cases fraught with much anxiety to the medical attendant, and great danger to mothers and children.

The stains on the hands caused by the liquor ferri may be readily removed by washing them in dilute phosphoric acid.

PAPERS ON THERAPEUTICS.

By W. Handsel Griffiths, Ph.D., F.C.S., L.R.C.P.E.,
Corresponding Member of the Therapeutical Society of Paris, of the Medical Society of Lisbon, and of the Pharmaceutical Society of St. Petersburg.

ACIDUM SULPHURICUM.

Concentrated sulphuric acid violently attacks the tissues in consequence of its affinity for their organic bases and for water. When first applied it causes a white stain of sulphate of albumen, it finally corrodes and blackens organic matter. The difficulty of restricting its action is an objection to its use as a caustic, except in cases of poisoned wounds, bites of rabid animals, &c.

Mixed with various substances the concentrated acid has been used as a caustic paste. Ricord recommends its admixture with charcoal. Simpson used a paste made with sulphate of zinc, Velpeau used a paste consisting of two parts of the concentrated acid mixed with one part of saffron. Syme's paste was made with sawdust.

Dilute sulphuric acid acts as an astringent when locally applied, and is used as a lotion to venereal and indolent ulcers. It has been particularly recommended as an application in gangrene of the mouth.

Brodie used a liniment consisting of a drachm and a half of the strong acid, an ounce and a half of olive oil, and half-an-ounce of oil of turpentine as a counter-irritant in chronic inflammation of the synovial membrane of the knee-joint.

Sulphuric acid is used as a caustic to the integument of the eyelid in entropion, and to the conjunctiva reflected on the eyelid in ectropion.

Lotions of the acid are useful in certain skin affections; thus Dr. A. Thompson and others use it in scabies, it is recommended in pruritus by Clutterbuck, in lichen and urticaria it is well spoken of by Waring. Crampton used an ointment consisting of one part of the acid to eight of lard in tinea capitis, and Eberle used an ointment of it in the treatment of prurigo formicans with success.

When sulpuric acid is administered internally the greatest precaution should be taken to protect the teeth from its destructive action.

Given internally its increases the appetite. According to Bruhl, Cramer, Roth, and others the frequent use of it will remove the craving for alcoholic drinks experienced by habitual drunkards, but it is doubtful if it effects any permanent good in such cases.

Sulphuric acid acts as an astringent to the intestine. In sudden serous vomiting and purging of infants it has been used with great advantage by Wood. It hinders digestion by precipitating albumen. When taken for too long a period it may cause griping, to prevent which it is sometimes combined with opium.

It has been advantageously used in cholera, and it would appear from the observations of Dr. R. G. Curtin (*Phil. Med. Times*, vol. 3, p. 649), that it is prophylactic against this disease.

The use of sulphuric acid is very beneficial in choleraic diarrhœa, and in such cases should be combined with opium and carminatives. Its mode of action is doubtful. Ringer suggests that it may act by checking the formation of acid in the intestines, or as an astringent. In the latter case, he thinks that the astringent action must be exerted through nervous sympathy between one part of the canal and another for the acid is changed into sulphate in the upper part of the small intestine. Dr. H. Bence Jones suggests that sulphuric acid is eliminated, in part at least, as a free acid by the mucous membrane of the lower bowel.

In treating bowel complaints with sulphuric acid it should not be persevered in if the first few doses fail to mitigate the symptoms.

In acid dyspepsia sulphuric acid by constringing the gland-ducts prevents or lessens their excessive excretion of acid. In alkaline pyrosis it acts by direct chemical action.

In the diarrhœa of typhoid, Dr. H. Kennedy places more reliance on sulphuric acid than on any other remedy. It is best to commence it in small doses. Neumann also regards it as being superior to all other acids in the treatment of such cases. There is considerable diversity of opinion as to the stage of the disease in which it should be administered.

In fevers of a typhous type drinks acidulated with sulphuric acid may be given when there is no tendency to diarrhœa.

In therapeutic doses sulphuric acid is converted in the blood into sulphates. If the dose given be small it is at once neutralised by the alkalies of the blood, but if it be large it may not all be neutralised, and may set free other acids in the blood combining with their bases. Sulphuric acid renders the blood darker and more coagulable. It is said by some writers that sulphuric acid is less useful than other remedies in hæmorrhages, but it is the experience of most practical physicians, that in aromatic sulphuric acid we have a powerful agent for good in internal hæmorrhages from mucous surfaces. In passive hæmorrhages, Dr. W. Frazer suggests its combination with gallic acid. In uterine hæmorrhages it is commonly prescribed with opium and infusion of roses. In hæmorrhages from dissolution of blood, as in purpura and scurvy, it acts beneficially by reason of its coagulating tendency on the albumen of the blood, and in this respect it is superior to all other mineral acids.

In hæmorrhage from the lungs it is certainly an efficacious remedy, and its action is explicable by assuming that it is most probably eliminated by all mucous membranes as a free acid. Sulphuric acid lessens the frequency of the pulse. In the diluted form it is used as a refrigerant in fevers, and combined with infusion and syrup of roses it constitutes an excellent gargle in scarlatina and in cynanche tonsillaris. The mouth should always be well rinsed after using it. In the latter stages of fever it may be advantageously administered, combined with some vegetable bitter tonic as calumba, cinchona, or quassia.

Sulphuric acid causes acidity of the milk secretion, and hence should be avoided by nursing mothers as it tends to gripe the infant.

Sulphuric acid has been recommended in the treatment of phosphatic deposits.

When given internally sulphuric acid acts as an astringent to the skin, because probably it is in part eliminated by the skin as a free acid; it is hence useful in night-sweats. In these cases it should be combined with sulphate of zinc and its combination with cinchona is also beneficial. It ought not to be given if diarrhœa be present. In the sweating of phthisis, Christison regards it as being superior to all other remedies. In this affection Graves gave it in combination with hyoscyamus.

Sulphuric acid was once proposed as a remedy in syphilis, and Mr. Pearson found that in cases when mercury is inadmissible, and which are attended with some degree of hectic the dilute acid exercises a temporary benefit.

Considerable success has attended the administration of sulphuric acid in acute lead poisoning, and it has been proposed by M. Gendrin as a remedy in chronic lead poisoning—a treatment which is well spoken of by Dr. H. Bennett. Gendrin gives 44 drops of the acid in a pint of water, two or three times in the twenty-four hours. Warm sulphuric acid baths may also be given daily. It has been claimed for sulphuric acid that it is prophylatic of lead poisoning, but this opinion is by no means universally held; indeed, MM. Tanquerel, Grisolle, and others, believe that it rather predisposes to this affection.

Concentrated sulphuric acid is a corrosive poison giving rise to pain in the mouth, throat, and epigastrium, violent vomiting of dark blood and sometimes membranous substances, symptoms of collapse and profuse salivation. The mind usually remains clear to the last. The later symptoms are those of ulceration of the œsophagus, and stomach, and the larynx is also seriously affected. The amount of sulphates in the urine is greatly diminished, the urine may be albuminous and contain casts, desquamative nephritis may be developed some days after the subsidence of the first symptoms. Recovery may take place, but subsequent stricture of the œsophagus is to be feared. In poisoning by sulphuric acid the blood has been found coagulated, even in the distant arteries, and this may account for such symptoms as dyspnœa, small, almost imperceptible pulse, icy coldness and spasm of the muscles of the extremities.

The best antidote is magnesia in milk, carbonates are objectionable for reasons stated in a former paper.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SESSION 1877.

SATURDAY, MAY 19.

VISITATION OF MEDICAL SCHOOLS.

The Council resolved into Committee for the consideration of Dr. Humphry's motion with regard to the visitation of medical schools.

"That it is desirable that visitation of the several medical schools, the certificates of which are received by any of the Licensing Bodies, should, from time to time, be made by this Council."

Mr. Lister said the proposal was simply that the Council should institute a visitation of the schools with reference to the efficiency of their means of instruction—hospital opportunities, dissecting-rooms, laboratories, &c. Such a visitation could be carried out at very little expense. A single day would suffice.

Dr. Rolleston said no doubt some good would arise from the proposed scheme, but would it not be more than counterbalanced by the evil. He could not separate the *personnel* from the *matériel*. It was impossible to visit the school without visiting the teacher, and without lowering the teacher's dignity. It was useless to inspect the material; what the Council wanted to know was whether the material had been utilised, and that could be ascertained only by examinations. Students should be allowed to get their knowledge where they pleased, and he should be sorry to see any limitations proposed. He agreed with Mr. Lowe, that in teaching there should be competition, with as few restrictions as possible; but in examination unification, the proposed step would check individual enterprise.

Dr. Humphry said it was generally admitted that the visitation of the schools would be a good thing, the objections being to its practical working. It was not contemplated that the visitation should take place in opposition to the wishes of the schools, but he was certain that no school would refuse. No one had thought of the visitor listening to each individual lecturer, or sowing dissension between him and his pupils. All that was wanted was to ascertain the general apparatus and the plan of teaching. He thought far greater good would be done by visiting the schools than by visiting the examinations, for the former were the sources and fountains of knowledge, and it was of the highest importance to see that they were clear and good. Dr. Humphry touched lengthily on the legality and expense of visiting the schools, being of opinion that the Council had full power to visit schools, although it was not specially mentioned in the Act, and that the expense of so doing was not a question for consideration.

Mr. Simon said the fundamental principle of good government was to avoid the division of responsibility; and if the motion were carried it would create a division of reponsibility in an important function. The Council was entitled to ask the Licensing Bodies under what conditions they recognised the schools; and if that recognition was on sufficient grounds, then it might be the duty of the Council, not as the ordinary but as an extraordinary authority, to superinspect. In such cases, only, it might be the duty of the Council to visit the schools. Just as in sanitary administration the Government did not visit nuisances, but visited the local authorities whose duty it was to look after the nuisances.

The motion was negatived, only four voting in favour.

The Council then resumed.

Dr. Humphry's Report, which in committee had been discussed, was then brought up as a whole in the following form.

The clauses were moved by Dr. Humphry, and were severally agreed to:—

That it is desirable that the examination in general education be left to the universities, and such other bodies engaged in general education and examination as may from time to time be approved by this Council; and that it be delegated to the Executive Committee to communicate with the licensing bodies on the subject.

That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the Registrar of the General Medical Council.

That a letter be addressed to each of the examining boards whose certificate is accepted as a test of preliminary education by this Council, directing attention to the complaints which have been made by several of the licensing bodies with regard to the insufficiency of the general education of many of the candidates presenting themselves for their examinations.

That it be a recommendation to the licensing bodies that there be in future three professional examinations.

That the professional examinations be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study.

That the examinations, and the subjects included in each, be such, and in such order, as may insure, so far as possible, a due continuity and sequence of study.

That it is desirable that an examination in the earlier subjects of professional study should *take place* before the end of the first year of professional study."

In reference to the last clause, Dr. Pyle stated that it would be a great hardship upon provincial students to go upon three separate occasions from the places in which they were studying to the towns in which the examinations were held.

REPORT OF THE COMMITTEE ON RECOMMENDATIONS.

Dr. Wood brought forward the report of the Committee of Recommendations on certain Clauses of Dr. Humphry's Report. He said that there was a report presented last year which had never been considered. He suggested that the Council should consider the two Reports on Recommendations together.

Dr. Wood then moved the following resolutions, which were agreed to:—

1. That no person be allowed to be registered as a medical student unless he shall have previously passed a preliminary examination in general education as hereinafter provided.

2. That it be delegated to the Executive Committee to prepare annually, and lay before the Council for recognition, a list of the examining bodies whose examinations fulfil the conditions of the Medical Council as regards general education.

Dr. Wood then moved and Dr. Humphry seconded:—

3. That for the present, testimonials of proficiency granted by educational bodies, according to the subjoined list be accepted; the Council reserving the right to add to or take from the list.

This list was a long one, including all the Universities and Examining Bodies of the United Kingdom, Colonial, Indian, and Foreign Universities and Colleges.

Dr. Aquilla Smith moved, as an amendment:—"That the nineteen 'colonial and foreign universities and colleges,' of which the examinations as regards preliminary education are recognised by the General Medical Council (*Minutes*, xiii., 274), be struck out of the list of examining bodies for preliminary education." He said that they had evidence in the reports of the visitors that the preliminary examinations of the bodies to which he referred were inefficient. Evidence to the same effect had been given by Dr. Haldane, and Dr. Andrew Wood had testified that the preliminary education as at present conducted was unsatisfactory. He himself could corroborate this view. When the Council were dealing last year with Mr. Cowper-Temple's Bill, the Council urged, as a reason for refusing to admit foreign degrees on the register, that they had no power to exercise supervision and control over the examinations. The same argument might be applied to the recognition of the preliminary examinations of the nineteen colonial and foreign universities and colleges which were now recognised by the Council. The Council, having expressed their grounds for refusing to admit foreign degrees, their action would be inconsistent if they recognised preliminary examinations conducted by universities and corporations whose examinations they were unable to supervise.

Sir William Gull said that it would be very inconsistent for the Council to adopt the amendment, when only three days ago they had recommended to the Government that there should be a special list in the *Register* for colonial degrees.

Dr. Wood believed that some of the examinations referred to in Dr. Aquilla Smith's amendment were as good as any. Even if the Council had not passed the motion of three days ago, it would be very harsh to disfranchise the colonial colleges.

Dr. Aquilla Smith, in reply, said that he had merely desired to point out what he regarded as a great inconsistency

on the part of the Council. He believed that some colonial examinations were better than some in this country. The amendment was negatived, and the original motion carried.

Mr. MACNAMARA said that the time had now arrived for him to lay before the Council certain communications from the Royal College of Surgeons in Ireland, and which appeared on the programme, and to move the resolution of which he had given notice.

The following correspondence was then read by the Registrar :—

Dublin, April 7, 1877.

Dear Sir,—I am directed by the President and Council of this College to forward to you, for the information of the General Council of Medical Education and Registration, the enclosed copies of their correspondence with the Senior Lecturer of Trinity College, Dublin, on the subject of preliminary education and examination.

(Signed) J. STANNUS HUGHES, Secretary of Council.

To W. J. C. Miller, Esq., Registrar of the General Medical Council.

P.S.—For obvious reasons the name of the candidate referred to in the enclosed correspondence has been omitted by me, by the directions of the President and Council of this College.

J. S. H.

[Letter No. 1.]

Royal College of Surgeons, Ireland, Dublin, March 16, 1877.

Reverend and dear Sir,—I have it in direction from the President and Council of this College to draw, through you, as Senior Lecturer, the attention of the Board of Trinity College to the following facts :—

A Mr. X presented himself as a canditate to pass the Preliminary Examinations conducted in this College upon the following dates :—20th of October, 1875, 19th of April, 1876, 19th of July, 1876, and 18th of October, 1876; upon all of which occasions he was rejected. In the month of November, 1876, through means of a Private Entrance Examination, and upon the payment of a fee of fifteen pounds, he was matriculated as a Junior Freshman of Trinity College, and thereby, in accordance with the existing arrangements of the General Medical Council, so far as preliminary education and examination are concerned, qualified to enter the medical profession.

The President and Council of this College desire to direct the attention of the Board of Trinity College to the difficulties thus thrown in their way of securing that which they look upon as a matter of primary importance—the enforcement of a good standard of preliminary education on the part of students seeking their license.

(Signed) J. STANNUS HUGHES, Secretary of Council.

To the Rev. J. H. Jellet, Senior Fellow and Senior Lecturer, Trinity College, Dublin.

MEM.—To this letter the Secretary of Council of the College of Surgeons received in reply the following letter (Letter No. 2) from the Senior Fellow and Lecturer of Trinity College :—

[Letter No. 2.]

Trinity College, Dublin.

Dear Sir,—I have looked into the details of the case of Mr. X, and find that the marks which he received in Greek and Latin, algebra, and English composition would not have justified me in rejecting him at an examination which is only intended to ascertain whether the candidate possesses sufficient knowledge to enable him to take advantage of the instruction given here.

An examination having such a purpose is never a severe examination, nor ought it to be regarded as indicating the amount of general knowledge required for a learned profession.

I have to observe that we do not regard this examination as a sufficient test of the general knowledge required of those who seek our license in surgery. On the contrary, we require of candidates seeking that license that they should complete a two years' course in arts.

(Signed) JOHN H. JELLETT, Senior Lecturer.

J. Stannus Hughes, Esq., M.D.

P.S.—I should add that I laid your letter before the Board, and write by their direction.

[Letter No. 3.]

Royal College of Surgeons in Ireland, Dublin, April 5, 1877.

Dear Sir,—I am directed to inform you that, at a meeting of the President and Council held this day, the following resolution was passed by them :—

"That this Council, having taken into consideration the letter of their Secretary addressed by their order to the Senior Lecturer of Trinity College, Dublin, bearing date March 16, 1877, and the reply thereto (undated) of the Senior Lecturer, hereby adopt the following ordinance :—'That, for the future, no certificate of preliminary education emanating from Trinity College, Dublin—unless it goes to prove that its presenter is of Junior Sophister standing—shall be accepted by the Inspection Committee as an equivalent to the Preliminary Arts Examination of this College.'"

(Signed) J. STANNUS HUGHES, Secretary of Council.

To the Rev. J. H. Jellett, T.C.D.

Mr. MACNAMARA then moved the following resolution :—"That this Council take steps to carry out, as far as may be practicable, visitations of the examinations on preliminary education conducted by the several bodies, the certificates of which are accepted by this Council as being satisfactory."

Dr. APJOHN stated that the entrance examination at Trinity College was a very high one; it was not only a very formidable one to pass, but was an honours examination, and the candidates were classed in the order of merit. He referred to the public entrance examination. There was, however, a private examination, the object of which had been already stated in the correspondence by Mr. Jellett.

The PRESIDENT called attention to the fact that there was no motion before the meeting.

Dr. WOOD moved :—"That for the words 'entrance examination' be substituted the words '*public* entrance examination.'"

Sir DOMINIC CORRIGAN said that a candidate who could not pass at his University could go to Trinity College and pay five shillings, and get matriculated as a medical student. He required further information, and should move the adjournment of the debate.

MONDAY, MAY 21.

The Council resolved itself into Committee for the adjourned consideration of the Report of the Committee on Recommendations.

Moved by Dr. WOOD, "That, under the head 'Dublin,' on p. 273 of Vol. xiii. of the Minutes, for the words 'Entrance Examination,' be substituted the words 'Public Entrance Examination.'"

Sir DOMINIC CORRIGAN said a student could enter to the study of medicine at Trinity College, either by the public entrance examination, or by the private entrance examination, which meant a payment of £15, or by matriculation, a payment of 5s. only. The University of Dublin also adopted a strange course with regard to its license. It gave the license, after a two years' course in arts, and the holder was entitled to privileges under the Medical Act. A licentiate being in practice for a time, returned and received his degree, without being further examined in professional subjects.

Dr. APJOHN said the education and examination for the license were the same as for the degree of Bachelor of Medicine, the difference being that two years of study in arts were required for the license, and four years for the degree. The matriculation was an extra examination under a former Act to enable students to study medicine in Trinity College, who could not otherwise be registered as medical students. He gave it as his opinion that the public entrance examination, as distinguished from the private entrance examination, was in every respect a testing examination.

The motion was agreed to.

The discussion on the Reports of the Committee on Recommendations was continued throughout Monday, Tuesday, and Wodnesday.

The Council then resumed, and it was moved by Dr. WOOD, and seconded by Sir JAMES PAGET, and agreed to :—"That this Report, as agreed to by the Council in Committee be, with the foregoing amendments, received and adopted, and entered on the Minutes as Recommendations of the General Medical Council of Education and Examination."

The opinion of the Council with regard to Medical Education formed after a very long discussion is therefore expressed in the following report :—

RECOMMENDATIONS OF THE GENERAL MEDICAL COUNCIL ON EDUCATION AND EXAMINATION.

Chapter I.—Preliminary Examination.

1. That no person be allowed to be registered as a medical student unless he shall have previously passed a preliminary examination in the subjects of general education as hereinafter provided.

2. That it be delegated to the Executive Committee to prepare annually and lay before the Council for recognition a list of examining bodies whose examinations fulfil the conditions of the Medical Council as regards general education.

3. That, for the present, testimonials of proficiency granted by educational bodies, according to the subjoined list, be accepted, the Council reserving its right to add to or take from the s

A Degree in Arts of any university in the United Kingdom, or of the Colonies, or of such other universities as may be specially recognised from time to time by the Medical Council is considered a sufficient testimonial of proficiency.

List of Examining Bodies whose Examinations fulfil the Conditions of the Medical Council as regards Preliminary Education.

I.—Universities of the United Kingdom.

Oxford—Examination for a degree in Arts; responsions; moderations; local examinations (senior), certificate to include Latin and mathematics; local examinations (junior), certificate to include Latin and mathematics, and also one of the following optional subjects, viz., Greek, French, German, natural philosophy including mechanics, hydrostatics, and pneumatics.

Cambridge—Examination for a degree in Arts; previous examination; local examinations (senior), certificate to include Latin and mathematics; local examinations (junior) certificate to include Latin and mathematics, and also one of the following subjects, viz., Greek, French, German, natural philosophy including mechanics, hydrostatics, and pneumatics.

Durham—Examination for a degree in Arts; examination for students in their 2nd and 1st years; registration examination for medical students; local examinations (senior) certificate to include Latin and mathematics; local examinations (junior), certificate to include Latin and mathematics, and also one of the following optional subjects, viz., Greek, French, German, natural philosophy including mechanics, hydrostatics, and pneumatics.

Oxford and Cambridge Schools Examination Board—Certificate to include arithmetic, including vulgar and decimal fractions; algebra, including simple equations; geometry, first two books of Euclid; Latin, including translation and grammar; and one of the following optional subjects: Greek, French, German.

London—Examination for a degree in Arts or Science; matriculation examination.

Aberdeen, Edinburgh, Glasgow, and St. Andrews—Examination for a degree in Arts; preliminary examination for graduation in medicine or surgery.

Edinburgh—Examination of (senior) candidates for honorary certificates under the local examinations of the University of Edinburgh.

Dublin—Examination for a degree in Arts; public entrance examination.

Queen's University (Ireland)—Examination for a degree in Arts; entrance examination; examination for the diploma of Licentiate in Arts; previous examination for B.A. degree.

2.—Other Bodies named in Schedule (A) to the Medical Act.

Royal College of Surgeons of England—Examination conducted under the superintendence of the College of Surgeons, by the Board of Examiners of the Royal College of Preceptors.

The Society of Apothecaries in London—Examination in Arts.

Royal College of Physicians, Edinburgh, and Royal College of Surgeons, Edinburgh—Preliminary examination in general education, conducted by a board appointed by these two Colleges combined.

Faculty of Physicians and Surgeons of Glasgow—Preliminary examination in general education.

Royal College of Surgeons in Ireland—Preliminary examination, certificate to include mathematics.

Apothecaries Hall of Ireland—Preliminary examination in general education.

3. Examining Bodies in the United Kingdom not included in Schedule (A) to the Medical Act.

Royal College of Preceptors—Examination for a first-class certificate.

The Examiners for Commissions and Appointments in Her Majesty's Service, Military, Naval, and Civil—Certificate to include all the subjects required by the General Medical Council.

4.—Indian, Colonial, and Foreign Universities and Colleges.

Universities of Calcutta, Madras, and Bombay—Entrance examinations, certificate to include Latin.

Universities of M'Gill College, Montreal; Toronto; Trinity College, Toronto; Queen's College, Kingston; Victoria College, Upper Canada.—Matriculation examination.

King's College, Nova Scotia.—Matriculation examination, responsions. Medical College, Halifax, Nova Scotia.—Matriculation examination.

University of Fredericton, New Brunswick.—Matriculation examination.

University of Melbourne.—Matriculation examination, certificate to include all the subjects required by the General Medical Council. Sydney and the Cape of Good Hope.—Matriculation examination.

Codrington College, Barbadoes.—1. English certificate for students of two years' standing, specifying the subjects of examination. 2. Latin certificate, or "Testamur."

Tasmanian Council of Education.—Examination for the Degree of Associate of Arts, certificate to include Latin and mathematics.

Christ's College, Canterbury, New Zealand.—Voluntary examinations, certificate to include all the subjects required by the General Medical Council.

South Australian Institute, South Australia, Adelaide.—Preliminary general examination. First-class certificate.

4. That it be recommended to the licensing boards not to accept the certificate of proficiency in general (preliminary) education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate testify that the student to whom it has been granted has been examined in the following subjects:—

1. English Language—including grammar and composition (*a*); 2. Arithmetic—including vulgar and decimal fractions. Algebra—including simple equations; 3. Geometry—First two books of Euclid, or the subjects thereof; 4. Latin—including translation and grammar; 5. And in one of the following optional subjects: Greek, French, German, elementary mechanics of solids and fluids, meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics.

5. That it is desirable that the examination in general education be left to the universities, and such other bodies engaged in general education and examination as may from time to time be approved by this Council; and that it be delegated to the Executive Committee to communicate with the licensing bodies on the subject. (*Minutes*, Vol. xiv., p. 142.)

6. That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in the subjects of general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the Registrar of the General Medical Council. (*Minutes*, Vol. xiv., p. 142.)

Chapter II.—Registration of Medical Students.

7. Every medical student shall be registered in the manner hereinafter prescribed by the General Medical Council.

8. No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study.

9. The commencement of the course of professional study recognised by any of the qualifying bodies, shall not be reckoned as dating earlier than fifteen days before the registration.

10. The registration of medical students shall be placed under the charge of the branch registrars.

11. Each of the branch registrars shall keep a register of medical students according to the subjoined form.

(*a*) The General Medical Council will not consider any examination in English sufficient that does not fully test the ability of the Candidate:—(1) To write a few sentences in correct English on a given theme, attention being paid to spelling and punctuation as well as to composition:—(2) to write a portion of an English author to dictation;—(3) to explain the grammatical construction of one or two sentences; (4) to point out the grammatical errors in a sentence ungrammatically composed, and to explain their nature; and (5) to give the derivation and definition of a few English words in common use.

Provided always, that an Examination may be accepted as satisfactory that secures, on the part of the Candidate passing it, a sufficient grammatical knowledge of English.

Form for the Registration of Medical Students.

Date of Registration.	Name.	Preliminary Examination and Date.	Place and date of commencement of Medical Study, as certified by a Master, Teacher, or Official in a Medical School or Hospital.

12. Every person desirous of being registered as a medical student shall apply to the branch registrar of the division of the United Kingdom in which he is residing, according to the annexed forms, which may be had on application to the several Qualifying Bodies, Medical Schools, and Hospitals;

Form of Application for Registration as a Medical Student.

"I hereby apply to be registered as a Student in Medicine, in conformity with the Regulations of the General Council of Medical Education and Registration of the United Kingdom, for which purpose I submit the following particulars:—

NAME OF APPLICANT. (To be written in words at length.)		Preliminary Examination.	Date of Preliminary Examination.	Place and date of commencement of Medical Study, as certified by a Master, Teacher, or Official in a Medical School or Hospital.
Surname.	Christian Name			

Applicant's Signature _____

Address _____

Date of Application _____

Certificate of Commencement of Medical Study.

"I hereby certify that Mr. ..... has commenced the study of medicine in * ....

* Insert name of School, or Hospital, or place of Apprenticeship, as the case may be.

Signature of Master, Teacher, or Official in a Medical School or Hospital }

Place and Date .....

"*The* REGISTRAR of the BRANCH COUNCIL for .....

.....

.....

"N.B.—The word master or teacher will be held to include any Registered Practitioner whose pupil the applicant may be at the time.

"The Certificate of Examination must testify that the Student has been examined in:—(1) English language, including grammar and composition; (2) Arithmetic, including vulgar and decimal fractions; and algebra, including simple equations; (3) Geometry:—First two books of Euclid, or the subjects thereof; (4) Latin, including translation and grammar; and in one of the following optional subjects:—Greek; French; German; elementary mechanics of solids and fluids, meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics.

"The above form of application, duly and legibly filled up, must be forwarded to the Registrar, post-free, and be accompanied by a certificate of the Applicant's having passed a preliminary Examination as required by the General Medical Council."

and shall produce or forward to the branch registrar a certificate of his having passed a preliminary examination, as required by the General Medical Council, and evidence that he has commenced medical study.

13. The branch registrar shall enter the applicant's name and other particulars in the students' *Register*, and shall give him a certificate of such registration.

14. Each of the branch registrars shall supply to the several qualifying bodies, medical schools, and hospitals, in that part of the United Kingdom of which he is registrar, a sufficient number of blank forms of application for the registration of medical students.

15. The several branch councils shall have power to admit special exceptions to the foregoing regulations as to registration for reasons which shall appear to them satisfactory.

16. A copy of the *Register* of medical students, prepared by each of the branch registrars, shall be transmitted, on or before the 31st of December in each year, to the registrar of the General Council, who shall, as soon as possible thereafter, prepare and print, under the direction of the Executive Committee, an alphabetical list of all students registered in the preceding year, and supply copies of such authorised list to each of the bodies enumerated in schedule (A) to the Medical Acts, and through the branch registrars to the several medical schools and hospitals,

17. The several qualifying bodies are recommended not to admit to the final examination for a qualification under the Medical Acts, any candidate (not exempted from registration) whose name has not been entered in the medical students' *Register* at least forty-five months previously. In the case of candidates from other than schools of the United Kingdom, the branch councils shall have power to admit exceptions to this recommendation.

18. The branch councils are desired to take means to make these regulations known at the various medical schools.

Chapter III.—Age for License to Practise, &c.

19. That the age of twenty-one be the earliest age at which a candidate shall obtain a license to practise, and that the age shall, in all cases, be duly certified.

20. That no license be obtained at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student.

Chapter IV.—Professional Education.

21. That the course of professional study required for a license shall occupy at least four years, of which at least three winter and two summer sessions shall be passed at any school recognised by any of the licensing bodies mentioned in schedule (A) of the Medical Act.

22. That the following are the subjects, without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered :—1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine; and chemical physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology. 4. Materia medica and pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine, including medical anatomy, clinical medicine and therapeutics. 7. Surgery, including surgical anatomy and clinical surgery. 8. Midwifery. 9. Forensic medicine.

23. That the Council will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences, before they engage in studies of a strictly professional character.

24. That a certificate be required, by each licensing body, from every candidate for its degree, diploma, or license to practise medicine or surgery, that he has studied vaccination under a competent and recognised teacher; that he has himself performed the operation successfully under the teacher's inspection; that he is familiar with the different stages of the vaccine vesicle, and with the methods of preserving lymph, and that he is thoroughly informed in every necessary part of the subject. (*Minutes* of General Council for July 2nd, 1868, vol. vi., p. 233.)

25. That such a certificate should be received by any licensing body only from an institution where the appointed teacher of vaccination is recognised by the Local Government Board.

Chapter V.—Professional Examination.

26. That it is desirable that the different licensing bodies, whether singly or in combination, should frame their examinations so as to secure that the knowledge of every practitioner whose name appears on the *Register* shall have been tested in all the subjects of professional education which the Council has determined to be essential, viz. :—1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine; and chemical physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology. 4. Materia medica and pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine, including medical anatomy, clinical medicine, and therapeutics. 7. Surgery, including surgical anatomy and clinical surgery. 8. Midwifery. 9. Forensic medicine.

27. That there be in future three professional examinations.

28. That the professional examinations be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study. That the examinations, and the subjects included in each, be such, and in such order, as may insure, so far as possible, a due continuity and sequence of study.

29. That the first division of the examinations shall include the following subjects :—1. Chemistry and chemical physics. 2. Anatomy. 3. Physiology. 4. Materia medica and pharmacy. That the second division shall include the following subjects :—1. Pathology, including morbid anatomy. 2. Medicine, including medical anatomy, clinical medicine, and therapeutics. 3. Surgery, including surgical anatomy and clinical surgery. 4. Midwifery. 5. Forensic medicine.

30. That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study.

31. That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being so.

32. That not less than two examiners shall take part in every oral and clinical examination.

33. That the questions to be answered in writing should be submitted to the whole body of examiners for consideration and revision, if desirable, before being proposed to the candidates.

34. That the written answers should be submitted to more than one of the examiners.

35. That excellence in one or more subjects should not be allowed to compensate for failure in others.

36. That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.

37. That returns from the licensing bodies in schedule (A) be made annually, on the 1st of January, and in the subjoined form, to the General Medical Council, stating the number of the candidates who have passed their first as well as their second and third examinations, and the number of those who have been rejected at the first and second and third examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned in due time.

Table of Return of Professional Examinations and their Results.

Licensing Bodies.	Degrees and Diplomas.	No. of Examinations to be passed.	1st. Ex.		2nd Ex.		Final Ex.	
			No. Rejected.	No. Passed.	No. Rejected.	No. Passed.	No. Rejected.	No. Passed.

38. That it is not desirable that any University of the United Kingdom should confer any degree in medicine or surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in Arts, or passed all the examinations required for the Bachelorship in Arts, or passed, after due course of education, examinations, such as are, *bonâ fide*, academically equivalent to those required for a degree in Arts.

39. That, in the opinion of the Council it would be desirable, as a general rule, that none of the higher degrees or qualifications in medicine or surgery should be conferred on persons who have not shown evidence of higher professional attainments.

40. That it is desirable that in the examinations on several of the subjects of the curriculum—such, for example, as chemistry, including chemical physics, physiology, and materia medica—the licensing bodies should limit and define by schedule the extent of examination.

41. That it be recommended that in no case should the examination of a candidate by any of the licensing bodies in any subject be conducted wholly by the lecturer or teacher in that subject in the school in which the candidate has been educated.—Minutes of General Council for July 16th, 1874, Vol. xi., p. 60.

42. That it is desirable that observation with the microscope should form part of the examinations of candidates for a license.—Minutes of General Council for July 16th, 1874. vol xi., p. 60.

43. That it be recommended that candidates for the final professional examination be required to give evidence that they have had opportunities of practical study, with care of patients, as pupil, assistant, clinical clerk, or dresser, in hospital, dispensary, or elsewhere.

44. That it is desirable that, in examinations in anatomy, candidates should understand that they may be called upon to perform actual dissections, and that candidates in examinations in surgery should understand that they may be called upon to perform one or more operations on the dead subject.—Minutes of General Council, June 22, 1875, vol. xii., p. 54.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 30, 1877.

DR. HUMPHRY'S REPORT—THE EDUCATION OF MEDICAL MEN.

FOR several days the General Medical Council has been engaged in a discussion on that portion of Dr. Humphry's Report which relates to the preliminary and professional examinations of students. The discussion has been somewhat tedious and irregular, and has been marked by much conflict of opinion on a question respecting which more unanimity was desirable. Nevertheless, we cannot look upon the time as wasted, or regret that the members of the Council did not come to any conclusion on the subject until it had received their full consideration.

With regard to the preliminary education and examination of the medical student, some might think (with Mr. Macnamara) that the Council was many years behind its time in discussing such a subject, considering that more than one examining body—that of the London Society of Apothecaries, for example—had nearly twenty years ago been so deeply impressed with the deficiency in the general education of their candidates, as to institute a preliminary arts examination, which, after a certain time, all candidates for their license were compelled to pass. Admirable, however, as these examinations have been, both in respect of the example set and the manner in which they have been conducted, it cannot be doubted that there is still plenty of room for improvement, and that it is an important function of the Medical Council to see that this improvement keeps pace with the wants of the age. It is by no means an easy matter to test the education which the student has received prior to his appearance at the hospitals. So much is accomplished by the system of "cramming," that many youths have successfully passed the different preliminary examinations of the licensing bodies and other examining boards, whose knowledge of the classics, or of mathematics, or indeed of their own language and literature, was, after all, of the most meagre and superficial character; to say nothing of their general deficiency in that cultus of the mind and understanding, that development of the mental faculties, which no amount of cramming will supply, which is above mere book knowledge, and which is only to be had at our first-class schools, and not always there. We were, therefore, not surprised to hear Sir W. Gull say there was a general feeling that men entered the profession untrained, and whose preliminary education had been, for the most part, good for nothing.

Now the question before the Council resolved itself into two points:—1st, by what examining bodies should the general education of the student be tested; and 2nd, what should be standard of the examinations. It cannot be denied that, from an abstract point of view, the student's knowledge should be tested by the universities and other bodies engaged in general education and examinations. But it would be unjust, if not impolitic, to those medical licensing bodies who were the first to supply a great public want, to ask them to give up their arts examinations on the plea that the time had come when their assistance was no longer necessary. It is, however, desirable that these preliminary examinations should be eventually left to the national educational bodies, and, therefore, we feel certain Dr. Humphry's motion, which is purely a recommendatory and permissive one, will be approved of by the profession at large as it has been by the Medical Council. Nor do we suppose for one moment that the medical licensing bodies above referred to will throw any obstacles in the way of the Council carrying out the object it has in view.

With respect to the standard of examination the student should pass, we certainly agree with Dr. Smith, that this should be defined by the Council. In fact, the members of the Council must have some standard to go by themselves, as one of their duties will be to see that the examinations which they are asked to acknowledge are such as will test the requisite proficiency of the candidates. But whether this standard should be higher than that which at present obtains may be very much doubted. We think it should not, partly because, as Dr. Haldane pointed out to the Council, the standard that has been laid down is very rarely attained, and partly because by making the examinations too difficult, we might be keeping men from entering the medical schools, who, notwithstanding the deficiences of their general education, might, nevertheless, turn out distinguished members of the profession. Besides, it should not be forgotten, that the Council has not to legislate for competitive examinations, but for minimum pass examinations; not for students who will be hereafter the fashionable physicians and consulting surgeons of the day, but for men who have to live and work amid the slums of Whitechapel, the coal mines and iron foundries of Staffordshire, or the slate quarries of Wales. And if the standard of these examinations be raised so high, that only graduates of our Universities can pass them, we may have a dearth of candidates to fill those posts, for which men of more moderate attainments would have sufficed.

As the doctor, the lawyer, and the parson "form the three pillars upon which the main culture" of every small town and village is based, it may be desirable, as Dr. Rolleston well remarked, that the doctor should have gone through a similar training to that of the other two. But this is expecting too much, and more than can be realised for a long time to come. The man who has taken his degree at Oxford or Cambridge, prior to entering upan his medical career, will probably distinguish himself in his medical studies also, and will aspire to take his place among the higher ranks of the profession. To spend all his days in comparative obscurity; to pass half the day among the fields and hedges, and half the night by the bedside of the peasant's wife, will not be the ambition of men, who, to the higher education of a university, have united that of an accomplished physician. We hope, therefore, that *festina lente* will be the motto of the Medical Council in this matter of preliminary examinations, and that while it takes care that every one who enters the profession is not a dunce, it will also do nothing towards depriving the poorest district of our large cities, or the most obscure village in the country, of those medical practitioners, who, whatever may be the faults of their general education, at all events know well the business of their lives.

While, however, we would deprecate any measures that are taken to raise the present standard of the preliminary examination, we would strongly urge the necessity of not allowing the successful candidates to fall far short of this standard, and therefore we highly approve of the two motions which Dr. Humphry brought forwards towards the end of the discussion, and which were unanimously adopted by the Council. For such gross ignorance, on points of general education, is sometimes displayed by candidates coming up for their professional examinations, as quite to warrant the proposed recommendations to the Licensing Bodies to instruct their examiners to report to them any cases in which decided ignorance has been shown by the candidates, with the name of the board or boards before which the preliminary examinations have been passed. And equally judicious is the other motion of Dr. Humphry, that a letter be addressed to these boards, directing their attention to the complaints which have been made by the Licensing Bodies with regard to the insufficiency of the general education of many of the candidates presenting themselves for examination.

ALLEGED OBJECTIONS TO THE HABITUAL DRUNKARDS BILL.

In a leading article on this subject the *Daily Telegraph* strongly opposes the Bill to which we recently drew attention. The arguments and objections brought forward by our contemporary are just those which are most likely to be hereafter raised against the passing of the Bill, and, therefore, it may be as well to give them a brief consideration and to see how far they are reasonable or not.

In the first place it is urged that the fact of "excessive drinking being a fruitful cause of disease, poverty, and crime" is not a sufficient reason for legislative interference no more than other kinds of profligacy are in need of such interference. To some people this may appear an unanswerable objection, but it is after all a very specious one, and one that would have had no foundation had not the framers of the Bill inadvertingly used in the preamble the expression "excessive drinking" instead of the term "habitual drunkenness" as defined by them in the first clause. For excessive indulgence in dissolute and profligate habits very rarely renders a man "dangerous to himself or others, or incapable of managing his own affairs." Habitual drunkenness does. A man may be a great profligate and yet indefatigable in his attention to business or in the practice of his profession. He may be a successful merchant, a good lawyer, or an eminent physician. Nor is the ordinary profligate subject to those uncontrollable impulses to which so many drunkards are liable, and which so often induce them to place themselves voluntarily under control. The Bill is also represented as giving a man's relations the power of locking him up because he merely drinks more than is good for him. But this is a very unfair statement of the case. If only those habitual drunkards are to be dealt with who are specified in the first clause of the Bill they must be very bad indeed. They must have far exceeded that occasional excess which has been ever regarded as a venial offence by even the best regulated communities. Nor is it right to say that the Bill would give the magistrate the power to send the habitual drunkard to "a private lunatic asylum." It is not right to prejudice the public against a movement intended for their good by misrepresenting the objects which its promoters have in view. No one would ever think of sending the drunkard to a lunatic asylum; and the word "asylum" ought not so much as to be mentioned in the Bill. It is true that there are some who are inclined to regard certain forms of habitual drunkenness as a species of monamonia, but they are not many. For our part, we have never considered habitual drunkenness, not even the so-called dipsomania, as a form of insanity. We should say that after these unfortunate individuals have for a long time given way to intemperate habits, certain changes take place in the molecular condition of the brain, or in its circulation, or in the innervation of the stomach, so as to set up an uncontrollable craving for stimulants, which may be truly said to amount to disease. But this is not insanity, and we should have no right to treat those who suffer from it as though they were insane.

And this brings us to a more valid objection than either of those we have mentioned. For it is this fact of the habitual drunkard knowing well what he is about, which is (as we shall presently see) his best protection against that abuse to which this Act might certainly be liable, and which is probably the best argument the opponents of the Bill will bring forward when the question is discussed in the House of Commons. It is quite possible that, were this Bill to become law, unprincipled persons might endeavour to take advantage of it, and seek to remove, on the plea of habitual drunkenness, any of their relatives who have become obnoxious to them. But then, we may ask, should the risk of an Act being abused stand in the way of its becoming law, considering that there are few Acts to be found on our Statute Book that can be said to be perfectly exempt from some abuse or other? We are, however, inclined to think that the

probability of such abuses occurring is purely imaginary, and that any one who attempted to confine in an inebriate reformatory a relative who merely indulged in occasional fits of intemperance would find insurmountable obstacles in his way. He would have to prove that his relative was an habitual drunkard "within the meaning of the Act;" that he was dangerous to himself or to others; or incapable of managing his affairs. This alone would be no easy task; and then, if the magistrate decided against him, the defendant would still have the right of carrying his case before a jury. Besides, the plaintiff would not be dealing with an imbecile or lunatic, but with a person who is in full possession of all his faculties, who is, in most cases, a very obstinate individual to manage, and who, even were he an habitual drunkard, much less if he were only occasionally intemperate, would certainly not, without a hard struggle and obstinate resistance, allow himself to be carried off to a reformatory.

Indeed, so far from such an Act operating to the prejudice of comparatively innocent individuals, it would, we are convinced, be found in practice to tell quite the other way. So difficult would it be to prove to a magistrate, and so much more difficult would it be to prove to a jury, that the accused party was an habitual drunkard within the meaning of the Act, that many who richly deserve to be sent to one of these proposed reformatories might easily escape, through some technical evasion of the law or through the insufficiency of the evidence.

Another formidable-looking argument which our able contemporary brings to bear upon the question, is whether the proposed Bill will bear the test of Bentham, who advises us in such cases to ask ourselves, if a particular piece of legislation is carried, who will gain by it. "Who," we are asked, "is the better in any way because a gentleman, who occasionally exceeds the limit of moderation in his cups, is locked up? Not the unhappy man himself, for his period of incarceration is far too short to cure him. Not the public, who are in no way injured or affected by his excesses. Not, surely, his friends or relations, unless, indeed, their object be to administer his estate in his absence."

But here we are again met with that misrepresentation of the objects of the Bill to which we have already referred. Who, we ask, would ever think of interfering with the liberty of the "gentleman who occasionally exceeds the limits of moderation?" Nothing, we feel certain, could be further from the thoughts of the framers of this Bill than the incarceration in a reformatory of those happy mortals, who can indulge pretty freely in their libations, without injuring either themselves, or any one else. We are, we are sorry to say, no admirers of your prim and fastidious total abstainers. We are not Good Templars. We must confess to a *penchant* for a good glass of Madeira, or for a bumper of choice claret. Temperance, not total abstinence, should, in our opinion, regulate the wine-bibbing propensities of this degenerate age. We might even go so far as to say that, if all the world were to become water-drinkers, we might lament the decay of the occasional toper, with almost as much compassion as Lamb commiserated "The Decay of Beggars." We might miss his uproarious mirth—his genial humour—his rollicking song—his generosity and cosmopolitanism (for your occasional toper is never a selfish or narrow-minded man)—his free-and-easy chat—that simple unmasking of his mind—that secret banishment of all mundane cares and sorrows—yea, even that unsteady gait which seems to revel over the roomy pavement, and which, in the "good old times," seemed to ask every passer-by to make way for a "gentleman."

But, to be more serious, we should be sorry to write in favour of a Bill which would interfere with the habits of a man whose occasional intemperance concerns nobody but himself. With the habitual drunkard, as above defined, it is a very different matter. Who will presume to say that, in his case, neither he, nor his relatives, nor society, would be the better for his enforced detention in a suitable establishment. Not he who is ruining all his prospects in life, or whose miserable career may be cut short by suicide or disease? Not his family, who may be beggared and disgraced by his drunken and incorrigible habits? Not society, who may be shocked or outraged by his crimes? It is generally admitted that the drunkenness, which is so prevalent amongst us, is a disgrace to this country. The brutality and crime traceable to this cause alone, is a national scandal. It is said that 70,000 persons die annually from the effects of strong drink, and the metropolitan coroners state that seventy-five per cent. of the inquests they conduct are the result of drunkenness. Indeed, this English vice is a theme of conversation among nations, whose social customs and habits we are apt to bring in unfavourable contrast with our own, and even among nations upon whom we are almost inclined to look upon with contempt. You will hear it talked about in the *cafés* of Paris, in the Bierhallen of Berlin, in the bazaars of Constantinople, and in the Posadas of Madrid.

If only an Act were passed that would have, as this Bill might have, some *in terrorem* influence over the habitual drunkard, it would certainly be entitled to our support, and the good it would do, would far outweigh any mischief that might result from its abuse.

Notes on Current Topics.

Geography of Devonshire and Consumption.

In a pamphlet recently published by Dr. William H. Pearse, of Plymouth, there are some interesting facts bearing upon the relation of consumption to the climate and physical geography of Devon.

Thus, in the granite region of Dartmoor in the Tavistock Union (half of the entire moorland), the death-rate from consumption is 0·86, being the same as that of the Devonian region west of Exmoor. Barnstaple district, like West Dartmoor, shows a remarkable freedom from consumption. Excluding Ilfracombe, it has the least death-rate in Devon. "The splendid region," remarks Dr. Pearse, "west of Exmoor, and bordering the sea, on the Devonian formation, and open to the west and north-west Atlantic winds, is almost free from consumption. The inhabitants lead an out-door life." Lynton, with a mean population of 1,106, had only one male die of consumption in ten years; while Coombmartin, with a mean

population of 1,451, also lost but one male from consumption in the same period. In nine parishes in the north Devon Devonian district, whose respective populations varied from 114 to 632, there was not one death from consumption during the ten years 1861-70; while in ten other parishes of the same district, with populations varying from 60 (Bittadon) to 1,451 (Combartin), there was only one death for each parish in the ten years above mentioned.

It is worthy of remark that the death-rate from consumption is remarkably low in the Devonian or red sandstone region of Devonshire, as compared with what it is in the carboniferous regions. The higher death-rate of the carboniferous region of Barnstaple and Southmolton agrees with the high death-rate of Holsworthy district which is wholly carboniferous, and which is well known as a clayey, damp, "cold" soil. In the Southmolton district all the higher death-rates are in carboniferous parishes, all the lower in Devonian parishes. "Does this difference," asks the writer, "in the death-rate of carboniferous and Devonian formations resolve itself into a question of relative moisture of soil?" We should be inclined to answer in the affirmative, for it has been long genreally known that a damp clayey soil is a predisposing cause of consumption to those living on it. But we must not confound dampness of soil with quantity of rainfall. For where the ground is of a gravelly, sandy, and porous nature, great dryness of the soil is not incompatible with a very large amount of rainfall; and one of the most significant facts to be found in this suggestive little pamphlet is, that those districts of Devon most remarkable for their freedom from phthisis are also most remarkable for the quantity of their rainfall. Both in Dartmoor, and in the healthy parts of North Devon there is a large annual fall of rain; and Martinhoe and Bratton Fleming, with the highest recorded rainfall, had no deaths from phthisis in ten years.

This comparative immunity from phthisis, however, is not to be entirely attributed to geological formation, elevation, the hygrometric condition of the soil, purity of the air, and proximity to the sea, but to the out-door life led by the large majority of the people who reside in the districts abovementioned. For it appears that it many of these districts the death-rate from phthisis is much higher among the females than it is among the male population. Thus in four different parishes in the Tavistock district the death-rate among the females is 4·0, 4·1, 4·6, and 4·10 respectively, as compared with 0·10, 0·80, 0·10, and 1·27 among males. In a great measure this higher mortality among the women is due to their confinement at home in ill-ventilated huts. "In the Axminster district the high death-rate of woman has," says Dr. Pearce, "its probable explanation is the close rooms of "schools" of the lace-makers; while in the Tavistock parishes abovementioned the fact that the young girls and women are unduly exposed in open sheds, sitting, without sufficient exercise, picking over the ore, is one of the causes of their greater liability to phthisis."

Coroners' Inquests at Scarborough.

We learn from a correspondent of the *Scarborough Mercury*, who writes under the signature of "Watchman," that the number and manner of holding inquests in Scarborough, have excited much indignation, and at the last Council meeting of that town, a committee was appointed with the view of ascertaining what defects existed, and what improvements can be made, in the exercise of the office of coroner. It appears that the cost to the borough for inquests for the years 1873 and 1874, the first two years of the present Coroner's holding office, was a little over £85 per annum, while the cost of the last two years has sprung up to the sums of over £132 and £168 respectively. Nor is it merely the number of inquests which has excited so much attention in this borough. For it is contended that in numerous instances inquests have been held when they were wholly unnecessary, and when the medical attendant of the deceased was perfectly justified in giving a certificate of the cause of death. An inquest, for instance, was held before the borough Coroner, touching the death of a woman, the wife of a tailor. From the evidence it appeared that deceased got up on Sunday morning, at about half-past three o'clock, and went down stairs. Soon after this her husband heard her moaning, and on going to her, he found her lying on the floor, apparently in a fit. He gently moved her and raised her head, and she died immediately afterwards. Dr. Rablah was fetched, but his attendance was unavailing. He had previously attended deceased, and knew her to be suffering from disease of the heart. The verdict of the jury was in accordance with the circumstances.

Commenting on this case, "Watchman" pertinently asks: "If the doctor knew that she suffered from heart disease, could he not have said so, without a visit to the Wheatsheaf inn, and twelve men swallowing six shillings' worth of liquor?" We need, however, scarcely remark, that it is not only in Scarborough that the necessity of some reform in the holding of inquests, and in the appointment of coroners has been felt; and it will not be long before the Legislature will have to take the matter into serious consideration. In the first place, there has been great contention as to what profession the coroner should belong. The lawyers, of course, say that he should be a lawyer; and the doctors that he should be a medical man. We consider it immaterial to which of these two professions he belongs, provided he thoroughly understands his business. We quite agree with the correspondent of the *Scarborough Mercury* that he should have a fair and discriminating knowledge of law, and also considerable attainments in medical science; and so far we differ from our medical contemporaries, who, from a very praiseworthy *esprit de corps*, insist that the coroner should be taken from the ranks of the medical profession.

There can be no doubt, as one of our coraespendents remaaked last week, that inquests are often held where there is no occasion for them. Into the causes for this, we cannot now enter, but we may just mention one which is said to operate now and then, and which, if true, is not very flattering to our notions of propriety. As medical men are paid in these cases a fee of £1 1s., and £2 2s. where there is a *post-mortem* examination, it is said, that it is often their interest to refuse a certificate of death until an inquest has been held. We think, however, there are few members of the profession who are

biassed by any such selfish motives, and that conscientious scruples alone guide their conduct. Frequently medical men will not give a certificate, when really there would be no harm in their doing so; but this does not arise from any selfish considerations, so much as from a fear that they would be getting themselves into trouble. And that this is a well-grounded fear is well illustrated by a case that recently occurred in the very borough of which we have been speaking. An inquest was held at Scalby, near Scarborough, on a man who had died suddenly at the age of seventy-four, and one of the medical witnesses, who had attended the deceased for disease of the heart, was severely censured for having granted a certificate. It is true that in this case the surgeon was greatly to blame, but, nevertheless, it shows that medical men must be careful how they give certificates in cases of sudden death, and that the public must not be too hasty in casting reflections upon the motives of those who withhold their certificates under circumstances which admit of little doubt as to the cause of death. It is a significant fact in connection with the inquest just mentioned, that although Scalby is only three miles from Scarborough, the coroner had to come from Driffield, a distance of twenty-five miles from Scalby by road, and thirty-six miles by rail. Truly may we exclaim with one of our correspondents, "That's the way the money goes!"

Russian Statistics on Insanity.

The *St. Petersburg Med. Gaz.* furnishes us with the following interesting statistics on the insane in that capital from 1866 to 1875: During the first part of this period the number of insane admitted into the different asylums did not exceed 200 a year: the lowest figure being, in 1867, 134, the highest, in 1866, 195. In 1870 the number reached 262, and, progressing from year to year, amounted to 382 in 1874.

This increase may partially be attributed to accidental causes; as, for instance, the enlargement of some of the asylums, thus providing for the reception of more patients; but there can be no doubt there has been an actual augmentation of mental affections; the increase of the number of suicides recorded in St. Petersburgh, during the last periods of this decade, confirming this supposition.

Of the total number treated 2,449, 640 were cured (25·5 per cent.), 723 were sent home without improvement (28·7 per cent.), 320 promised cures (12·6 per cent.), and 523 died (20·5 per cent.). The number of males was 1,412 (5b·4 per cent.), females, 1,137 (44·6 per cent.); the recoveries being greater in the male sex, in the ratio of 31·5 per cent. to 25·9 per cent.

As regards age, the *Gazette* states that the disposition to insanity increased rapidly from 20 to 30 years of age; there were 131 patients from 15 to 20; 365 from 20 to 25; 425 from 25 to 30. From 30 to 40 years the number remained stationary, and then rapidly decreased.

These statistics will prove interesting to English psychologists, both as regards the increase of insanity, recoveries, deaths, and age. The question of the actual increase of insanity is at present an open one. We see more of it on the surface than we used to do. New asylums have been opened through the country, as insanity is now looked upon as a more curable disease, is treated more scientifically, and legislation has become more stringent on the subject.

Our public asylums are now managed on more humane principles, they are hospitals for the cure of the insane, not prisons as they formerly were, wherein the unfortunate patients were caged for life and treated like wild animals.

The public have recognised the change, and are now glad to send their relatives to institutions where they receive such kind treatment, whereas, through the dread of the old asylums, the existence of insanity in a family was carefully concealed.

The improvement in machinery, and the stringent regulations of the factory laws also help to swell our numbers by preventing the employment of imbeciles.

When work was done at home employment was found for the half-witted, and every village had a number of imbeciles and idiots who were part of its institutions, just as the village bellman, beadle, and stocks; the latter are now almost things of the past.

The imbecile's occupation is gone; he is now either in an asylum or workhouse, swelling the aggregate number of the insane in England.

Photo-Micrography.

Histologists have for a long time indulged in the dream of being able to reproduce, easily and rapidly by photography, microscopic preparations however large; already in England, France, Germany, and Italy, very successful results have been obtained, and the scientific world has admired the beautiful photographs, by Duchesne (of Bologna), and M. Luys (of Paris).

But, in spite of the best constructed apparatus, the reproduction of large photographs have hitherto been deemed impossible. Generally, the eye piece in the microscope has been replaced in the old system by a small, dark photographic chamber, and a very small likeness was obtained, which could be enlarged at leisure. The details were thus not magnified, and we lost in clearness what we gained in size. The effects of the eye piece were lost, and no one thought of utilising it. The lens gives a virtual image, and the question has been how to photograph that image. Dr. Fayel, Professor of Anatomy of the School of Medicine at Caen (*Le Progrès Médical*, Feb. 17, 1877) declares that he can produce photographs, magnified to 500 diameters, or even more, and that by his contrivance, he exactly reproduces the microscopic image, leaving the eye piece in its place.

Great incredulity has been expressed as to the success of this procedure, and greater was the surprise, when M. Fayel produced before the Biological Society his first photographs.

They were evidently imperfect, for M. Fayel had to avail himself of an apparatus arranged by himself, and which was worthy of the premature ages of art, but he clearly established that his new method, as far as regards magnifying power, would produce unexpected results.

In reply to criticism, he has published, in his own journal, his method in the clearest manner possible.

"It is evident he has not photographed a virtual image, and he does not for a moment claim that he has done so but availing himself of his knowledge of elementary

physics, he utilised the rays of light which, after having crossed in front of the eye, pall again, but behind it, and there formed an image, which would be impressed on the slide of a dark chamber, and by photography he reproduces the image. The magnifying is thus obtained directly, and the same as if observed by the eye. The likeness is reproduced on a sensitive plate, placed in the dark chamber of an ordinary photographic apparatus. When this discovery has been made more perfect, it will have a very important influence in confirming the observations of histologists in popularising this special branch of science."

We hope to be able to furnish our readers with a translation of M. Fayel's explanatory remarks on his process, and with his diagrams.

The Royal Medical Benevolent College.

We are glad to find that an effort will be made to deal with the question of canvassing and trafficking in votes, at the approaching annual meeting of the Medical Benevolent College on the 31st. The action about to be taken by the Charity Voting Reform Association will, we trust, meet with the hearty support of the governors, who, by this time, must feel as we do, that canvassing and trafficking are objectionable in principle and practice, for various reasons. It is high time that such measures should be adopted as will effectually remedy the evils pertaining to the voting system. Canvassing by all methods costs money, and may clearly be stopped, and thus the poor would be put on a level with the rich. Canvassing by friends it would perhaps be impossible to put a stop to altogether, while the voting system is upheld by the body of the subscribers; but as long as the present voting system prevails, the friendless must generally go to the wall.

Trafficking in votes might be dealt with easily. Let every governor who takes an interest in the election, and at the same time wishes to retain his vote, attend on the day of election, and vote in person. This is the plan adopted at the Dublin Asylum for Incurables, the largest and oldest institution of the kind in the kingdom. There the merits of each case is taken into consideration, and, after a fair investigation, voting takes place, and even those governors, who come pretty well prepared beforehand to support a particular case, are silenced by the greater claims of the more urgent and deserving. Let the lists of the Medical Benevolent College be fairly weeded, and a full description of each case given with the voting paper sent out; for nothing can be more painful than that of seeing fifty or sixty applicants contending year after year, while only nine or ten have any chance of being elected, and how degrading to know that those who now turn the scale in these elections do so by begging, borrowing and buying its votes; and this is done by men and women who too often work for pay, and always without the check of public responsibility. We should be glad to see a stop put to trafficking and canvassing for votes, without regard to the real merits of the case, and which it is impossible to deny is neither more nor less than an organised imposture, carried on in the name of charity.

A veteran wrestler died last week at Newcastle-on-Tyne, while competing, from an internal rupture.

The Annual Meeting of the Irish Medical Association.

The yearly gathering of the profession from the Irish provinces in Dublin, will take place next Monday, and is expected to be larger and more interesting than ever. The past year of the Association's life has been, practically, the first epoch since its reorganisation, and its Council will be able to lay before the members a splendid account of progress in numbers and influence—a most prosperous balance-sheet, and an *embarras de richesse* in the way of work done.

Under the administration of the Council, the Acting Committee, and the indefatigable and judicious Secretary, Dr. Chapman, the Association has reached a numerical strength of between 600 and 700 members, and, in consequence, has been in a position to act with independence and influence in all matters in which the profession is interested. It would be impossible for us even to name the subjects which have been under the care of the Committee within the past year. They have to thank the profession, especially the Poor-law medical men of Ireland, for a hearty support, and the profession has to thank them for their untiring efforts on their behalf, and for many advantages gained for medical men through their agency. We shall not give the members of the Association credit for having done their duty, unless they make it their business, even at inconvenience, to attend the meeting and dinner, on Monday next, and encourage the Council by their presence and approval.

The Election of Council of the Irish College of Surgeons.

The general meeting of the College, at which the annual Report of the Council is submitted and discussed, took place last Monday, and the election of a new Council will take place on Monday next. Two candidates only, in addition to the out-going councillors, who seek re-election, have presented themselves. They are Mr. McDowell, surgeon to Mercers' and the Lock Hospitals, and Mr. Corley, surgeon to the Richmond Hospital, and lecturer on surgery in the Carmichael School. Mr. Corley, it will be recollected, recently interested himself warmly in advocacy of the proposals for a Biennial Presidency, which proposal was submitted to the Fellows at a special meeting, and withdrawn in consequence of the unfavourable reception which it met with. Mr. McDowell is sufficiently well-known to Irish surgery and to collegiate affairs to give him a decided claim to the votes of the Fellows. Although the number of competitors for the honour of councillorship is unusually small, a lively contest is expected. Dr. Robert M'Donnell will be promoted to the Presidency, and Mr. Smyly placed in the Vice-Chair, unopposed.

Death of a Surgeon from Morphia.

A correspondent at Portsmouth mentions the death, under very melancholy circumstances, of Dr. Jacob E. Dyas, Fleet Surgeon, of the *Warrior*, ironclad, who was found in the dispensary on board the ship on Saturday morning in a state of insensibility. Medical aid was at once summoned, and the surgeons of the *Repulse* and the *Himalaya* were soon in attendance, but on their arrival

they pronounced Dr. Dyas to be dead. It is believed that an overdose of morphia, taken for the purpose of procuring sleep, was the cause of death.

THE *Pall Mall Gazette* says—"We understand that the management of the medical department of the Throat Hospital in Golden Square has lately been called in question, and that the chairman, vice-chairman, trustees, and several members of the committee, in addition to the surgeon, secretary, and other officials have resigned. We are also informed that an investigation into the circumstances which have led to the resignation of these gentlemen is about to take place."

EARL COWPER has just made a present to the infirmary at Hertford of the freehold of the site on which the institution stands. In doing so his lordship states that the institution is so useful that he was glad to be able to give it this assistance. The infirmary has hitherto been held on a lease for 99 years, and nearly the half of that period had expired.

WE are gratified to be able to report that Dr. Cronyn, Professor of Midwifery in the Irish College of Surgeons, has made decided progress towards health during the last week. Though still in a precarious state, his condition is no longer as alarming as we were, last week, obliged to report it.

THE mortality of the past week was below the average in most of the large towns. In London it was 23 per 1,000 of the population, in Edinburgh 25, Dublin 26, Glasgow 30. Of the large towns in the second category, Brighton was lowest, with 16 per 1,000, and Oldham highest, with 34.

THE mortality of Madras is still terribly high, the most recent official returns giving 145 in every 1,000 of the population. Of these more than 40 per cent. died of small-pox, about 8 per cent. of cholera, and 9 per cent. of fevers.

THE deaths in London last week from small-pox again declined; of the 70 reported, 13 were certified as vaccinated, 24 unvaccinated, and the remaining 33 were not stated by the various returning officers.

SPEAKING of Dr. Richardson's idea of founding a city of health, the *Philadelphia Medical Times* "trusts that hard fate will never drive them to live there."

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MAY 22ND 1877.

ON "CONTRACTION OF THE FINGERS" (DUPUYTREN'S CONTRACTION) AND ITS TREATMENT BY SUBCUTANIOUS DIVISIONS OF THE PALMAR FASCIA, AND ON IMMEDIATE EXTENSION.

Abstract of paper by WM. ADAMS, F.R.C.S.

THE Author directed attention to one form, only, of finger contraction, viz.: that which has been proved by Dupuytren to depend upon contraction of the palmar fascia, and not involving the tendons, or sheaths of the tendons, as generally supposed. After quoting the account of Dupuytren's dissection the author referred to another dissection by Goyraud, which confirmed the account given by Dupuytren; and also to Mr. Partridge's specimen in King's College Museum, and to a severe case of contracted fingers under his own observation, in which the hand was torn open by a horse. In all these instances the contraction was shown to depend upon the fascia alone, which passed across like the string of a bow, whilst the tendons in their sheaths were seen lying at a distance along the concavity of the curve—the greater the contraction, the greater the distance between the fascia, and the flexor tendons. With regard to the cause, the author considered that it depended entirely upon constitutional, and not upon any local cause, such as the use of tools in various occupations, &c. The author believed it to be essentially of gouty origin, though occurring generally where there is a tendency to rheumatic gout, rather than true inflammatory gout. With regard to treatment, the author reviewed the operations by open-wound, as practised by Dupuytren, Goyraud, and more recently by Professor Busch, of Bonn, whose results are reported by Dr. Madelung, and as also adopted by many English surgeons. After which, he referred to the subcutaneous method of operating, which has not been generally regarded with much favour. The author condemned all the operations by open-wound, on account of their severity, risk of suppuration, and tedious healing. He then fully described the details of the subcutaneous method of operating, with some improvements, and also the method of after treatment which he had adopted of late years. These consisted:—

1. In the subcutaneous division of all the contracted bands of the palmar fascia, and its digital prolongations, that can be felt, by as many punctures as might be necessary, the smallest tenotomy knife being passed under the skin, and cutting from above downwards. From four to seven punctures were generally required.
2. Immediate extension of the contracted finger. The fingers and hand to be bandaged to a splint.
3. The bandage not to be removed until the fourth day, when the punctures will be found to be healed.
4. Extension splint to be worn night and day, for two or three weeks, and afterwards only at night for three or four weeks, free motion being employed every day.

The author considered it to be generally advisable to confine the operation to one or two fingers, for which three or four punctures would be sufficient; and to leave the other finger, or fingers, to be treated at a subsequent operation. In cases of great severity it may not be possible to divide all the contracted bands at one operation. The author believed that relapse of the deformity was guarded against by this method of multiple subcutaneous divisions of the fascia, and immediate extension, if all the contracted bands were divided; and no loss of muscular power in the fingers could ever occur, as neither the tendons, nor the sheaths of the tendons were either implicated in the contraction, or interfered with by the operation.

Correspondence.

A REMEDY FOR ABUSES OF DISPENSARY RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Council of the Irish Medical Association have recently submitted to the members thereof a number of queries directed to the object of eliciting their opinions as to the best mode of checking the unreasonable issue of visiting tickets to dispensary medical officers; the subject is one which will probably occupy a good deal of attention at the approaching anniversary meeting of the Association. The proposals which the Council would desire to see carried are all desirable, and would undoubtedly have the effect of establishing a fairer proportion between the work and pay of dispensary officers if only they were practicable, *i.e.*, if the public would agree to them; but I fear there seems throughout them an appearance of antagonism to public interest that would prove an insuperable obstacle to their obtaining the sanction of the authorities. I have always advocated as the basis of all improvement in the condition, or terms of employment, of medical men that the public should receive a corresponding benefit in consideration of such improvement; and

I have always urged that to touch a motive in the minds of men that shall act directly on the individual will indirectly, but far more certainly, accomplish the object in view than will any definite measure of prohibition or enactment. To apply these principles to the present case, the object is to lighten the excessive labours of dispensary officers and prevent the indiscriminate issue of tickets to persons able to pay; and the Council propose to accomplish this by direct restriction. I reply, the public and the Local Government Board will not hear of such a restriction; if doctors are worked to death so much the worse for the doctors, that is all. The individual guardian is and shall be the only judge as to the proper recipient of a visiting ticket. Well, then, I propose to bring the influence of motive to bear on the individual guardian, motive which shall influence him personally to reduce as far as possible the doctor's overwork, and while adding to the doctor's emoluments, to ensure that the public shall receive a *bona fide quid pro quo* in the form of a substantial increase of voluntary exertion and attention on the doctor's part. This will make the proposal a practicable one, *i.e.*, one which the public and the authorities will listen to if it is forcibly and energetically put before them.

My suggestion is, that the Association should direct all its strength to obtaining for the dispensary medical officers a mileage allowance, no matter how small. Fourpence a mile, for each mile travelled, out or home, would be quite sufficient to ensure the various objects in view. First, it would remove the gross injustice of the medical officer having to pay for his conveyance out of his small and only nominal salary. Secondly, he would have a direct interest in frequently visiting his patients, and thus the public would receive a *bona fide quid pro quo*. There need be no fear that he would waste his time on visiting trivial cases that might not require such attention; there would always be quite a sufficient number of serious cases to engage all his time. Thirdly, there would be an immediate and marked reduction in the number of visiting tickets issued. The tradesman who obliges a customer, the farmer who obliges a labourer, or the rector who obliges a parishioner, by issuing without compunction a red ticket for a case of toothache, or for a man at work in the fields, such as we have all frequently received, or for a man earning £80 or £100 a year, no uncommon case, *crede experto*, such a one will be most scrupulously particular as to the means of the recipient and the nature of the case when he knows that the consequent visit will cost his electoral division 3s. or 4s. in mileage fees, and the same sum on each occasion on which the doctor finds it necessary to repeat the visit. I venture to offer the opinion that no plan would be found at once so practicable and successful as this. There is a precedent for its adoption in the case of coroners who receive mileage at 9d. a mile out, equivalent to 4½d. a mile out and home. Some practical adjustments would of course be necessary: thus, where the distance out and home should not reach a mile no mileage should be exigible; this the public would require in its own interest, since otherwise the mileage fees in a small town might become unendurable, and the prospect of them might utterly defeat the proposal. The exclusion of such cases ought, therefore, to come from us.

I beg earnestly to suggest the consideration of this proposal to the Association and to all our overworked dispensary officers.

I am, Sir,

ISAAC ASHE, M.D. T.C.D.

State Asylum, Dundrum, Dublin.
May 21st, 1877.

"MONADS AND SPONTANEOUS GENERATION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A misstatement of fact has crept into your article on the above subject, in your last issue, which you will oblige me with permission to correct. The observations on the "Unflagellate Monad" described in my lecture at the Royal Institution were not, as stated by you, made with "a new one-eighth objective." The 2,500 to 5,000 diameters were obtained with Powell and Lealand's 1-25th and 1-50th inch object glasses. The account of the investigations will be found in the Transactions of the Royal Medical Microscopical Society as published in the *Monthly Microscopical Journal*, vol. xi, p. 69. No reference was made in my lecture to "a new one-eighth," nor indeed to any eighth. The "new eighth" which I presume was referred to by you is the new formula lens of that power made by Powell and Lealand; and this glass was not *in existence* when the monad work referred to in the lecture was done.

Neither in the papers published by Dr. Drysdale and myself on the life-history of the monads, nor in my lecture, which summarised the results of these, and indicated their connection with some results of another kind, more recently obtained, was it anywhere stated that the magnifying power (5,000 diameters) "was obtained by employing a new one-eighth objective with very deep eye-pieces," and it is wholly contrary to the fact.

Yours truly,

W. H. DALLINGER,

Great Crosby, Liverpool.
May 19th, 1877.

[We admit that we trusted to our memory for the short *resumé* we made of Mr. Dallinger's lecture, and our impression is that it fairly represents what fell from the lecturer's lips. We are, however, ready to admit, with reference to the magnification employed in his investigations that we were somewhat in a fog; and as no microscope was introduced neither during nor after the lecture, we had to draw somewhat upon the diagrams hanging on the wall, and our imagination; although Mr. Dallinger spoke of 5,000 diameters he did not favour us with any particulars, and we, therefore, very naturally reverted to his papers we remembered to have read in the *Microscopical Journal*; on again turning to these, we own to a feeling of disappointment, as he rarely mentions the objective employed, except in vague terms. In the paper published *January*, 1874: "We employed powers of from 2,500 to 5,000 diameters." *November*, 1874: "By continuous observations with a power of from 1,200 to 10,000 diameters, the fine hyaline investment in the initial stage of development is perceived more clearly." But in the paper of September, 1875, we are favoured with the following particulars:—"We tried each of Powell and Lealand's powers successively from the 1-12th to the 1-50th but with no definite results." . . . "We could make no further progress in the question, but our attention was called to the new 1-8th objective prepared by Messrs. Powell and Lealand." With this, "a fourth eye-piece" was used, and now the flagellum came into view. Mr. Dallinger must admit that a fourth is correctly described as "a deep eye-piece?"

A still more important matter than that alluded to in Mr. Dallinger's note, and to which our concluding remarks were more particularly directed, is, as to whether the amplification spoken of "from 5,000 to 10,000 diameters," can in any way be trusted to settle a disputed point in connection with the life-history of the lowest forms of life? We have our doubts on this point, and most certainly Dr. Woodward, with all his skill, has never succeeded in obtaining a photographic image of any object with an amplification of 5,000 diameter.—ED. M. P. & C.]

LUNATICS IN WORKHOUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Superintendents of asylums complain, with reason, that persons of unsound mind are not at once sent direct from their homes for medical treatment, but are too often detained in the wards of poor-houses, where the accommodation is insufficient, the means of treatment poor, the associations, &c., injurious to the *morale* of the patient.

There is a very marked and unpleasant contrast between the imbecile wards of a poor-house and the bright, cheerful ones of our public asylums; there is also a difference in diet, amusement, number of attendants, classification, and the various conveniences so essential for the efficient treatment of the insane.

This is an anomaly; for the insane and imbeciles in workhouses, being of the same class as those in the asylums, have a right to the same comforts, &c., as are enjoyed by those who are more fortunately placed in a well-organised asylum.

Unfortunately, however, the condition of the hopeless patient who is discharged from the public asylum to a workhouse ward is a very unenviable one.

I am of opinion, and I believe all medical superintendents will agree with me, that workhouse *wards should only be occupied by those who have once been in an asylum, and who have had a fair trial of remedial measures.* When they are pronounced incurable, they might then be removed to a poor-house, where they ought to have the same comfort and attention as they had at the asylum.

The poor-house medical officer has the power of detaining a patient in an imbecile ward on his own certificate, and this is another anomaly; for after thus virtually making the patient into a lunatic, before he can remove him to an asylum he has to sign another certificate, which has to be countersigned by a magistrate. Thus the poor-house medical officer can detain at his will and pleasure, and classify as a lunatic, a patient, deprive him of liberty, and confine him for weeks, months, and even years in the unwholesome atmosphere of a workhouse imbecile ward—a possibly curable case, perhaps, being rendered incurable by the continued association with epileptics, imbeciles, idiots, &c. This is hardly a proper state of things, and evidently not in conformity with the spirit of the Lunacy Acts.

A patient is insane, or not; and if he (or she) is insane, he (or she) should be duly certified, and placed under treatment in the institutions opened for that purpose, or, after undergoing probation there, be drafted into poor-house wards. If not certified in the usual manner, the patient cannot legally be considered insane, and his detention seems to me an illegal act.

I wonder how many inmates there are in the imbecile wards of poor-houses, who are confined on the certificate alone of the medical officer? I should be the last to deprive poor-house medical officers of any reasonable power or of any right beneficial to them, for I know, as a rule, they have too little power and have too many restrictions; but I hardly think the exercise of the power I have mentioned either advantageous to themselves or their patients, and hence I have directed your attention to it. Yours faithfully,

May 17th, 1877. REFORM.

Literature.

SMELLIE'S TREATISE ON THE THEORY AND PRACTICE OF MIDWIFERY. (a)

THE council of the Sydenham Society has been charged, with some show of justice, with publishing works which, though doubtless valuable, possess little interest for the majority of their subscribers. But with respect to the volume now before us, these objections cannot hold good. The great majority of the members of the Society practice midwifery, and the presenting of the work of such a master mind as that of Smellie to them would be in itself a great boon, but this boon is rendered doubly valuable from the annotations contributed by the talented editor.

The selection of Dr. McClintock for the task was a most happy one; there are few among the obstetric practitioners of Great Britain who combine the three requisites for the successful completion of such a task as the editing of "Smellie's Midwifery"—namely, a thorough acquaintance with the literature of the subject; a sound and practical knowledge, based on extensive experience of obstetrics, and, the power of expressing himself at once clearly, concisely, and agreeably. No one can rise from the perusal of the work under consideration without admitting that the editor selected by the council is possessed of all these requisites.

We have been long familiar with "Smellie's Midwifery," but we must own that we have gained a much more thorough knowledge of Smellie's views, and appreciate more highly the value of his work, since we have perused it in its new and attractive form than we did from poring over the old and somewhat musty copy we possessed, printed more than a hundred years ago.

The editor's memoir of Smellie prefixed to the work is in itself most interesting, there we have described in graphic language the toilsome struggle by which genius, aided by indomitable perseverance, at length succeeded in overcoming the greatest difficulties, and in achieving a three-fold success, first, and most important, in having, with little extraneous aid, worked out a clear comprehension of the mechanism of labour, and becoming, in time, by dint of careful observation, a skilful accoucheur; next in attaining a reputation which time, instead of diminishing, has enhanced; and, lastly, in gaining a moderate pecuniary recompense—fair, so far as his wants, and, perhaps, his ambition, were concerned, but most inadequate as a recompense for the great benefits conferred by him on mankind.

The first two "books" of our author we pass over without comment. Smellie's views of the physiology of the reproductive organs of the human female, and of the diseases incident to pregnant women, were at best imperfect, and the chapters on these subjects may well be omitted by the reader. The valuable portion of the volume commences at page 135; from thence to the conclusion, there is little which may not be read with advantage.

But the reader of the present volume is certain to pay special attention to the editor's "Annotations," and deservedly so. Dr. McClintock's editorial remarks are most valuable. Many of them are necessarily critical, and while dwelling on Smellie's, in general, sound, practical, and clear views of the subject he treats, the editor points out his errors, and corrects his statements. Others of his annotations are in themselves short essays, and treat of subjects and methods of practice unknown, or, at best, most imperfectly understood, by Smellie. That on "Nausea and Vomiting" of pregnancy, p. 136, in which the fallacy of the "flexion theory" of Dr. Graily Hewitt is exposed, and the question of the induction of abortion in extreme cases discussed, is at once interesting and instructive. Again, we have, at page 168, a *resumé* of our knowledge of the subject of retention of the dead ovum, which is well worthy of perusal, while the subject of *post-partum* hæmorrhage is, at page 386, discussed at considerable length, in a clear and practical manner.

On one or two points we must, however, dissent from from the views put forward by Dr. McClintock. Thus—

At page 220 Dr. McClintock discusses the "treatment of rigid os uteri," and we think that the views he expresses require some comment. He evidently believes firmly in the value of "blood-letting," and in the administration of "tartar emetic" in these cases; and he gives it as his opinion that the former "is not now resorted to as often as its efficacy deserves." He reiterates the statement made by himself and Dr. Hardy, in their "Practical Observations on Midwifery," that "in point of efficacy blood-letting is certainly entitled to the first place" in the treatment of the class of cases under consideration; while chloral, an agent of the greatest value, is dismissed with the following brief remark: "The hydrate of chloral has of late been recommended, but if, as Schroeder affirms, it augments the pains, its suitability may fairly be questioned."

From this last passage we may fairly infer that Dr. McClintock has never tried the hydrate of chloral in cases of rigid os uteri. If our inference is correct, we earnestly advise him to lay aside the use of the lancet and to give up, except in some special case, the administration of tartar emetic, and to try the drug he speaks of in such slighting terms. We have tried the hydrate of chloral extensively during the last five years, and though, like all other known agents, it sometimes fails, it has in our hands produced the most satisfactory results. We generally administer it in ten-grain doses, repeated at intervals of from fifteen to twenty minutes, till forty grains have been taken. If the patient sleeps, she, however, is not disturbed.

(a) "Smellie's Treatise on the Theory and Practice of Midwifery," with Annotations. By A. H. McClintock, M.D. New Sydenham Society. London. 1876.

Our experience certainly confirms Schroeder's statement that the drug "augments the pains;" but this expression must be taken in a different sense to that understood by Dr. McClintock. The drug seems to us, in cases where it acts favourably, at first to delay for a time the recurrence of the pains, while not seldom the patient enjoys short, but refreshing sleeps, to be aroused, after a time, by more vigorous uterine action; more vigorous, we have sometimes thought, because the os uteri relaxes, and the resistance it offered being removed, the expulsive pains peculiar to the second stage of labour set in.

We now, in the treatment of rigid os uteri, rely almost exclusively on the hydrate of chloral alone, or combined with the tincture of opium, and on the use of warm hip baths, as to the value of which we entirely agree with Dr. McClintock.

Again, while we commend to the special attention of practitioners the admirable editorial comment (p. 236) on the management of the third stage of labour, we object to at least one paragraph in it. The introduction of the hand into the uterus for the removal of the placenta is, undoubtedly, by some practitioners undertaken unnecessarily, and risk of the proceeding to the patient far too lightly esteemed, and we hope Dr. McClintock's words of warning on the danger of the operation will have with such their due weight; but we must protest against Dr. McClintock's practice in one respect—namely, the administration to the patient of "some stimulant" immediately after the birth of the child. Doubtless, such is occasionally needful, but in general is not only unnecessary, but injurious. It is this indiscriminate administration of stimulants which brings down on the members of our profession the too often justly-founded charge of encouraging that curse of our age—drunkenness. If wine should be given as a restorative to every woman "immediately on the birth of the child," it will soon be inferred that if there be any departure from what is normal, a larger quantity should be given; and Dr. Gream's theory that no woman will ever die of hæmorrhage if she gets "enough brandy," will be accepted by many. We have for a long time past endeavoured to impress on our patients, that a bottle of brandy and a decanter of wine are not a necessary in the lying-in room; and we hope the time is not far distant, when medical men will cease to prescribe wine or alcohol in any shape at random, and will only order it when needed, and in strictly-defined quantities. We are no advocates for total abstinence, but we call on the members of the profession to be careful not to teach their patients, and through them the public, to look on that as necessary which is, in the vast majority of cases, but a luxury; and we regret to find Dr. McClintock lending the weight of his name in the keeping up of what is, we are happy to find, rapidly becoming an obsolete theory—namely, that wine or alcohol in any shape are necessary in cases of simple exhaustion of the nervous and muscular system. The experience of his distinguished brother, in his Arctic journeys, as to the relative value of tea and alcohol when he and his men underwent great fatigue, should not be lost on him.

We regret that time and space do not admit of our entering more fully into the consideration of the numerous points of interest and importance in the volume before us. We have but to repeat our opinion of the value of the work, and of the admirable manner in which it has been edited by the distinguished obstetrician to whom the task was entrusted.

A COURSE OF PRACTICAL HISTOLOGY. (a)

"The purpose of this work," we are told by the author, "is to afford to those engaged in the practical study of histology, plain and intelligible directions for the suitable preparation of the animal tissues; with the object either of immediate study, or of their preservation as specimens for future reference. The methods recommended have all been tested by experience." Mr. Schäfer's book fulfils this task admirably. Nothing can be plainer or more intelligible than the directions which are given for preparing and examining the tissues, and amongst them will be found all the most commonly used, and many of the most serviceable formulæ for the preparation of staining and hardening fluids.

The instructions for injecting, embedding, section-cutting, and similar processes are excellent and bear on the face of them evidence that they have all been tested by experience. The book does not profess to give a description of the tissues, but may be usefully taken in conjunction with systematic works, and more especially with the histological section of the last edition of "Quain's Anatomy."

The author having apparently scrupulously adhered to the rule of only recommending the methods which he has been able to test, the record of the modes of histological investigation can hardly be said to be complete. Any worker with the microscope, however, who has thoroughly mastered the course of histology cut out for him in this book, will have no difficulty in availing himself of the many original contributions which the worker in any special department of histology will find it necessary to consult.

We have much pleasure in welcoming and recommending this contribution to the study of the minute anatomy of the tissues, which is worthy of the reputation of a school of histology of which Dr. Sharpey and Dr. Burdon Sanderson are distinguished ornaments.

(a) "A Course of Practical Histology." By Edward Albert Schäfer. London: Smith, Elder, and Co. 1877.

GRATUITOUS MEDICAL RELIEF.

The following Report of the Sub-Committee of the Liverpool Medical Institution, appointed to consider the question of Gratuitous Medical Advice, as afforded by the Public Institutions of the town, will be read with interest.

I.—The Committee are of opinion that the relief at present afforded to the in-patients of the various hospitals and infirmaries of the town is warranted by the severity and urgency of the cases admitted and does not call for further comment. Their remarks apply to gratuitous advice and attendance afforded to out-patients, either at hospitals and dispensaries, or at their own homes.

II.—They consider that, in this latter respect, public charity is greatly abused by persons receiving it who are quite in a position to contribute something towards obtaining medical attendance; that the multiplying of charitable institutions, by producing separate interests and requiring separate buildings and staffs, involves a waste of public money which might be better applied to maintaining the great leading charities in a highly effective condition; that, with the present diffuse mode of administering medical charity, no systematic inquiry into the circumstances of persons applying for it is made; that, its indiscriminate distribution tends to destroy the self-reliance of the working classes, and to encourage improvidence and pauperism; that, in consequence of the number of unsuitable cases applying for treatment, the medical officers are unable to devote sufficient time to really serious cases, while it greatly hinders the scientific study and treatment of disease.

III.—The Committee feel that as the present unsatisfactory condition of matters has been one of gradual and slow development, it will be impossible at once to effect any serious or sweeping changes in the present constitution of the charities administering out-door relief, but they would desire to bring prominently before the medical profession and the public two means by which they think some improvement might be effected, and which are already in successful operation in other towns—

(a) They strongly recommend that more general support be given to the Charity Organisation Society, one of whose main objects is to inquire into the necessities

of persons requiring medical or other relief, and they think that the existing medical charities ought to bring themselves into more direct connection with it; they do so, in view of the fact that the present system of admission by governors' or subscribers' recommendation is undoubtedly much abused, as it by no means ensures that the applicant's means, or the urgency of their cases. have been properly inquired into.

(*b*) They desire to advocate the introduction of the provident dispensary system, or some modification of it, by which the patients contribute something, however small, for their medical attendance. By this means they cease to receive relief *in formâ pauperis*, while by the aggregation of the small sums paid by them, some remuneration is made to the medical officers.

THE CHIEF SECRETARY'S ATTITUDE TOWARDS IRISH SANITATION.

THE *British Medical Journal*, in recording the proceedings of the recent deputation on behalf of the Irish Medical Association (which we print *in extenso* in our Irish Supplement) gives utterance to some observations which fittingly supplement the remarks of Dr. Jacob, Dr. Grimshaw, and Dr. Speedy, on the occasion referred to.

We heartily sympathise, says our contemporary, with Sir Michael Beach in his present unfortunate position. As Chief Secretary of Ireland he is *ex officio* President of the Irish Local Government Board, and therefore supposed to be responsible for its acts. As a matter of fact, all the mismanagement and muddling have been done by the permanent members of the board, who are his subordinates, but who are practically beyond Sir Michael's control. Sir Michael's views have so often been declared upon these points before he took office, that they are quite well known to be in strict accordance with the views of the Irish Medical Association. It must, therefore, seem rather hard to him that, between the Treasury above him and his ignorant colleagues below him, he is made a scapegoat for official sins in Ireland. We believe, however, that Sir Michael has strength enough, if he will only exert it, to bring both the Board and the Treasury to their senses, and put a stop to the present disgraceful state of things. Sir Michael told the Irish College of Physicians in November 1874, "that all that had been done up to that time was provisional;" the medical profession in Ireland have put up with the "provisional" arrangement for two years and a half, and we trust that now experimental administration will come to an end in Ireland. No such experiment was necessary except for the purpose of educating the ignorant officials of the Irish Board. It must not be forgotten that this two and a half years of "tentative" sanitation has cost many lives, produced much sickness, and been made at the expense of the pockets and comfort of close on one thousand number of the medical men.

HIGHER CERTIFICATE FOR WOMEN.

THE University of St. Andrews is about to grant a higher certificate to women candidates who may pass in one or more of the subjects prescribed for science and arts examinations.

The standard of attainments both for pass and honours will be the same as that required for the M.A. degree in the subjects included in the University curriculum, and in the subjects not at present included in the curriculum an analogous standard will be aimed at.

Any candidate who passes in four subjects (one, at least, being a language), or gains honours in any one subject, and passes in two more (one of the three being a language), will receive the title of Literate in Arts (L.A.) It is believed that such a title will be of great use to women who propose to become teachers, as being equivalent to a diploma or license to teach in the subjects in which they have passed or taken honours.

The only centre at present will be St. Andrews. Such other centres as may be afterwards fixed by the Senatus will be announced to intending candidates. The next examination will begin on Tuesday, 11th June, 1878, at ten o'clock.

THE acceptance of the Professorship of Clinical Surgery in King's College by Professor Lister has created a vacancy in his previous office in Edinboro', for which, amongst others, Dr. Patrick Heron Watson is a foremost candidate. Dr. Watson's contributions to surgery are numerous and sterling, and his position as surgeon to the Royal Infirmary places him in a favourable condition to compete for Professor Lister's chair. So important an office will be, no doubt, closely contested.

THE *Spectator* reports the death of a somewhat remarkable man, Mr. David Urquhart, who, it will be remembered, introduced the Turkish bath, or rather the Roman bath into England, the only one Turkish institution which it is desirable to adopt.

SANITATION IN IRELAND.

EXTRACT FROM THE REPORT OF THE LOCAL GOVERNMENT AND TAXATION OF TOWNS INQUIRY COMMISSION (IRELAND), 15TH FEBRUARY, 1877.

CONSIDERABLE improvements in the sanitary condition of the towns population have undoubtedly been effected in some places since the country was divided into urban and rural sanitary districts, by the "Public Health Act" of 1874; but the evidence taken by us in the several tows included in this report will show that while in many of them much has been done, far more remains to be done, and it is impossible to contend that in any one of them have the powers of the sanitary authority been so exercised as to leave little room for further improvement.

This, however, it would be most reasonable to expect, when it is borne in mind that the Act of 1874 has been barely two years in operation, and that the subject of it is one upon which the population everywhere, and not least in Ireland, most require education.

In some instances, and we would here especially notice Ennis, Bray, and Queenstown, revelations indeed of a very startling and shocking nature, were brought before us, indicating an almost culpable degree of apathy on the part alike of the sanitary authoity and the inhabitants, but generally—and wherever an honest endeavour is being made to correct the main evils of defective and inadequate drainage, or polluted sources of water supply—some allowances must, we think, be made for a reluctance to press hardly on individuals, bearing in mind that to carry out stringently all the recommendations of the sanitary officers, however desirable in themselves, without regard to expense, or to the great and inherent difficulties frequently presented by the special circumstances of the locality, would create so strong and general a feeling of opposition to the act as would imperil its usefulness, and indeed render its enforcement a matter of very great difficulty.

We do not, of course, refer to flagrant cases of neglect, such as that noticed in our report upon Limerick, where it was alleged that the most necessary reforms were avowedly resisted by interested owners, who were themselves members of the sanitary authority, on the ground that to carry them out would amount to a virtual confiscation of their property, but such cases are happily of rare occurrence.

Whether it is desirable to maintain the present system, by which the dispensary medical officer is, as such, the sanitary officer for the district of which he is in charge as medical officer, is, we think, deserving of consideration. The addition, if any, to his salary is usually very trifling; the work, if properly carried out, is of a very onerous and invidious character; the direct communication between him and the sanitary authority absolutely *nil*, and between him and the executive sanitary officer usually of a most casual character; and thus misunderstandings continually arise which might and probably would be readily removed by the more direct personal intercourse between the sanitary officer and his employers.

In name there is generally a consulting sanitary officer, at

a ludicrously small salary, but he is rarely consulted, and, except at Belfast, it is a perfect misnomer.

In some of the smaller urban sanitary districts the dispensary officer is both the sanitary and consulting sanitary officer, and where this is not the case there is not unfrequently a jealousy between the two, which does not tend to promote that good understanding which should subsist between the sanitary authority and their principal sanitary officer, which the dispensary officer now is. Of this a striking illustration was offered at Bray.

Royal College of Surgeons of England.—The following gentlemen received the diploma of M.R.C.S., and were duly admitted members at meetings of the Court of Examiners on May 22 and 23 :—

Bailey, H. F., L.S.A., Newport Pagnell.
Battye, J. H., St. George's Road.
Bellaby, F., L.S.A., Nottingham.
Bradley, C. A., Macclesfield.
Broster, A. E., Beaminster, Dorset.
Browne, J. W., Bodfari, North Wales.
Cant, W., L.S.A., Birmingham.
Clarke, W. B., North Wootton, Norfolk.
Cockell, F. E., Dalston.
Cones, G. A. Brompton Square.
Edwards, J., L.R.C.P.Ed., Anglesey.
Ekins, J. W., L.S.A., Alresford, Hants.
Fisher, F. B., Tiverton, Devon.
Fraser, D., Shakespeare, Canada.
Glanville, F. F., Putney.
Green, T. B., Kendal, Westmoreland.
Hayman, S. A., Stokenchurch, Oxon.
Jones, D. J., M.B.Ed., Liverpool.
Khan, M, H., Taboysz, Persia.
Lewis, T. H., L.S.A., Carmarthen.
Lightwood, W. S., L.S.A., Harwell, Berks.
Lloyd, E. J., M.D., Bangor, North Wales.
Malvin, M., Stockton-on-Tees.
Martland, E. W., Wigan.
Merriman, W. S., L.S.A., Knutsford.
Oxley, A. J. R., Conisbro'.
Payne, A. A., L.R.C.P.Ed., Sheffield.
Pickford, J. K., L.R.C.P., Toller-Fratown.
Pratt, A., L.S.A., Hounslow.
Prees, W. M., L.R.C.P.Ed., Conway.
Schofield, R. H. A., Cambridge Gardens.
Smith, E. S., Finsbury Circus.
Stevens, A. F., Brixton.
Tomkins, H., L.S.A., Manchester.
Tudor-Risk, R. R., L.R.C.P.Ed., Harrow.
Twinem, J., Liverpool.
Wilkinson, J. C., Lee, Kent.
Woodcock, R. F., York Street.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Navy Medical Department.—Notice is given of the next examination of candidates for this service, which takes place on August 13th at the University of London. Forms of application will be supplied at the Departmental Office in London.

Dr. Bernard Kelly's communication "On Hydrophobia" shall appear, if possible, in our next.

CHEAP MEDICAL ADVICE.

To the Editor of the Medical Press and Circular.

Sir,—I presume books are influential to a certain class of medical men. I enclose you a card addressed to my cook, backstair influence, I suppose. When every other *trade* increases its charges the *trade of medicine* is evidently cheap and nasty.

Yours truly,
A Disgusted Practitioner.

London, N.W.

[*** We are sorry to hold a different view to that of our correspondent, but we were recently taught in a court of a law that proper medicine and advice could be given and large profits made out of patients at fourpence per head; hence, as "the qualified surgeon of the Portman Dispensary" offers his advice and medicines for a shilling, it shows that the *trade of medicine* like others is increasing in value!!—Ed. M. P. & C.]

Every Woman her own Doctor.—We offer the foregoing sentence to our lady *confrères* (sœurs!!) as a very "taking title" for a new book if any are disposed to enter into the realms of medical literature. If "Every Man his own Lawyer" has had, as report says, so large a sale, "Every Woman her own Doctor" ought to keep a paper-mill and printer constantly employed, and in time shut out for ever the competition in medicine of the baser sex. The following paragraph from a writer near the seat of war might form the base of the text and show how it can be done. This writer says: "When Moldavian and Bulgarian women want work they go a-plastering. I was busy writing a few days after my arrival. A daughter of the house was hard at work plastering the floor of the verandah outside. Presently she stopped, stretched herself, gave a yawn, and retired to the other room, leaving her pail of mud where she was at work. In about half an hour she returned and finished her job, and a small squeak being heard, she complacently said, 'Oh, that is my new baby; it is just born, and now wants feeding!'"

Erratum.—In the letter on "Private Lunatic Asylums," which appeared in our issue of May 23rd, the quotation from Molière is not from "L'amour Medecin," but from "*M. de Pourceangnac.*"

Mr. Popjoy, Accrington, will please receive our best thanks.

FEES TO MEDICAL WITNESSES.

To the Editor of the Medical Press and Circular.

Sir,—Is a medical witness in a Crown case entitled to a fee of £2 2s. at "petty sessions," or does the word "sessions," as appears in paragraph 3 of the "Irish Poor-law Intelligence" of the 23rd inst., mean quarter session only?

A reply in next issue—in "Notices to Correspondents" will oblige

Yours truly,
N. G. Sheil, M.D.

[The words used in the official reply of the late Attorney-General to the Memorial of the Irish Medical Association on this subject was "Sessions," which undoubtedly includes both petty and quarter sessions. Our correspondent should apply to the bench for his fee of £2 2s. if he was occupied more than three hours in the duty.—Ed. M. P. & C.]

VACANCIES.

Newport Union.—Medical Officer for the Achill Dispensary District. Salary, £100 per annum. (See Advt.)

North London Consumption Hospitel.—Honorary Physician. Testimonials to be sent to the Secretary, 216 Tottenham Court Road, W.C. (See Advt.)

Royal Westminster Ophthalmic Hospital.—Registrar and Administrator of Anæsthetics. Salary, £100 per annum. Applicants must address the Medical Committee. (See Advt.)

Nottingham General Hospital.—Assistant House Surgeon. Salary, £80, with board. Applications to the Secretary.

Wolverhampton General Hospital.—House Surgeon. Salary, £100, with board. Address the Hon. Sec. to the Medical Committee.

East Riding Asylum.—Assistant Medical Officer. Salary, £100 per annum, with board. Testimonials to the Medical Superintendent at Beverley.

APPOINTMENTS.

Adamson, J. G., M.D., C.M. & L.M., Medical Officer to the Workhouse and Fever Hospital of the Lurgan Union, and Consulting Sanitary Officer for the Lurgan Rural Sanitary District.

Birkett, J., F.R.C.S., Consulting Surgeon to Guy's Hospital.

Dickinson, Dr., Medical Officer and Public Vaccinator for Nos. 4 and 5 Districts of the South Molton Union.

Garden, R. J., M.D., C.M., a Medical Officer to the Aberdeen Hospital for Sick Children.

Goodhart, J. F., M.D., Assistant Physician to Guy's Hospital.

Halket, G., M.B., C.M., Medical Officer and Public Vaccinator for the Anderston District of the Barony Parish, Glasgow.

Murray, J. J., M.A., M.B., a Resident Surgeon to the Edinburgh Royal Infirmary.

Nixon, T., L.R.C.P.E., L.R.C.S.Ed., Medical Officer for the Kirton District of the Boston Union.

Ritchie, A. F., M.D., C.M., a Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

Simpson, R. P., M.R.C.S.E., Medical Officer of Health for the Weymouth Port Sanitary District.

Stephenson, W., M.D., F.R.C.S.Ed., a Medical Officer to the Aberdeen Hospital for Sick Children.

Thew, E. P., M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.

Marriages.

Brock—Hubbuck.—May 22, at the Parish Church, Greenwich, John Brock, M.R.C.S.E., to Elizabeth Abigail, daughter of W. A. Hubbuck, Esq.

Kempe—Bowman.—May 24, at St. James's, Piccadilly, W., Alfred B. Kempe, of the Inner Temple, to Mary, second daughter of William Bowman, M.D., F.R.S., of Clifford Street, W.

Deaths.

Epps.—On May 18, at Great Russell Street, Richard Epps, M.R.C.S.E., aged 45.

Ferguson.—On May 14, at Edinburgh, Dr. John Ferguson, aged 65.

Finnimore.—On April 4, at the Mauritius, Thomas A. Finnimore, M.R.C.S.

Hamilton.—On May 12, at Cluny Hill, Forres, Daniel Edward Hamilton, M.D., aged 57.

Jones.—On May 23, at Mountcraig, Herefordshire, Edmund Jones, M.D., J.P., aged 62.

O'Grady.—On April 16, at Dublin, Dr. Richard O'Grady, aged 58.

Peacock.—On May 12, at Edinburgh, Dr. Thomas Peacock, aged 76.

Ronald.—On May 9, at Strathblane, George Ronald, M.D., aged 27.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

DEPUTATION TO THE CHIEF SECRETARY.

On Tuesday. 17th instant, at five o'clock, a deputation from the Irish Medical Association, consisting of Drs. Jacob, Grimshaw, and Speedy, waited on Sir Michael Hicks Beach, at the House of Commons, for the purpose of calling his attention to the working of the Public Health Acts in Ireland.

The deputation was accompanied by the following members of Parliament:—The Hon. David Plunket, Mr. Butt, Captain Beresford, the Right Hon. Lyon Playfair, Dr. Cameron, Dr. Brady, Mr. Bruen, Mr. Ion T. Hamilton, Mr. Delahunty, Mr. E. Collins, Mr. Maurice Brooks, Mr. Mitchell Henry, and Mr. S. Moore.

Dr. Macnamara, representative of the Irish College of Surgeons on the General Medical Council, was also present. Dr. A. P. Stewart, Secretary of the Joint Committee on State Medicine of the British Medical and Social Science Associations, attended to support the views of the Association.

The deputation having been introduced by the Hon. David Plunket, M.P., Dr. Macnamara presented, on behalf of the Royal College of Surgeons of Ireland, a letter supporting the views to be put forward by the deputation.

Dr. Grimshaw explained that Dr. Hudson, an ex-President of the College, and the Irish representative of the Crown in the General Medical Council, had attended at the hour first named, but was now unavoidably absent, had he been able to remain he would have stated that the College of Physicians in Ireland had taken similar action to that taken by the College of Surgeons in this matter, and approved in their entirety of the proceedings taken by the Irish Medical Association; thus both the great Medical Corporations of Ireland are in favour of the views which the deputation desire to bring under your notice.

Dr. Brady, M.P.—I may mention, Sir Michael, that I presented yesterday a petition from the Royal College of Surgeons of Ireland, to the same effect as the letter which Dr. Macnamara has read to you. I am quite satisfied, from the knowledge I possess of the medical profession in Ireland, that they are dissatisfied at the way they are treated under the existing law, and we trust that the Government will take into their serious consideration the removal of the causes of discontent.

Dr. Jacob proceeding to bring the object of the deputation before the Chief Secretary, said:—Sir Michael Beach, permit me to state in as few words as I can, the object that has induced us to do ourselves the honour of waiting upon you this day. We have been moved to action by the fact that a Public Health Bill is now before the House of Commons; and inasmuch as the Public Health Bill, as it exists in the form of an Act of Parliament, has not proved satisfactory in its working, we desire to offer to you, Sir, and the Irish Government such suggestions as our experience enables us to make for its improvement. I should in the first instance call your attention very briefly to the progress of sanitary legislation in Ireland. Previously to the year 1866 a variety of Acts of Parliament existed for nuisances removal and other matters connected with sanitary administration, but these were entrusted to a variety of different authorities whose duty it was to enforce them; there was, in fact, a divided responsibility in the matter. By the Act of 1866 these powers were for the first time concentrated under a sanitary authority but the powers were much to be entirely permissive. The sanitary authorities were given opportunities of sanitation, but there was no obligation to exercise their powers. After the lapse of a considerable time, during which not much was done by these sanitary authorities, the Legislature again interfered. That nothing at all was done I may say with certainty; from statistics collected by the late Dr. Maunsell on the subject, it appears that immediately previous to the passing of the Local Government Board Act such sums as £1 and 30s. a year were the amounts devoted by sanitary authorities for the sanitation of their districts. By the Local Government Board Act the supervision over these authorities was vested in the Local Government Board in Ireland. Then by the Act of 1874 the previously permissive powers, which had been entrusted to these sanitary authorities, were made compulsory, and it is with regard to the working of that Act we are now about to give you the results of our experience. At the time that this Act of 1874 was under the notice of the Legislature, a deputation waited on you, Sir, in reference to this subject. That deputation represented the College of Surgeons, the College of Physicians, and the Association which we now represent, and we offered the Government at the time the advantage of our opinion as to what Ireland wanted in the way of sanitary legislation. You will observe, therefore, that it cannot be said, in reference to the points we desire to urge, that sanitary legislation has been hurried. On the contrary, every opportunity has been given to the sanitary authorities for doing in a permissive way that which the Act of 1874 ordered them to do in a compulsory way, and therefore I think her Majesty's Government need not be under any apprehension that they are unduly forcing sanitary legislation on the sanitary authorities in Ireland. I proceed to justify our presence here by saying, on behalf of the deputation, and I think I may say on behalf of the medical profession and the public in Ireland, that the sanitary system as it now exists, is eminently unsatisfactory. It may be thought that is rather a strong expression to use, but nothing less would express the views of the profession and the public on the subject. The working of the system is eminently unsatisfactory. That it is so is proved by the fact that the great leading surgical and medical authorities in Ireland have petitioned Parliament, and have stated on the face of their petition that they consider the present system unsatisfactory. It is proved by the fact that as many as 624 out of a total of 803 sanitary officers have petitioned the House of Commons either to be placed in a different position or to be relieved of their duties; and it is proven in an official way by the reports of he registrars of deaths, which are printed in the Registrar-General's quarterly returns, in which you will find there is a chorus of disapproval on the part of the registrars of the working of the Sanitary Act. Lastly, it is proved to be unsatisfactory by the report, emanating from the commission on local government and taxation of towns in Ireland, just laid before the house. I will read a few words of the report to show the opinion of the Commissioners:—

"The evidence taken by us in the several towns included in this report will show, that while in many of them much has been done, far more still remains to be done, and it is impossible to contend that in any one of them have the powers of the sanitary authority been so exercised as to leave little room for further improvement.

. . . . . .

"In some instances, and we would here especially notice Ennis, Bray, and Queenstown, revelations indeed of a very startling and shocking nature were brought before us, indicating an almost culpable degree of apathy on the part alike of the sanitary authority and the inhabitants.

"Whether it is desirable to maintain the present system, by which the dispensary medical officer for the district of which he is in charge as medical officer, is, we think, deserving of consideration. The addition, if any, to his salary is usually very trifling; the work, if properly carried out, is of a very onerous and invidious character; the direct communication between him and the sanitary authority absolutely *nil*, and between him and the executive sanitary officer usually of a most casual character, and thus misunderstandings continually arise which might, and probably would, be readily removed by more direct personal intercourse between the sanitary officer and his employers.

"In name there is generally a consulting sanitary officer, at a ludicrously small salary, but he is rarely consulted, and except at Belfast, it is a perfect misnomer."

. . . . . .

Now, Sir, I think you will see I am not speaking without book when I say that the working of the sanitary legislation has not proved satisfactory in Ireland. Allow me now to point out the causes of the failure. First among these causes I place the want of supervision and inspect on over the sanitary authorities; and permit me to avail myself of this point in my observations to distinctly express on behalf of the deputation that we do not present ourselves here merely to sue for increased salaries for medical men. I myself am not a sanitary officer. I never held any office of the kind, although circumstances have afforded me an acute experience in the matter. I am entirely uninterested, and I believe I may appeal with confidence to the sanitary officers of Ireland to say that we are not coming forward either solely or principally to pray from the Government an increase of salaries. On the contrary, when it became obvious that the sanitary officers would not be paid large salaries, they announced in the form of a resolution that they would do their duty without regard to salary, although they considered they were not sufficiently paid, therefore I am anxious to remove from your mind any idea that we have come here merely to sue for increased salaries. Our chief object is to obtain an improvement of the sanitary organisation which would be for the benefit of the country at large, and the sanitary officers are prepared to abide the event as far as their remuneration is concerned. The want of supervision in Ireland contrasts strongly with the system which prevails in this country. Here in England ample provision is made for inspection. The Local Government Department in London has competent inspectors who are well paid, and are capable of undertaking special investigations. The sanitary system throughout the country is controlled, and is entirely under the management of a variety of sanitary inspectors, who are paid in some instances very sufficient salaries, and in some salaries which, if not very sufficient, are at least enormously in excess of those considered necessary for Ireland. In Ireland, on the contrary, a very small staff is charged by the Local Government Board with the inspection of all sanitary matters. Many of these are not medical men; their hands are full of dispensary and workhouse supervision, and they have no time, nor would it be a reasonable function to impose on them to inspect sanitary matters. When the Public Health Bill was before the House on the last occasion, the deputation that waited on you suggested the necessity for inspection, and they understood from you that you considered there was legal power already existing for providing that inspection, and that therefore it was not necessary to provide for it in the Bill; but that if on consideration of the subject you thought it advisable, you would adopt some measure to secure a proper system of supervision. Now the 10th clause of the Act provides—

"Every medical officer of a dispensary district shall be a sanitary officer of such district, or for such part thereof as he shall personally be in charge of, with such additional salary as the sanitary authority thereof may determine, with the approval of the Local Government Board, and every sanitary authority, whether urban or rural, shall appoint such other sanitary officers, including a medical superintendent officer of health when deemed necessary, as the Local Government Board shall in each case direct."

We read the clause as expressing the intention of Parliament that the sanitary authority should appoint the sanitary officer, and the Local Government Board a superintendent officer of health. Nothing of the sort has been done. On the contrary, a consulting sanitary officer is appointed, and he does not occupy in any respect a posit o o independence. He is the workhouse medical officer in most instances, directly dependent on the Board of Guardians, who appoint and pay him. He is paid a ludicrous salary. That I say on the authority of the report of the Local Government Commission, which says:—

"In name there is generally a consulting sanitary officer, at a ludicrously small salary, but he is rarely consulted, and, except at Belfast, it is a perfect misnomer."

Moreover, the consulting sanitary officer has been told by the Local Government Board that he has no initiative power. If he sees a nuisance it is not his duty or his function, nor is he allowed, to take official notice of it. Consulting sanitary officers have applied to the Local Government Board on the subject, and been told that it was not their duty to take the initiative in any case. The result of the want of inspection is this. The *onus* of detecting and reporting all nuisances lies upon the dispensary medical officer, who by virtue of his position is the sanitary officer. He is the person who is assumed to move, and whose duty under the Act of Parliament it is to move in the first instance in these matters. Now, who is the sanitary officer? He is a man who is directly connected with the sanitary authority; he is dependent on the sanitary authority; he receives his salary from them, and his personal income is dependent on them. And who is he to report? The tenants and sub-tenants of the sanitary authority. Sometimes he is supposed to report the sanitary authority themselves, who are the persons entrusted with the carrying out of the sanitary laws; and therefore I submit that in leaving the dispensary medical officer as the sanitary officer without inspectoral control, you are putting him in a position the duties of which it is impossible he can effectually discharge, therefore the first point we earnestly desire to urge on the Government is the absolute necessity of providing some control independent of the Board of Guardians and the sanitary officer. The dispensary medical officers are most anxious to do their work in the majority of cases, but they have no power, and we ask the Government to provide them with a shield, so that they may be able to say—"You cannot complain of us for doing our duty in reporting such and such nuisances, for the inspector will come down and report us for not doing our duty if we neglect it." Therefore, sir, we would most earnestly urge on the Government this system of inspection as perhaps the most important we have to bring before you. The result of the absence of inspection is, that in a great many districts in Ireland sanitation is absolutely unheard of. It is to be recollected that we are dealing with a different class of sanitary authorities from that in England. In England generally sanitary authorities are not short of money. In general they have a considerable regard for sanitation, but in Ireland it is quite a different matter. In Ireland they are very parsimonious as a class, and not disposed to expend their funds in sanitary improvements.

Sir Michael Hicks Beach—I think they are very much alike in both countries.

Dr. Jacob—At all events if there be a difference it is not in favour of Ireland; and I think I may say you have to deal in the country with a class of men who are less disposed to undertake sanitation on their own behalf than the English sanitary authorities. I come now to a question which may present itself to your mind as to the reason of our being here, but which I entreat of you not to suppose is the reason we have ventured to trespass on your time and attention—I mean the question of salary. I think I may say on behalf of the sanitary officers that if the sanitary organisation were made real, and if it were efficiently carried out without undue pressure on the ratepayers, they should be prepared to abide the event without making any demand as to salary. But what did the Local Government Board do immediately after the Public Health Act was passed? They sent a general order to the sanitary authorities throughout the country, stating—"As a preliminary movement we order you not to grant more than one-fourth of the dispensary officers' salary, as salary for the discharge of his duties as sanitary officer." I need hardly say to you as a public man what the necessary effect of the order on the sanitary authorities was when they received from their superior board an instruction not to grant more than a nominal salary. The inference is clear to their mind that the superior board does not mean any active procedure with regard to sanitary organisation, and they have accordingly acted upon that view of the case. They have given

the sanitary officers salaries which in no case could exceed one-fourth of an average salary of about £100, but in point of fact in many instances the salary is as low as £5, £10, or £15, that being the sole remuneration which the sanitary officer is to receive for the inspection of a large district. Everyone will admit that that is not enough for a medical man, even if the duties were much less arduous than those entrusted to a sanitary officer. I say that the Local Government Board in fixing a maximum scale has taken an unusual course. In England no such scale was fixed. The sanitary authorities were left to their own discretion in the matter; and we think it rather hard that the Local Government Board in this instance should have issued an order to the sanitary authorities not to pay more than a certain proportion of the medical officer's salary as a remuneration for his sanitary duties, the effect of such an order being that the salaries of the sanitary officers were fixed at an inadequate sum in every case, and at an exceedingly low amount in the majority of instances. Therefore, sir, we urge on the Government the propriety of withdrawing the restriction, leaving the matter to the sanitary authority, with the approval and sanction of the Local Government Board, to which we do not object. Subject to that, we desire that the Government should withdraw the prohibition to exceeding one-fourth of the medical officers salary in fixing his remuneration as sanitary officer. I will conclude by saying that after eleven years trial of the sanitary law in Ireland, and after, I will say, the unanimous protest of the officers charged with carrying it out—after the disapproval expressed by all the medical and sanitary bodies, I am sure you will concede that we have not without reason trespassed on your time, and that we have offered sufficient reasons why Her Majesty's Government, if they desire efficient sanitary legislation, which I am sure they do, ought to make the Bill now before the House, and contemporaneous with it the arrangements of the Local Government Board, such as will satisfactorily and thoroughly do the sanitary work in Ireland.

Dr. Grimshaw.—The only point I shall refer to is that with regard to the fixing of these salaries. They do not appear in my opinion to have been fixed in strict accordance with the arrangement that was come to with the Treasury on the subject. The Treasury in replying to the Local Government Board gave their sanction in a very modified form to the proposed scale. The language they used in the letter addressed to you Sir, by Mr. Law, under date 11th November, 1874, was as follows:—

"I am to state that the proposed scale does not strike my lords as exorbitant, and they are prepared to accept the principle of it, if the Irish Government is prepared to take the responsibility, after full consideration, of recommending this course, but with the understanding that the scale will be applied with a due regard to the circumstances of each case, among which are specially to be noticed the officer's present salary, and its proportion to his present duties, as well as the additional salary which he will take under the scale, and its proportion to his new duties."

They evidently intended that the salary should be *in proportion to the duties* of the medical officer. We complain that it has been fixed in proportion to his old duties, and that an injustice has thereby been inflicted on the sanitary officers. The way I would put it to you is this. The average population of a sanitary district in Ireland is 7,000 or 8,000, but some go up to 30,000 or 40,000. For instance, one of the districts in the city of Dublin in charge of two officers has a population of 40,000; the average in Dublin being 30,000. This is entrusted to two gentlemen, and they have each to undertake the supervision of the sanitary condition of some 15,000 or 20,000 persons. The district to which I refer is a very densely populated and dirty district. On the other hand, a dispensary medical officer in the country may have only one or two small villages in his whole district to attend to; and what I would submit is, that if the present scale is withdrawn and each salary fixed according to the work to be done, we should in that way come to something like a proper conclusion. If you even were to raise the scale and keep it rigid it would be unjust to the local sanitary authority, for they would have to pay a large sum for a light amount of work.

Sir M. H. Beach—Not necessarily, for the scale would be the *maximum*.

Dr. Grimshaw—In large towns the probability is that the scale would never be high enough, and therefore we object to a certain scale being rigidly maintained. In conjunction with Dr. Speedy, I have analysed roughly some of the districts in England, with a view of showing how the payments are made there. There are three systems of payment adopted in England. One is the employment of a highly-paid officer for several districts, which are joined together, and called "an united district." Under the plan applying to the united district, the Local Government Department say to the sanitary authority, "Unless you allow us to regulate the salary for your particular district, we will not allow the Treasury to give you the money to pay it;" and where the Local Government Board and the local sanitary authority "enter into partnership," as it were, the salary is fairly proportioned to the amount of work to be done; but where it is left to the local authority alone, nominal salaries are paid. Taking them alone, we find that the salaries for districts as great as good-sized Irish towns, are double and treble those paid in Ireland, although the work in Ireland is equally great. My opinion is, that the most beneficial plan, even for the pockets of the ratepayers, would be to withdraw the scale as at present in force, and give each salary on its own merits. If the local authority "enters into partnership" with the Local Government Board, the salary will be fixed at a rate fairly proportioned to the work done. If the officer does his work well and if his district is kept well from a sanitary point of view, he will get credit for his services, and his salary will be raised, while the Local Government Board will have a check on him if he does not do his duty. The rigidity of the scale at present is so great that it is calculated to produce inefficiency, instead of efficiency. The Local Government Board regulate the salaries of other officers on the principle that a man is to be paid according to the work he has to do; but in fixing the sanitary officer's salary that circumstance has been overlooked, although the Treasury stated that these matters ought to be taken into account. It is quite clear that when the Treasury assented to the proposed scale, because it was "not exorbitant," that they did not mean that it should be very low, and it was certainly their intention that the amount of work done by each of the different officers, should be taken into account in fixing his individual salary. With regard to the question of supervision I admit it is a difficult one, but at present there is really no supervision in Ireland, and there is no one at head-quarters to look after any outbreak of disease that may occur throughout the country. We have medical men inspectors under the Local Government Board, but although medical men, they are not medical inspectors, and we think that adequate medical inspection is necessary, and that it might possibly be provided by some modification of the present staff. It might involve an increase of the staff; but it must be remembered that the work to be done now has been much increased since that staff was first organised, as the Local Government Board have many more matters under their control now, than when originally constituted as a Poor-law Board. We think that a re-arrangement of the staff of the Local Government Board would probably provide that supervision of sanitary matters which we suggest. At present the inspectors of the Local Government Board are attached to particular districts. If an outbreak of disease occurs in a district where there is no medical inspector, either an inspector, who is a medical man, must be brought from his own district to inquire into it, or the matter is dropped. The result is, I am sorry to say, that these matters have been allowed to drop.

Dr. Speedy—Sir, as one having some experience in the practical working of the Public Health Act, I desire to mention two or three points which bear upon the necessity of a central sanitary supervision. In Mr. Gray's evidence, before a select committee last year, he stated that in Dublin there were some medical officers who sent in hundreds of sanitary reports in the year, while there were others whose reports could be counted by units; yet the hard-working officer received exactly the same salary as the officer who sent in only six or seven reports in the year, though the district of the latter equally demanded sanitary inspection. Mr. Gray's opinion, the soundness of which I think cannot be disputed, was that the hard-working officer is underpaid. I would urge that this state of affairs affords a strong reason for supervision on the part of the central authority, viz., the Local Government Board. Sometime ago I had occasion to make a minute inspection of the sanitary accommodation provided in the tenement houses of a large district in Dublin. The condition of the middens and ash-pits was simply abominable. I suggested to the Public Health Committee that a list of such

houses should be made out and periodically visited by the inspectors of nuisances. Nothing, however, came of my suggestion. I contend that if there had been an inspector, quite independent of the sanitary authority, whose attention could be called to the subject, much benefit would have arisen. I desire, in conclusion, to draw attention to a letter sent to the Local Government Board of Ireland, by the dispensary physicians of Dublin, dated the 20th October, 1874, which pointed out that the maximum scale, laid down in the Local Government Board's circular, would, especially in large towns, operate most unfairly with respect to the officers on whom the duties imposed by the Public Health Act devolved.

Sir H. M. Beach—The points which have been brought before me appear to be four in number. Two of them are matters, I think, for legislation, and two are matters for administration. You ask that the title of sanitary officer should be changed for that of medical officer of health, and that some remuneration should be awarded to medical officers when appearing as witnesses in sanitary prosecutions. I think both these matters would require legislation. The first is rather a matter of sentiment, and I don't know, without making any promise at present, why it should not be conceded. The second point appears to me to be one which involves some difficulty; for it is as much the duty of a medical officer, if he holds a public appointment, to appear as a witness, if his presence is necessary, as it is the duty of any other public officer to do so. I think the reason you bring forward this proposal is, that their time as skilled witnesses is more valuable than that of ordinary witnesses. I will carefully consider the question.

Dr. Jacob—In the case of vaccination prosecutions there is a specific enactment by which a medical officer attending as a witness in a vaccination prosecution, may apply to the justices for remuneration, and they, if they think fit, may make an order for payment to him of an amount not exceeding £2; and we desire that medical officers should be placed in the same position with regard to sanitary prosecutions. The Act does not order attendance on sanitary prosecutions as part of the medical officer's duty; but he is compelled to attend under a general order of the Local Government Board, couched in such vague language as to include almost everything connected with his duties. The Act simply states that the sanitary officer shall perform certain duties, but it does not order him to attend as a witness; nevertheless, he has no option but to attend under the general order of the Local Government Board.

Sir M. H. Beach: Then the remaining points, which are perhaps the more important, are the question of supervision of the local sanitary authority, and the scale of payment for the duties to devolve on the medical officers in carrying out he Public Health Act. These are purely matters of administration, in which my opinion is much influenced by the report of the commission on local government and taxation. The law, as it stands, would give the Local Government Board, with the consent of the Treasury, power to deal with both these subjects. I do not gather that in either of them you ask for any alteration of the law. What I understand you to desire is, in the first place, that something in the nature of increased inspection over sanitary matters should be carried out by the officers of the Local Government Board—that is, independent of the 10th section of the present Act, which deals with the appointment of a superintendent medical officer of health. That appointment is, I believe, vested in, and controlled by, the central authority. What I desire to point out is that there is, at the present moment, a greater medical element both in the Local Government Board in Ireland and the inspectors of the Local Government Board, than there is in the same department in England. I think it is of great advantage that that should exist; and what you ask for is an extension of that element, by the appointment of more inspectors, who shall attend to these matters relating to the public health. Now I don't think it would be possible to appoint inspectors solely for the purpose of carrying out the Public Health Act. It would be a great waste of labour on their part if, when going down to a town, they were confined to an inquiry into matters under the Public Health Act, and were not allowed to undertake other duties which are performed by the inspectors of the Local Government Board. I think, as has been stated, the medical inspectors of the Local Government Board discharge many duties. I do not think it would be possible to appoint inspectors specially charged with the inspection of sanitary matters, and nothing else; and if more supervision is required—and I don't say it is not—it may be afforded by the Local Government Board. As to the scale of payment for sanitary duties, it is necessary that some scale should be fixed; for that was a condition made absolute by the Treasury, with a view that they should have some control over the portions of the salaries which they have to pay. The scale fixed is, of course, another matter. What was settled at the time the Act came into operation was really a tentative scale of one-fourth of the ordinary salary of the medical officer. I think it very probable that the maximum ought to be raised; and there again always subject, of course, to that which is somewhat difficult to obtain—the consent of the Treasury. I should be very willing to see it raised. But I would point out to you that, both in regard to this scale of payment and in regard to more inspection or supervision, we have had a difficulty to contend with, which I think has been hardly sufficiently alluded to by the several speakers. All through this matter of the public health, Parliament and the Government often, at the instance and generally with the support of the medical profession, have been endeavouring to improve the law (to increase sanitation, as it is called, and to improve the public health of the country) frequently against the desire and with the active resistance of the local authorities. In this very case the Local Government Board has been obliged, in several instances, to issue sealed orders, increasing the salaries of dispensary medical officers for their duties in connection with the Public Health Act, considerably above the amounts at which the sanitary authorities had fixed them. We have felt it our duty to do this, because it appeared to us that only in that way could the law be carried out properly; but I wish you to recognise the difficulty we have to contend with in that matter; and, if all your wishes are not acceded to, you must remember we have to bear in mind how far we can carry the local authorities with us in doing that which we desire to do, but which we cannot do without securing their co-operation. I think I have touched on all the points alluded to by the deputation. They shall all have my careful attention, and before the Public Health Bill is considered in committee, I hope I may be in a position to state what can be done in regard to them, and that the defect complained of may be remedied. I wish it to be understood that the statement which I observed in one of the Dublin papers of yesterday, as to what I said to a member of Parliament the other day with regard to this subject, is not perfectly accurate. I did not make any promise on the subject, and I do not make any now. It is necessary for me to consult my colleagues of the Local Government Board, and in financial matters to obtain the consent of the Treasury.

Dr. Jacob—The statement to which you refer did not emanate from the deputation. We should feel it to be our duty not to make any statement to the public until we had communicated with you, as we have done to-day. Dr. Jacob having thanked the Chief Secretary for the courtesy with which he had received the deputation, the proceedings terminated.

The Public Libraries of America.

The *Augsburg Gazette* informs us that there is in course of construction in the United States a library which will be the best of all in Northern America. It will be called the Lennox Library from the name of its founder, who has left 700,000 dollars for that object. The building will be of white marble, and calculated to hold 300,000 volumes, besides the founder's own collection of 15,000 volumes treating of the history of America and the literature of Shakespeare.

The Americans are often reproached with their indifference to literature, but such a reproach is unjust when we consider their public libraries. Of these, America has now 3,647, from which we may mention New Orleans, 15; Richmond, 15; San Francisco, 20; Chicago, 24; Cincinatti, 30; St. Louis, 32; Baltimore, 38; Washington, 52; Boston, 69; Philadelphia, 102; New York, 122.

The Peabody Library has cost no less than 1,400,000 dollars, and the public library of Boston was erected at an expense of 123,000 dollars from the purse of the municipality.

We can hardly compare with these results in England.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 6, 1877.

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ON THE GRAVER ASPECTS OF OTORRHŒA. (a)

By George P. Field,

Aural Surgeon to St Mary's Hospital.

Otorrhœa, or chronic discharge from the ear, is as you know, a symptom of various diseases very frequently met with, especially in children, and arises from a variety of causes, such for example as exposure to the action of cold air or water. The strumous diathesis is one of its most frequent sources, especially when combined with want of cleanliness or proper nourishment. Scarlatina, measles, whooping-cough, mumps, &c., may give rise to it, as may also blows on the head, or dentition. But it is by no means dependent on a previously acute form of the disease, for in many cases of strumous children, for instance, we never get any history of a prior acute attack.

The discharge, of course, varies much in character and colour in its many purulent and non-purulent forms. In treating these patients it is of the utmost importance to distinguish between chronic suppuration of the middle ear and otitis externa, or discharge from the external auditory meatus. Unfortunately, the former is very much more common than the latter, the proportion being about five to one ; but a correct diagnosis can often be attained by the use of Politzer's air bag, the squeaking sound or whistle heard as the air passes through the perforation in the membrana tympani cannot be mistaken.

The anatomical relations of the tympanic cavity will not be here out of place. (b) It is said "to represent an irregularly shaped octagon. Its surface directed outwards, or the outer wall, may be described as the wall of the membrana tympani, the inner as the labyrinth wall, the lower or floor as the wall of the jugular vein, the upper or roof as the wall of the dura mater, while the posterior wall presents irregularly bordered openings into the appendix of the tympanum, the mastoid process, and anteriorly it terminates in the channel, which serving for the escape of fluid as well as ventilation is directed somewhat downwards, the Eustachian tube."

And this perforation of the membrane in suppuration of the middle ear is not altogether a misfortune to the patient. It is the only safe outlet excepting the Eustachian tube, which as a rule seems to be the very last means of exit through which the pent up pus makes its way. If it escape through caries of the upper wall of the tympanum, meningitis or abscess is necessarily the result, from the close contact of the brain with the roof of the tympanic cavity. If it force its way in the same manner through the lower portion of the drum, it must injure the jugular vein and lead to phlebitis ; or, as Sir William Gull first pointed out, to pyæmic abscess of the lung of the same side, and sometimes to absces of the liver of the like nature.

Again, if the inner wall be implicated, death will probably take place from hæmorrhage of the carotid artery, which here lies in close proximity. Facial paralysis is often caused by the same means. These accidents almost invariably follow the chronic form of disease. A discharge from an acute attack of aural catarrh will, as a rule, burst through the membrana tympani, or if a bulging of that structure should be observed, the knife should at once be carefully resorted to, to let out the pus.

Total deafness is a frequent result, in scarlet fever for instance, from the intensely acute form of the disease, which may carry away not only a large portion of the membrane, but also the ossicles and probably irreparably damage the inner ear. Such a desperate state of things, however, may often be avoided by an early incision through the membrane. It should be punctured in the inferior portion

(a) Read before the Harveian Society of London, May 3rd, 1877.

(b) Hinton's Tröltsch, p, 31.

either in front of or behind the termination of the handle of the malleus. A clean cut or slit, from the mere fact of the wound being in apposition, will heal up readily afterwards, as we often see after operations; whereas a round aperture formed by oft-repeated discharge, involves either the use of an artificial membrane, or probably partial or complete deafness.

I will illustrate what I have just said respecting the former kind of injury—viz., a clean cut or slit in the membrana tympani—by relating a case that was lately brought to me by Dr. Randall.

A lady, dressing in a hurry for dinner, whilst brushing her hair, ran a hair pin (which somehow or other had become attached to the brush) into her right ear, rupturing the membrana tympani. She experienced intense pain at the time of the accident, and she lost a considerable quantity of blood from the ear. When I saw her the next morning, a large clean-looking slit could easily be distinguished in the membrane, which was intensely congested and very painful. She had almost lost her hearing in that ear, as she could only hear the watch in contact and closely pressed.

From the appearance of the wound, that of a clean-looking cut, I gave a favourable opinion as to the ultimate result. Four leeches were ordered in front of the tragus, and they immediately relieved the deep-seated and throbbing pain; and with the help of various and often-changed weak astringent lotions the wound healed. In three weeks all signs of injury had disappeared and her hearing was completely restored.

I shall say very little to-night about the ordinary run of cases of otorrhœa. These are seen everywhere in great numbers and in various stages, some of them almost immediately curable. Whilst there is another class tending towards aural polypus, exostoses, disease of the mastoid cells, or even to far more serious results, such as I have just mentioned; meningitis, cerebral abscess, lobular pneumonia, gangrene of the lung, pyæmia, facial palsy, &c., &c. I purpose to give you first a typical and very severe case of chronic suppuration of the middle ear in a strumous child after measles, which has lately been in the Grafton ward under my care. Subsequently I will take what may result in these cases, well exemplified in some patients who have lately been in St. Mary's Hospital; and these will illustrate to you the remarks I have just made.

C. K., a little girl, æt. 6, was brought to consult me at the Hospital in October, 1876. Her mother stated that four years ago she had measles, followed by a discharge from her right ear, which had continued ever since. Latterly it had been of a sort of offensive character, and she had suffered, night and day, from intense pain all over that side of the head. Her nose, face, and back of head presented one mass of running sores, the result of the irritating discharge and want of cleanliness. Her pulse was very quick, and I considered her to be in so critical a state that I ordered her immediate admission into the Hospital. Three leeches were placed in front of the tragus, and they at once diminished the pain in a remarkable degree. A weak carbolic acid and opium lotion was ordered to be poured warm into the ear every three hours; the hair was cut off her head; and the sores were treated with calamine ointment. She took steel wine and cod-liver oil three times a day. Under this treatment she got rapidly better. The lotion was frequently altered from one astringent to another, until the discharge ceased and she left the hospital in perfect health, with a fair amount of hearing power, good-sized perforation in the membrana tympani notwithstanding.

These cases are about the most numerous we have to deal with. The discharge, of course, is likely to return through various causes, cold especially; but it can in most cases be kept in check by thorough cleanliness, astringent applications, and attention to the general health of the patient.

It is an extraordinary fact that people can still be found who maintain that a discharge from the ear is a salutary process; nay more, that it is almost necessary. An American writer justly observes, "As if the Creator would not have made the human race with such an one if it were necessary"; and Wilde truly remarks, "Because it was observed that in the supervention of cerebral disease, discharges from the auditory canal have lessened, practitioners mistaking the effect for the cause, have been led to believe that the sudden "drying up produced a metastasis to the brain, a notion as crude as it is unsupported." If such ideas as these are commonly believed, serious consequences must oftentimes take place. The out-patient department at any hospital will, I imagine, conclusively prove that such belief is common, at any rate with the lower orders. My experience is, that patient after patient will present themselves with running from the ear who have all been told that it is bad to meddle with the ears. Therefore, they have allowed the discharge to continue, until they become such a nuisance to themselves and their neighbours, that the latter generally wake up and begin to discover, *not* that there is any damage to health or hearing, but that the smell is past endurance. It is my intention now to take the graver aspects that we may expect to arise in some of these patients, from advancement of disease out of the tympanic cavity; a cavity of which it has been justly observed, that "there is no part of the human frame, in such a small space, borders upon so many important organs, and on anatomical grounds alone we ought to watch for, and dread, suppurative inflammation of the soft and hard parts." (*a*)

First we will take the discase of the mastoid cells. In these cases, as I have already pointed out, pus is allowed to remain in the cavity of the tympanum; caries of the bony wall takes place, and the discharge passes into the mastoid cells.

Kate Short, æt. 19, servant, was sent to consult me at St. Mary's, by Dr. Owen Roberts, suffering from an abscess over the mastoid process. States that for the last five years she had had a constant discharge of a very offensive character from her right ear, but that she had latterly experienced a dull heavy pain at the back of the ear with great tension of the part. As it was clearly a case of acute inflammation of the bone, a deep incision was made through the periosteum, which let out a large quantity of thick pus. At the time of the operation she was in a most critical state of health, with high fever, a pulse of 120, &c., &c.; but subsequently after the evacuation of the pus she rapidly improved in health. It is an excellent plan in all these cases to apply the syringe daily to the external meatus, and gently syringe through the tympanum and mastoid cells until the water finds its way out through the opening over the mastoid process. The parts were thoroughly cleansed in this manner, and also by a carbolic acid and zinc lotion.

Her general health improved under a course of quinine and iron. Small pieces of the necrosed bone gradually came away, and on the 11th of April she left the Hospital in perfect health, the wound having quite healed and her hearing being almost restored.

Toynbee long since pointed out that in children under three years of age, if the disease proceeded upwards from the mastoid cells, the dura mater and the cerebrum were on the parts that became implicated, whereas after that age the lateral sinus and cerebellum were most frequently affected.

There are three points, I think, absolutely necessary to observe in all these cases.

1. Early incision over the mastoid process through the periosteum down to the bone.
2. Constant cleanliness and antiseptic treatment.
3. Attention to general health.

In apposition to these, there is a most interesting case now in the Victoria ward of St. Mary's, which well shows the ravages made by scarlet fever through the mastoid cells.

It is that of a girl, æt. 17, under the care of Dr. Broadbent, who kindly asked me to see her. Fifteen years ago

(*a*) Von Tröltsch, p. 66.

she had a very severe attack of scarlet fever. Her brother and sister, who took the disease at the same time, both died, and she was left deaf and dumb. She had not been born in that condition, although her father and mother were first cousins. One might have been led to attribute her affliction to that circumstance, had it not been that, before the attack of fever, she could hear perfectly, and was beginning to talk tolerably well. But she became incurably deaf, and soon lost all power of speech.

The other day, a lady from America, brought her son, æt. 12, to consult me. He had suffered from scarlatina some four years previously; he was totally deaf, but as he had learnt to speak at eight years old fairly well, he had not yet forgotten how to talk.

The first thing the mother did was to produce a little bottle containing the ossicles, the malleus, stopes, and incus, all in a perfect state of preservation! She said they had come away with the discharge during the fever. I need hardly tell you that he was hopelessly deaf.

But to return to the condition of the deaf and dumb girl. Immediately behind the left concha, and hidden by it, was a round opening, which led, no doubt, into the mastoid cells. It was about large enough to admit a peppercorn. The Eustachian tube was completely closed on that side, so that air could not be passed by that channel through the unnatural opening. One was led, therefore, to infer that the abscess of the tympanum, which made its way through the mastoid cells, had been followed by sufficient chronic inflammation to cause a permanent blocking of the Eustachian tube.

Whilst examining this case, I could not but think of Berger, the Danish surgeon, who died of meningitis, after having had his mastoid cells opened from the exterior to admit air into the tympanum, he having been previously deaf for some years. Nature has the advantage over the surgeon in effecting a permanent opening into the mastoid cells, for she works quietly and discreetly from the interior, whilst he commences from the outside. Certainly in his heroic treatment he cannot always be said to act discreetly.

I may mention that this patient died a few days ago, from tubercular perionitis. I have been fortunate enough, by the kind assistance of Dr. Mahomed, to place before you this evening the condition of things observable after death in this deaf and dumb girl.

You will see that the two ears present similar changes. The tympanic membranes are entirely destroyed. The tympanic cavities are much enlarged by caries of their walls, principally backwards and downwards, especially towards the mastoid cells, which appear plugged by cheesy material. The internal ear is also disorganised, in fact, all the structures in the latter organ seem destroyed; the semicircular canals and cochlea being plugged with inflammatory products, and their outline even cannot be traced. The Eustachian tubes are both also completely obstructed. In the right ear, the tube can be seen in transverse section; in the left in longitudinal. In the right ear, in which the opening between the mastoid and external ear had closed, some years previously to death, the cavity was filled with cheesy pus, and was evidently in a state of quiescence. In the left ear, an opening is still visible, close to the mastoid process; the cavity of the tympanum is divided into two parts. The anterior, plugged by cheesy material, and quiescent; the posterior, lined by pyogenic membrane, from which the discharge at the time of death originated. I also pass round a longitudinal section of the temporal bone, similar to the diseased specimens, in order to more clearly show the extensive destruction that has occurred.

These cases of disease of the mastoid cells are some of the most interesting that are to be met with in practice, and they would be of less frequent occurrence, if practitioners recognised the immense importance of leeching freely in the earlier stages of the disease.

Last summer, I was called down to Kew by Dr. Cundell, to see a gentleman, who was in a most critical condition. He had had a discharge from the right ear for some time, but it had suddenly stopped, leaving him with intense pain over the whole side of the head, so much so, that he could not bear to be touched with the bed-clothes. His temperature was 103; pulse, 120, with constant vomiting, diarrhœa, and shivering. I immediately ordered eight leeches round the ear, and a dose of quinine every three hours, and the leeches to be repeated in twelve hours, if there was still much pain. The first set of leeches diminished all the symptoms in a remarkable degree, and the second batch still further improved matters. Two days afterwards I received a telegram to ask me to come down at once, as the symptoms were getting serious again; eight leeches were repeated in the same way as before, with the satisfactory effect of taking away all signs of mischief from the mastoid process, and stopping effectually what might well be considered very grave and perhaps pyæmic symptoms.

2. The formation of aural polypi is one of the most common sequences of otorrhœa. These growths arise almost invariably from the walls of the tympanic cavity; but, as they are of every day occurrence, and the treatment is so well known, I will not detain you by entering further into the subject.

3. Exostoses are occasionally found filling up the tympanum, and leading to fatal results, from the pressure of the bony growth pushing onwards the accumulation of pus, and leading to cerebral abscess, &c., &c. Roosa says (page 402) they are the results of a local irritation, which has caused in the first place a periostitis, and, secondarily, an enlargement of bone. This local irritation may be either the constant presence of pus on the walls of the canal, or the extension of the inflammation of the lining membrane of the cavity of the tympanum, a membrane which is essentially a periosteum, to the true periosteum of the osseous canal.

4. Facial paralysis does not unfrequently follow a chronic discharge from the ear. It is caused from disease of the aqueduct of Fallopius, for this thin bony canal, which covers in the facial nerve, is destroyed, and the fluid is effused into the tubular sheath of the arachnoid which surrounds it. I cannot do better than repeat what Dr. Hughlings Jackson so well said the other night: "Uncomplicated facial disease, with ear disease, is not a cerebral symptom; it is not an intercranial symptom; it is scarcely an ear symptom; it is rather a bone symptom. It is occasionally the precursor of fatal intra-cranial mischief; but, as a matter-of-fact, not often, and when so, it is independent of it, the ear disease, by distinct processes, happens to do two entirely different things at once, or in quick succession. It is erroneous to infer that because the process by which the palsy results, is a gross one, recovery will not follow; complete recovery often does." My experience is the same. Quite lately, my colleague, Mr. Edmund Owen, sent me such a patient, and I have seen many others afflicted in like manner that have done remarkably well. Von Troltsch observes: "The facial palsy does not even show much extension of the tympanic disease, but only slight extension in an unfortunate direction."

5. Paralysis of other portions of the body must often necessarily result from injury to the brain, however brought about. Thus, complete hemiplegia is not unfrequently met with in patients suffering from cerebral abscess, &c., &c. But I cannot further enter into this subject this evening.

6. If the inner wall of the tympanum be implicated, hæmorrhage from the carotid artery may take place. There are but very few cases of this kind recorded.

7. Albuminuria is said to not unfrequently follow chronic suppuration of the middle ear.

8. If matter escape through caries of the upper wall of the tympanum, meningitis, or abscess, is necessarily the result from the close contact of the brain with the tympanic cavity. I will illustrate this by a case of meningitis.

(*To be continued.*)

THE TREATMENT OF HYDROPHOBIA.

By Bernard Kelly, M.D.

The treatment of hydrophobia, it is to be feared, must long remain empirical, as it has hitherto proved itself to be the opprobrium of medicine. When no less than some three hundred different remedies have been at various times and places employed, with little or no success, against this redoubtable disease, the prospect in a therapeutic point of view is anything but cheering. In this respect, tubercle, cancer, rabies canina, and snake-bite may be classed in the same gloomy category; the slow, lingering characters of the two former, however, being strongly contrasted by the revolting horrors and rapid fatality of the two latter.

The remedies employed or suggested by recent writers on the subject of hydrophobia, in addition to their having been in use from time immemorial, are not a whit superior in efficacy to many others recommended by the older authors, but which are no longer thought of as worthy of our imitation. To give an example:—A London practitioner (Dr. Samuel Collins) who flourished about the middle of the seventeenth century, and whom I am tempted to quote at the risk of being judged tiresome, says, "In reference to madness (proceeding from the biting of a mad dog, wolf, viper, &c.), cupping-glasses with scarifications may be immediately employed to the wounded part, a pigeon or any other bird, opened in the middle and administered to the part affected, to draw out the venenate humour (mixed with the salival liquor) entering into the extremities of the veins seated near the surface of the body; or leeches may be applied to the wound, to suck out the infected blood. And afterwards attractive medicine may be used, made of garlic, pigeons' dung, mustard-seed mixed with walnut-leaves, salt, and honey; as also plasters made of pitch, opoponax, &c. And the most ready way to draw out poison in this case is to apply an actual cautery, and the burning being past, care is to be taken that the crust be speedily taken off, to discharge the venom by an ulcer; and if the patient be so timorous as not to admit an actual cautery, a potential may be used (as escharotics and the like) made of sublimated mercury and precipitate, and the ulcer may be long kept open, lest some parts of the venom be retained in the body. In this case, a vein cannot safely be opened which weakeneth the body and not dischargeth the poison. And purgatives cannot be advised, as drawing the poison from the circumference to the centre, from the ambient parts to the heart."

All this, no doubt, is most rational and judicious, and, considering the epoch in which it was written—now nearly two hundred years ago—remarkably scientific; yet, as no cases of its successful employment are recorded, it must be taken merely as the advice of an experienced, pains-taking, and conscientious physician.

The treatment of hydrophobia, to be at all efficacious, must be resorted to during the early or preliminary stage of the disease. Of this I am fully convinced, from the result of the following case:—In the summer of 1865, while having charge, as surgeon, of an emigrant ship from London to New York, one of the steerage passengers (a fine, athletic young man) applied to me one morning when about five weeks out, dismay depicted on his countenance. His history was briefly this: He had the misfortune to have been bitten by a dog on board ship about a month previously. At the time of the accident he paid no particular attention to it, and in the course of a few days, as he stated, the wound had completely healed. On applying to me, he complained of the following symptoms—soreness, with a sense of constriction of the throat; marked hoarseness of the voice; stiffness of the muscles of the neck and chest, with general *malaise*. The wound, which was seated in the index finger of the right hand, had broken out afresh, festered, and gave vent to an ichorous discharge.

As the entire symptoms and history of the case pointed conclusively to hydrophobia, and to the complete exclusion of common inflammatory sore-throat (the weather being the hottest I ever experienced, and *his* being the only case on board among several hundred passengers presenting anything like symptoms of the latter affection), I immediately ordered him to bed, prescribed a grain of opium to be taken every two hours, and to prevent nausea or vomiting, combined each dose with ten grains of bicarbonate of soda. Warm fomentations and poultices were to be constantly applied to the finger. Under this treatment, to my inexpressible delight, the symptoms quickly subsided, the wound healed, and in the course of a few days the patient was restored to complete health.

Nothing, perhaps, would be easier than to attribute the rapid recovery in this case solely to the united action of the opium and soda—the former combating the nervous and inflammatory elements of the disease, while the so-called lyssic virus, for instance, had been neutralised or destroyed by the latter. This, however, under the circumstances, would be taking an entirely superficial view of the subject, as other factors of no lets importance should be taken into consideration.

It has been stated that the weather at the time was intensely hot; hence all articles of food and drink were necessarily in a tepid state. The part of the steerage in which the patient was located was also so dark, that a person entering it could scarcely discern objects distinctly for several minutes. Now, when we reflect that a cold draught of air, a bright light, the sheen of glass, water, or other glittering substances are sufficient to throw a hydrophobic patient into convulsions, we cannot be too careful to exclude them as far as possible. Hence I am strongly inclined to believe that any mode of treatment, however judicious and rational in other respects, while these details are ignored or neglected, will prove utterly abortive in hydrophobia. I would, therefore, recommend, in addition to the free internal use of opium and soda, that the patient be confined in a warm chamber, from which the light is to be rigorously excluded; and that all food and drink be in a warm, or at least a tepid, state. Harsh, grating noises or sounds, and everything calculated to act injuriously upon a highly irritable and excited nervous system should also be interdicted. Should the darkness of the room be not practicable, or should it interfere with the proper management of the patient, blindfolding or bandaging the eyes may be advantageously substituted. In this manner the medical attendant may be in a better position to judge of the effects of medicine, and to observe the phenomena of the disease as it advances to recovery or death.

Being fully convinced of the superiority of the foregoing plan of treating hydrophobia, at least in its incipient stage, I have waited ever since (now nearly twelve years) with a view to test it in any other cases that might occur in my practice; but, fortunately for mankind, although adversely for science, I have been compelled to wait in vain. But as many fatal cases of the complaint have lately been reported throughout different parts of the country, I give it now, however, for what it is worth, trusting that it may prove as serviceable in the hands of others as it has in mine; or, failing to save life, that it may help at least to alleviate the sufferings, and thereby contribute to the enthanasia of the hapless victims of rabies canina.

The Countess of Galloway last week, in Edinburgh, unveiled the bronze statue erected to the memory of the late Sir James Simpson. The sculptor was Mr. Brodie, and the statue is pronounced to be a splendid work of art.

Three members of the Council of the Royal College of Surgeons of England will be elected on the 5th proximo, at the annual meeting of the Fellows. The names of the aspirants are not yet announced.

Clinical Records.

EXCISION OF THE BREAST FOR LARGE SCIRRHUS TUMOUR.

By G. de G. Griffiths, L.R.C.P.Lond., M.R.C.S.E., &c.,
Senior Physician to the Hospital for Women and Children, Pimlico.

Such an operation is not frequent, and, therefore, it would at first, perhaps, seem devoid of any advantage to recite this case; but, as there are some unusual points in it, I think we may learn from it some lessons of interest and practical importance.

Mrs. M——, æt. 45, a woman of very spare habit, slender build, and with a worn, wan, cachectic look, was admitted under my care at the Hospital for Women and Children, Vincent Square, suffering with a large stony-hard tumour, occupying the situation of the right mamma, and which she stated was acutely painful when handled in examination, and even when not at all touched, the pain being characteristic of cancer, that is, sharp and lancinating, or, as she described it, "stabbing, and as if a lot of needles were being plunged into the breast." All the functions of the body were performed healthily, except that she had been unable to obtain sound sleep, indeed, hardly any for some time, owing to the pains; this, in combination with very poor living, had so reduced her that I was compelled to wait a few weeks in order to have her strength recruited by the nourishing diet she had in the hospital. Her health being improved, chloroform being administered by Dr. Oates, and assisted by my other colleagues, I proceeded to remove the growth, which, being slightly adherent to the skin, only to the extent of the size of a florin, on the inner side of the nipple, and being apparently quite mobile on the ribs, gave me the hope that it might be wholly enucleated. Drawing the knife from above downwards and inwards from the shoulder-joint towards the lower end of the sternum on the inner side of the nipple, so as to save it, there being no retraction of it, nor apparent involution of it in the disease, I dissected the integument from off the tumour, removing as much of it as I deemed unhealthy, or cancerously adherent to the mass. I then divided the connections at all points, commencing superiorly. There was very little hæmorrhage, only a few vessels requiring to be tied. On turning out the tumour from its bed, I found that it had completely absorbed the pectoralis major on the site where it had lain, and that the muscle was connected with it, only superiorly, running on thence to its humoral attachment; that there was, in fact, no pectoral portion of the muscle, all having been absorbed, and merely the humoral end left to the extent of a few inches; the pectoralis minor was also gone, except a narrow strip of the outer edge, and some of this I had to remove in order to complete enucleation; the ribs were, in fact, laid quite bare.

Well sponging the wound throughout, and waiting a little while before closing the incision, we satisfied ourselves that there was no hæmorrhage, &c., ligatures having been placed on those vessels which were largest, and the smaller being sealed with the actual cautery, as I was afraid to trust to torsion lest the cancer had affected the blood-vessels, we closed the wound with sutures, put on the compresses and bandages, and placed a nurse to watch the patient, warning her that should any bleeding occur she would at once send.

Four hours afterwards I was sent for, as the patient was blanched, bloodless, and faint. Hearing *internal* hæmorrhage had occurred, and that death would take place before I could do anything, I sent for my colleagues and assistant, but they all happened to be out. I then proceeded to administer restoratives, and on looking at the patient's chest, noticed the swelling or prominence of the operated-on side, and the tensity of the bandages; the latter I at once cut, liberating the thorax, and enabling the patient to breathe more freely. Removing the compresses, opening the lips of the wound, turning back the flaps, I came on a pretty good-sized clot, which I quickly turned out; sponging the surface clean, I found two points among the fibres of the remains of the lesser pectoral, from which the blood seemed to come; it was necessary to bury the long-spring tenaculum forceps among the fibres of the muscle before the bleeding could be arrested. I secured one, and Mr. Erichsen, who at this juncture kindly came in, burying the points of another long tenaculum self-holding forceps in the substance of the muscle, secured the second bleeding vessel, and I soon ligatured both arteries. No blood had shown itself at those points before the closing of the wound after the operation, and no doubt the vessels had retracted between the fibres of the muscle (lesser pectoral) and slipped under them, obscuring any detection of open arterial mouths. All bleeding being again arrested, I for the second time, after a little delay, closed the wound.

Convalescence was, as we anticipated, tardy; yet she made a good recovery, and we sent her to the sea-side, where, I regret to say, the cancer again showed itself in the cicatrix. The chief points of interest in the case are the complete restoration of all the movements of the arm, although the pectoralis major was *entirely* removed, except for the length of two inches at the shoulder extremity, and although there was only a mere band of pectoralis minor left after the operation was completed. The hæmorrhage which came on subsequent to the closure of the wound was, I think, likewise peculiar, since not a trace of bleeding was apparent before we brought the flaps together, having waited a little time after the elimination of the cancerous mass, the manner in which the vessels retracted between the muscular fibres, or rather, indeed, underneath the muscle, constituting another peculiarity.

My first impression, when I saw the patient four hours after the operation, was, that hæmorrhage had occurred into the thorax, owing to the retraction of some open vessels between the ribs and the intercostals, and that the death of the patient might supervene before I could secure the bleeding vessels.

PAPERS ON THERAPEUTICS.

By W. Handsel Griffiths, Ph.D., F.C.S., L.R.C.P.E.,
Corresponding Member of the Therapeutical Society of Paris, of the Medical Society of Lisbon, and of the Pharmaceutical Society of St. Petersburg.

ACIDUM SULPHUROSUM.

Locally applied sulphurous acid acts as a caustic, and is particularly efficacious in the treatment of cutaneous affections due to low forms of vegetable parasites. It may be used either in the form of lotion diluted with an equal bulk of water, or, as Garrod suggested, with glycerine, or fumigations of it may be employed. The latter mode of using it may be effected by burning sulphur under a gas-tight chamber, leaving the patient's head free so as to protect the respiratory passages from the suffocating effects produced by the gas. The advantages of treatment by fumigation are that it is inexpensive, does not leave an unpleasant odour and does not soil the linen, the disadvantage consists in the necessity for long-continued treatment. I have seen very good results in the treatment of some parasitic skin diseases by sulphurous acid applied in the form of spray. In ringworm and itch, &c., the sulphurous acid treatment has yielded very satisfactory results.

According to Dewar a solution of the acid will speedily cure chilblains or chapped hands, and the same writer states that diluted with an equal part of water or glycerine it will ease the pain and prevent the spread of erysipelas; he also applies the acid to wounds, bruises, sore nipples, &c. If contagious diseases are produced by minute organised particles which sulphurous acid can destry, it may act as a disinfectant. It may prevent, but cannot destroy, foul odours.

Largely diluted sulphurous acid has been given in the treatment of sarcinæ ventriculi, but some practitioners prefer the hyposulphite or sulphite of soda, when the latter drugs are used

the acid of the stomach decomposes the salt and disengages the sulphurous acid.

Jenner recommends the acid in pyrosis attended by yeasty vomiting, Lawson states that in pyrosis the sulphites are useless.

Dr. Polli, of Milan, advocates the administration of the sulphites in zymotic diseases, on account of their antiseptic powers. They have been especially recommended in typhoid fever. It is said that hyposulphite of soda in doses of from fifteen to twenty grains every two hours will cure intermittent fever.

In stomatitis, aphthous or phagedænic ulceration, influenza, tonsillitis, malignant sore-throat, laryngitis, croup, clergyman's hoarseness, asthma, chronic bronchitis, and phthisis, the administration of sulphurous acid has been recommended, particularly by Dr. Dewar, who has had considerable experience in the employment of this drug. In these cases it may be advantageously given in the form of inhalation. A few drops of the acid may be added to boiling water and its vapour inhaled. It may also be applied as a spray, one part of the acid to two or three of water. I do not remember to have read of its administration in whooping-cough, and I would certainly anticipate beneficial results from its employment in this affection.

ACIDUM TARTARICUM.

Applied to a denuded surface or, when concentrated, to a mucous surface tartaric acid acts as an irritant.

Given internally it is more apt to disorder the stomach, to purge and to produce colic than citric acid. A red, dry tongue is an indication for ceasing its administration.

Annesley considers that tartaric acid is the best solvent for mucus, and it has been suggested to give the acid in dyspepsia accompanied by the presence of large quantities of mucus in the bowel. The bi-tartrate of potash would perhaps be preferable in such cases. Tartaric acid is sometimes given effervescing in irritability of the stomach, its combination with tincture of opium, hydrocyanic acid, or tincture of calumba would be advisable.

Tartaric acid probably tends to lower cardiac action, large doses of it, according to Mitscherlich, causing great weakness of the action of the heart. Robrick's experiments are confirmatory of this statement. As a refrigerant the acid is given largely diluted and sweetened in fever.

The mode in which tartaric acid is eliminated from the system is a matter of question. H. Bence Jones found that it and citric acid increase the acidity of the urine, and Munich states that these acids appear as such in the urine. On the other hand Buckheim and Piotouski affirm that but a very small percentage of these acids appear in the urine, and that they are for the most part destroyed in the system.

In sufficiently large doses tartaric acid acts as an irritant poison, causing violent burning pain in the œsophagus and stomach, vomiting and gastro-enteritis. The appropriate antidotes are alkaline carbonates, lime, magnesia, &c., and the after treatment is the same as that for gastro-enteritis.

ACIDUM PHOSPHORICUM.

Phosphoric acid acts on the tissues by reason of its affinity for water, and although not so corrosive as the other mineral acids is never used undiluted. Given internally diluted phosphoric acid may be employed for a longer time than the other mineral acids without giving rise to disturbance of digestion. It is said to be useful in the vomiting and diarrhœa of a bilious attack if given in frequent doses. Although given in some forms of diarrhœa, it is questionable whether it is astringent or alterant on the glands of the bowel. Phosphoric acid has been recommended as a tonic in atonic dyspepsia, and Todd has obtained good results with it in cardialgia.

Phosphoric acid possesses a high diffusive power and so passes readily through the membranes and textures. By Balman it has been used as a tonic and alterative in scrofulous affections, and in such cases perhaps it would be advisable to combine it with phosphates. It has been recommended in caries and mollities ossium, but I should say that it would prove harmful on account of its solvent power over phosphate of lime. The superiority of phosphates over it in such cases is unquestionable. Phosphoric acid has been given in exostosis and other bony tumours, but its value is very doubtful. The occurrence of scurvy has been attributed among other causes to the absence of phosphoric acid from food, and the late Prof. Morgan proved that the superiority of lemon-juice over citric or tartaric is due to the presence of phosphoric acid in the juice. An analysis by Professor Galloway, of the Royal College of Science for Ireland, was confirmatory of the presence of phosphoric acid in lemon-juice. In typhus and typhoid fever Huss gives phosphoric acid, commencing its administration when the pulse begins to lose its fulness and the first sound of the heart becomes short. As a refrigerant drink phosphoric acid considerably diluted has been employed.

In hæmoptysis phosphoric acid may be substituted for sulphuric acid when the latter does not agree.

On account of its solvent action on phosphate of lime the administration of phosphoric acid has been suggested in ossification of the arteries. In nervous and physical debility the use of phosphoric acid has some advocates.

Pay has shown that when injected into the duodenum phosphoric acid acts as an irritant, and induces a saccharine condition of the urine. It has been recommended in diabetes, but Griesinger thinks it does harm in this disease. According to Paris, when largely diluted, it is more efficacious than any of the acids for checking the thirst of diabetes.

The value of phosphoric acid as a stimulant tonic in chronic dropsy is very doubtful.

In calculous disease Balman administered phosphoric acid with a view to correct alkalescence of the urine. It is said to be especially adapted for the treatment of phosphatic deposits, the earthy phosphates being soluble in excess of their own acid.

Phosphoric acid is said to be an aphrodisiac, but it is the experience of Macnamara that it is useless in this respect.

In cases of poisoning by phosphoric acid the same antidotes should be employed and the same treatment adopted as in poisoning by hydrochloric acid.

Transactions of Societies.

DUBLIN MEDICAL SOCIETY.

A MEETING of this Society was held on Wednesday, May 2, Dr. AQUILLA SMITH in the chair.

Dr. HENRY KENNEDY read a paper on

THE PROXIMATE CAUSE OF SLEEP.

Having quoted at some length the views of Denham and Hammond, he went on to question those views, and to show that a comparatively bloodless state of the brain was not the direct cause of sleep, for he believed there was always a certain amount of venous congestion present during this state, and this view was held by a large number of able men. He then detailed the particulars of a case where, from a burn of the skull, a large portion of bone had to be removed to relieve the pressure on the brain. He had the dressing of the case for many weeks, and it was matter of constant observation that when the patient slept the venous congestion was very marked, so that this case, at least, was in direct opposition to the views of Durham and Hammond. The author, too, adverted to the fact which Durham had specially stated—that pressure must be exercised during sleep, but that this pressure was then kept up by the spinal fluid taking the place of blood. Now this idea was hard to reconcile with the fact that dreams go on in sleep; and yet dreams, strange though they be, are intellectual acts, and, as such, require the circulation of blood through the organ. The rapidity, too, with which many parties awake is quite opposed to the idea that the spinal fluid must first be displaced and then the blood takes its place. The act is too instantaneous for such an idea—at least, in many persons. Two points in Hammond's book the author then adverted to. The first was the statement that chloroform and ether acted quite differently on the brain, the former producing congestion, and the latter the opposite. The fatal cases from chloroform given in Snow's book proved that this is not correct, for out of some thirty cases examined about one-half only showed marked congestion. The second point was the statement that in young infants the anterior fontanelle of the brain was always elevated whilst the infants were awake, and depressed whilst asleep. This statement, too, was incorrect, for he had examined a large number of infants in the Rotunda Hospital, and was assisted by Dr. Hart, and the result was that between sleeping and waking no difference was perceptible. In only two instances had he found the fontanelle elevated, and both the children were crying lustily. These statements of Hammond made the author re-

ceive any others from the same source with reserve. The author then drew particular attention to the statement made by Durham and Hammond that during sleep the lost energy of the brain was restored. But, whilst admitting this, Dr. Kennedy was quite at a loss to understand how it could go on whilst the brain was in a comparatively bloodless state. This was directly contrary to every well known principle in physiology, for no other organ of the body executed its functions whilst in a bloodless state, and it must remain with these gentlemen to prove how the brain was an exception to this rule. In concluding, the author stated he considered no single cause led to sleep, but that, on the contrary, it seemed to him there must be several combined. Amongst these he instanced the lowering of the pulse and the respiration, the seeking of shelter by all living nature, and necessarily, from this, a slight deterioration of the blood for the time being, the horizontal position, &c., &c.; and lastly, the author said that sleep seemed to be some modification of the comatose state, brought about, however, by natural causes. No other hypothesis, he thought, reconciled so well the difficulties surrounding the question.

Dr. FOOT observed that the current opinion with respect to sleep was quite different from Dr. Kennedy's view. That opinion was that it was caused by the accumulation of carbonic acid in the brain; that accumulation went on gradually during the day, and that explained the periodicity of sleep, and the impossibility of doing without it. All that was further borne out by the stimulating and wakening effect of tea and coffee, because those things checked the formation of carbonic acid; and it was also borne out by the tendency to sleep in the case of heavy eaters, whose blood was loaded with carbonic acid.

Dr. ASHE mentioned that some years ago he had under his care a child three years old, who laboured under intense insomnia, which lasted for more than four nights. The child's stomach turned, and it threw up some particles of perfectly undigested meat which the mother assured him must have been eaten two days before. Thinking that there might be some congestion in the region of the eighth pair of nerves, he put a strong mustard blister at the back of the child's head, at the top of the neck, which produced violent pain at first, but sleep in about ten minutes, and the child recovered. That rather made him incline to the view that the want of sleep had been produced by congestion of the veins in the brain. In cases of mania and insanity, where there was insomnia, he had found that a well-wetted lint applied to the head, and allowing evaporation to take place, afforded relief.

Dr. LYONS remarked that several questions not at all of a co-ordinate character were involved in Dr. Kennedy's paper. He (Dr. Lyons) did not concur in the opinion that an excessive amount of carbonic acid in the blood had anything to do with the presence or absence of sleep.

After a few words from Dr. Kennedy in reply, the Society adjourned.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

SESSION 1877.

THURSDAY, MAY 24, 1877.

FINANCE.

THE Finance Committee reported that the income of the Council, during the year 1876 had been £6,286 6s. 9d., a sum exceeding the income of the preceding year, by £408 7s. 1d. The expenditure during the year had been £5,911 19s. 2d., a sum less than the expenditure of the preceding year by £787 0s. 4d. Whilst in the year 1875 the expenditure of the Council exceeded its income by £820 19s. 10d., in the year, 1876, the income exceeded the expenditure by a sum of £374 7s. 7d.

The amount of fees paid to Council during the last year was larger than that of the preceding year by £309 15s., a result due to the meeting of 1876 lasting eleven days, whilst that of 1875 occupied nine days.

The item for printing increased in 1876; it amounted for that year to £1,161 4s. 8d., being in excess of the preceding year by £173 11s. 8d. In 1874 it was £582 11s. 6d., whilst in 1876 it was double the amount, being, as just stated, £1,161 4s. 8d.

The items showing a diminished expenditure for the year 1876 occur in the sums paid to Visitors of Examination (£718 4s.), in printing the Reports of Visitors of Examination (£219 8s.), and in house-expenses (£171 10s.).

The Finance Committee recommended that two hundred guineas should be presented by the Council to its late Registrar, Dr. Hawkins, in recognition of his long and faithful services.

Dr. AQUILLA SMITH, though recognising the value of Dr. Hawkins' services, objected to a presentation being made to him of a sum of money from the Council funds. He considered that the Council were trustees of the £29,000, from which they had no power to disburse any portion in the form of a presentation.

Sir DOMINIC CORRIGAN agreed with Dr. Smith, and added that the Government had in other cases instituted proceedings for the recovery of sums so paid.

The Council, however, adopted the recommendation of the Finance Committee.

The following resolution was read, which had been passed by the members of the North of England Branch of the British Medical Association at the spring meeting, held at South Shields, on April 27th, 1877, for the consideration of the General Medical Council:—"That it is the duty of the General Medical Council to prosecute unqualified medical practitioners."

Moved by Dr. STORRAR, seconded by Dr. HALDANE, and agreed to:—"That the attention of the North of England Branch of the British Medical Association be drawn to Minute 3 of the proceedings of the General Medical Council of August 3rd, 1859, to Minute 5 of the 4th of August, 1859 (Minutes, vol. i., pp. 30, 25), and to Section (c) of the Report of the Medical Acts Committee, May 17th, 1877, adopted by the Council (Minutes, vol. xiv., p. 122), copies of which the Registrar is requested to transmit, and to inform them that, after mature deliberation, the Council sees no cause to alter the determination then arrived at."

Sir DOMINIC CORRIGAN agreed that the Council could not become public prosecutors, and would not be justified in involving so heavy an expenditure. He would, however, speak strongly against the system of employing unqualified assistants, men who could not pass the ordinary examinations. It was the duty of the Council to draw the attention of the Local Government Board to the terrible abuse—that unqualified men were employed in dispensaries. In Ireland there was a perfect system of medical relief, and no unqualified assistant could be employed in dispensary practice. He would move—"That while the Council, as expressed in the preceding resolution, cannot undertake the duty of prosecuting unqualified practitioners, they, nevertheless, think it their duty to draw the attention of the Local Government Board of England to a practice, which it would appear exists in England, of practitioners in charge of medical relief districts employing unqualified assistants, tending to the detriment of the public and other evils; and they would suggest to the Local Government Board of England the consideration of the rule in Ireland, that no medical officer in charge of any dispensary district is permitted to have a substitute to perform his duties unless for a limited time, and unless such substitute is fully qualified to the satisfaction of the dispensary board, and with the sanction of the Local Government Board."

Dr. AQUILLA SMITH seconded Sir Dominic Corrigan's motion, and added that the census of 1871 showed no less than 3,116 unqualified assistants in England.

The motion was negatived.

CONJOINT SCHEME.

Some discussion took place upon the amended scheme for an examining board for England, which has already been before our readers, some members considering that it

would be better if the corporations conjoined without the universities. Finally it was moved by Sir JAMES PAGET, seconded by Sir WILLIAM GULL, and carried (eighteen voting in favour, and five refusing to vote):—

"That the sanction of the General Medical Council be given to the union of the Universities of Oxford, Cambridge, Durham, and London, and of the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, for the purpose of co-operating on the basis of the amended scheme herewith presented, in conducting the examinations required for qualifications to be registered under the Medical Act."

The Medical Council then considered the

REPORT OF THE MEDICAL ACTS COMMITTEE.

(A)—Proposals of the Obstetrical Society with regard to Women acting as Midwives in England.

1. The last subject on which the Committee has to report, as referred for such purpose by the Council, is the subject of certain proposals which the Obstetrical Society has submitted to Her Majesty's Government, and on which the Lord President has requested the advice of the Medical Council, as to imposing special conditions on women who desire to act in England as professed midwives.

2. The proposals of the Obstetrical Society, regarded in their general intention, may apparently be defined as having these two essential aims—first, *that means under legal sanction should be provided for giving credentials of qualifications to competent midwives;* and, secondly, *that the lives of women in labour should, so far as practicable, be protected from the incompetent.*

3. It appears to the Committee that these aims are such as must commend themselves to all reasonable persons who are acquainted with the wants of popular life in England, and that the Obstetrical Society has done well in submitting to Her Majesty's Government representations, which, as coming from that Society, cannot fail to be of influence, in favour of objects so important.

4. It was, perhaps, hardly necessary that the Obstetrical Society, in advocating those objects, should present so detailed a scheme of the provisions which it would propose for attaining them; and the Committee is most anxious not to seem in any degree to disparage the aims of the Society when it reports, as it now must report, with regard to the proposed details, that they, in the opinion of the Committee, require reconsideration.

5. Particularly the Committee would observe that, in its opinion, not even a permissive, much less an obligatory general law, for the examination, registration, and regulation of midwives in England, could, with any prospects of success, found itself on such very imperfect local arrangements as are proposed in the present scheme. If the question were one of voluntary local associations to give certificates of merit to midwives, such might require no stronger local machinery than those which the present scheme proposes; but the intention being what it is, and requiring to be what it is, and requiring to be well secured under legal sanctions, the nature of the case would, in the opinion of the Committee, require that the local administration of the law should be assigned (in sufficiently large jurisdiction) to strongly constituted lay authorities, each appointing a medical board for the medical purposes of the law, and having a public office where the business of the registration could be carried on, and having funds at its disposal for such necessary expenses as the registration fees of midwives, would probably not cover. The consideration of the scheme in that point of view is evidently not for the Medical Council, but for those who advise Her Majesty's Government on matters of local administration; and it is therefore only in order to illustrate the meaning of the above remarks, that the Committee would refer to the local authorities—courts of quarter session and the like, which are found necessary for working the respective laws concerning lunatic asylums, food adulteration, &c.

6. In a different point of view, the Committee would bring under notice of the Council that the penal provision which the Obstetrical Society proposes for enactment would, in two respects be an exception to the spirit of the present law concerning unqualified medical practice for gain:—first, as proposing in respect of midwives that the mere act of the unqualified practice should be a misdemeanour; and, secondly, as reserving liberty to male persons to do what the law would forbid female persons to do. The Committee is not prepared to say that no sufficient reasons can be urged for the proposed exceptional legislation; but as readers who might regard the proposals in their merely legal relations would perhaps here be struck with the appearance of anomaly, the Committee would suggest that if the general scheme is hereafter reconsidered by the Society, this part of the proposals, if it is to be maintained, should be supported by adequate arguments.

7. The Committee does not feel itself required to report on the details which sections 18—24 of the scheme propose for the examination and regulation of midwives; but having regard to the great public importance of a matter which it finds not mentioned in those sections, the Committee has to observe that, in its opinion the rules would be insufficient, both as to the knowledge and as to the conduct of midwives, if they did not, under both heads, expressly refer to the ways in which puerperal and other fevers are spread, and to the faults by which persons in attendance on lying-in women have often carried deadly infections from house to house.

8. In some parts of the proposed scheme the Obstetrical Society seems to the Committee to contemplate that the General Medical Council should stand in administrative relations to the scheme; but the Committee is not aware of any reasons for which this connection would be desirable, and is of opinion that the Council, with its present organisation and resources, could not lightly agree to have any such administrative responsibility imposed on it. The Committee does not clearly see that if county registers of certified midwives were kept under the proper local authorities, adequate reasons would be found to require, or even to justify, the further cost of a central registration; nor does the Committee suppose that, if the law made due provision for the required local organisation and action, much (if any) room would remain, in so simple a matter, for supervision or other action by a central administrative authority. Doubtless, so far as it may be found necessary to submit the working of the law to the supervision and control of the central government, the Medical Council would be called upon to advise the Government on any questions of an educational and disciplinary kind wherein general rules may have to be issued; but in the opinion of the Committee, it would not be expedient that the Council should accept any more detailed responsibility than this with regard to the midwives of England.

9. In conclusion, it appears to the Committee that, subject to the above remarks, the Council may properly express an opinion in favour of the legislation for such objects as were described in the second paragraph of this report, but whether, if the objects are to be aimed at by legislation, the legislation should be obligatory, or merely permissive in its relation to the local authorities, is a question which the Committee has not felt itself required to consider. Any proposed legislation would probably be shaped by the Local Government Board; and that board, if undertaking a bill, would no doubt be glad, as regards its details, to confer with the representatives of the Obstetrical Society. The Committee has reason to believe that legislation in regard of midwives would, in the present session of Parliament, be impossible. And, if such be the case, the postponement may, in the Committee's opinion, have two advantages: first, that the proposals of the Obstetrical Society may in some respects be amended on reconsideration; and secondly, that legislation regarding midwives will perhaps be easier for those who undertake it, when the licensing bodies of the medical profession shall have settled questions, which they now have open, with regard to women who desire to be on the Medical Register with qualifications higher than that of midwives.

JOHN SIMON,
Chairman of the Committee.

Moved by Mr. SIMON; and seconded by Sir WILLIAM GULL:—

"That Section (F) of the Report of the Medical Acts Committee be adopted."

Dr. ANDREW WOOD moved as an amendment on the adoption of this report.

"That it seems expedient that the Council delay communicating to the Government any definite decision, and that the Report of the Committee, along with copies of the suggestions of the Obstetrical Society be forwarded to the licensing bodies, with the request that they would consider the subject and forward to the Executive Committee their observations upon it on or before the 1st January, 1878; and that this resolution be forwarded to the Government."

He considered the matter was too important for the Council

to decide until the licensing bodies had considered it. Much benefit would arise from sending the report to them, along with the proposals of the Obstetrical Society. Many points in the reports were, in his opinion, very questionable, and any legislation on the subject should be imperial legislation, and not be confined to England. Women in Scotland and Ireland required just as much protection. There must be a central register, otherwise the plan would be worth nothing. As to the examination boards, who were so qualified to appoint them as the medical licensing bodies? If local boards were appointed here and there, uniformity would not be attainable. He did not agree with the opinion expressed in the report, that the Medical Council should not take the subject in hand. The object of the Medical Act was the benefit of the public; and, if the Council encouraged the education of midwives, it ought to have supervision over them. As regarded the last paragraph he objected to giving as a reason for not legislating that a moot question, the admission of women to the medical profession, had not been settled.

Dr. A. Smith seconded the amendment, stating that in Ireland, licenses had for some fifty years been granted to midwives and nurse-tenders by the King and Queen's College of Physicians in Ireland.

Sir Dominic Corrigan supported the amendment, remarking that the report seemed to ignore the fact that the required protection already existed in Ireland.

Mr. Macnamara read extracts from the report of Dr. Sinclair, stating that 294 army midwives had been educated in Sir Patrick Dun's Hospital in Dublin.

Sir James Paget said there were difficulties in the matter which the licensing bodies would be unable to deal with from their own knowledge, and which the Obstetrical Society was the only body which would be likely to have practical experience in. It was hardly advisable in England to imitate the Irish custom of establishing a central examination for midwives. There might be poor persons of sufficiently competent education throughout the country who need not be brought up to London; but at the same time they should be under supervision. He was disposed to make a representation to Government of the desirability that midwives should be registered, leaving the control of them to the Council. The spirit of the Medical Act was to enable people to know who were competent persons to take charge of life, and midwives had that responsibility as much as anyone else.

Dr. Pitman opposed the amendment. The Council had been asked by the Lord President to expresss an opinion on the subject, and he doubted whether it ought to refer the matter to other bodies.

The amendment was lost; nine voting for, and eleven against it.

The original motion was withdrawn, and it was moved by Mr. Simon, seconded by Sir William Gull, and agreed to:—

"That the Council, without assenting in all details to the scheme of the Obstetrical Society, is of opinion, with the Society, that it would be desirable to provide by legislation for the following two objects: first, that means under legal sanction should be provided for giving credentials of qualification to competent midwives; and, secondly, that the lives of women in labour should, so far as practicable, be protected from the incompetent."

Moved by Mr. Turner, seconded by Sir James Paget, and agreed to:—

"That the above resolution be communicated to the Lord President of her Majesty's Privy Council."

[CRUELTY TO ANIMALS ACT.

Moved by Mr. Simon, seconded by Dr. Andrew Wood, and agreed to:—

That the following communication from the Physiological Society be read and entered in the Minutes:—

37 Dorset Square, May 10, 1877.

Sir,—At the annual meeting of the Physiological Society held this evening, I was directed to communicate to you, for the information of the General Medical Council, the following facts relating to the working of the "Cruelty to Animals Act, 1876."

Numerous applications have been made by members of this Society for permission to conduct physiological or medical researches. The applications have been supported in each case by certificates signed in accordance with the Act.

In some cases the applications have been refused, in others the certificate has been indefinitely suspended, without cause assigned.

The administration of the Act has seriously embarrassed real physiological inquiry; and it bids fair to render impossible various investigations which have direct and important bearing on the saving of human life.

I beg leave to express, on the part of this Society, the hope that the Council will take such action in the matter as may to them appear expedient.

(Signed) Gerald A. Yeo.

The President of the Medical Council.

Moved by Mr. Simon, seconded by Dr. Fleming, and agreed to:—

"That the Council learns with regret that the Cruelty to Animals Act of last Session, as hitherto administered, is complained of by several highly meritorious cultivators of physiology and pathology in this country, as seriously impeding them in their legitimate studies.

"That the further consideration of this subject be remitted to the Executive Committee to take cognisance of the further operation of the Act, and, if complaints continue, and in the opinion of the Committee are well-founded, to bring them under the notice of the Home Secretary, with such suggestions as may be suitable under the circumstances."

Mr. Simon referred to nine cases in which complaints were made by persons well known as investigators in physiology, that sanction to perform experiments had either been refused to them or had been greatly delayed. These persons were well known to members of the Council, and were quite incapable of recklessness in experiments on animals. It had been said that the Cruelty to Animals Act was not intended to interfere with research by competent persons. In the list of nine persons before him, it was stated that applications had been made for licences to perform experiments with respect to the connection between the chemical composition and the therapeutic action of drugs; on the repair of bone; on the action of various new remedies; on the pathology of rheumatism and of diabetes; on intestinal secretion; on the excitation of muscles; and on the secretion of bile. For several of these researches, grants had been made by the British Association and British Medical Association; several of the applicants were teachers in medical schools, some were Fellows of the Royal Society, and all were properly recommended. If unreasonable hindrance were put in the way of investigation the study of physiology would be arrested, or the law would be evaded. He would look with regret on a mutiny against the law; but an unjust law was apt to produce that effect. An eminent physiologist had pointed out to him that certain of the cases which he had mentioned referred to medical and therapeutical investigations by persons long acknowledged as teachers, who had published important investigations, and whose purposes and methods of research had been improved by the highest authorities in the country. What part could the Council take? His first impression had been that they should communicate with the Home Secretary; but that minister was, unfortunately, between two fires, and perhaps it would be best for the present to pursue a middle course.

Sir William Gull seconded the motion. The Council could not remain silent in the matter. They had a duty to perform as directors of medical education, and medical knowledge must be advanced by careful research.

Moved by Mr. Lister, and seconded by Mr. Teale, and carried:—

"That it is undesirable that any teaching or licensing body should insist on the student taking more than one course of lectures on any one subject."

Mr. Lister pointed out that the Colleges of Physicians and Surgeons required that students should take two courses of lectures in anatomy and physiology. He considered this a great injustice to students, and a great loss of time, and suggested that in future the examinations would be sufficiently searching that they might trust to the student's own industry rather than forcing him to attend lectures from which he gained no instruction.

Moved by Dr. Andrew Wood, seconded by Dr. A. Smith, and agreed to:—

"That the following statistics and tables by Dr. Smith, Dr. Farr, and Dr. Robertson be received and entered in the Minutes:"—

Observations on Statistics, and Suggestions respecting "The Supply of Medical Men," in the President's Address de-

livered at the Meeting of the Medical Council on the 24th of May, 1876.—(Minutes, vol. xiii., p. 8.)

By Dr. AQUILLA SMITH.

The statistics furnished by Dr. William Farr, Superintendent of Statistics in the General Registry Office, on which the President founded some of his suggestions for the consideration of the Medical Council, include two distinct subjects of inquiry.

1st. Dr. Farr says, "that in the army there is a surgeon to every 202 men," and that "in the army 49 per 10,000 are required," or one to 204.

Dr. Farr proceeds to say, "It has become a matter of public concern, that it is difficult to supply the vacancies in the Army Medical Staff with competent practitioners."

This "difficulty" did not exist in 1874 or 1875, for in the Returns furnished by the Army Medical Department to the Medical Council, it appears that on the 10th of August, 1874, 17 "candidates for commissions in the Medical Department of the Army" "succeeded in obtaining appointments," and 5 "succeeded in examination, but not in obtaining appointments, there being only 17 vacancies. (Minutes for 1875, p. 51.)

The 15th of February, 1875, 8 obtained appointments, and 2 succeeded in examination. (*Ibid.*, p. 53.)

The 9th of August, 1875, 15 obtained appointments, and 6 succeeded in examination. (Minutes for 1875, p. 134.)

The result is, that in less than eighteen months 40 obtained appointments, and 13 succeeded in examination, but did not obtain appointments, because there were no vacancies for "competent practitioners."

On the same day that the President delivered his address it was moved, "That a Committee be appointed to take into consideration the recent Warrant, relating to the Army Medical Service," and the Council resolved :—"That it does not come within the province of the Council to take into consideration the recent Warrant for the Army Medical Service. (Minutes for 1876, p. 130.)

The second subject of inquiry stated in Dr. Farr's letter to the President is :—"One thing is certain, that the medical attendance for the people of England was extremely defective in 1841, and that it is still more defective in 1876. The danger is that it may grow quite inaccessible to vast numbers of the people."

This inquiry comes within the province of the Medical Council, and requires close investigation on account of the respect due to statements coming from Dr. Farr, and the danger apprehended by him of "Medical attendance for the people of England" becoming defective.

Dr. Farr seems to have made his calculations regarding "the people of England" only, while the equally important information as to Scotland was obtained by the President directly from Mr. Dundas in Scotland, and from Dr. Burke, the present Registrar-General in Ireland.

I have no means of testing, or of instituting a comparison with Dr. Farr's statement that "the proportion of medical men was in 1851 9·7 to every 10,000 living," because there was no authorised register of qualified practitioners until the year 1860, when the first *Medical Register* was published by the Medical Council.

As bearing on this question, it appears that of the medical practitioners in the United Kingdom before the passing of the Medical Act in 1858, 1,6081 were registered before the close of the year 1859, and in addition 1,895 of the same class were entered on the *Register* at the close of the year 1876, making a total of 17,976. The total number in the *Register* for the year 1876 is 22,200.

Another important fact is, that the number of practitioners entered in the *Register* in the year 1876 (998), is more than double the number entered in 1859 (409), or 1860 (423), and the average for eighteen years is 739·7.

I am not aware that there is any fear of a deficiency of medical attendance in Scotland or in Ireland; for I have ascertained that in two populous counties in Ireland—*viz.*, Down and Tipperary, the population of registered practitioners in 1871 to the population in that year was, in Down 1 to 2,905; and in Tipperary 1 to 2,519. The mean proportion in the two counties is 1 to 2,728, while in England, according to Dr. Farr, the proportion is "1 to every 1,276 of the population."

I cannot agree with Dr. Farr that medical attendance "may grow quite inaccessible to vast numbers of the people;" as long as the vast multitude of persons who are acting as unqualified assistants or practising in England on their own account are tolerated; and here I may remark that one of the questions suggested by the President for the consideration of the Council is, "Are the poorer classes especially attended by unregistered practitioners?"

Dr. Farr having stated that, "The proportion of medical men was, in 1851, 9·7 to every 10,000 living, 8·3 in 1861, and only 7·8 in 1871," it becomes a matter of great importance to inquire into his statement.

Taking the total population of the United Kingdom in 1871, and the average annual increase in the preceding twenty years, the total population in 1876 was 32,653,184. The 22,200 practitioners, in 1876, would furnish 1 to every 1470·8 of the population, or 6·79 to every 10,000, which is not much less than the proportion of 7·8 in 1871, stated by Dr. Farr.

Dr. Farr, having apparently made his calculation respecting "the medical attendance for the people of England," I find that the annual average increase of the population in England and Wales for the twenty years, 1851 to 1871 is 239,232.

The average number of practitioners registered in England and Wales, in each year, for eighteen years (1859 to 1876) is 452, which would supply 1 practitioner for every 529 of the annual increase of the population, or 18·9 for every 10,000.

Again, the average number registered in five years (1872 to 1876) is 565, which is in the proportion of 1 to 423, or 23·6 to every 10,000.

And finally, in 1876, there were registered 597, which is 1 to 407, or 24·5 to every 10,000 of the annual increase of the population.

May 10th, 1877. AQUILLA SMITH.

Statistics and Tables. *By* Dr. W. FARR, F.R.S.

General Register Office, Somerset House,
May 16th, 1877.

SIR,—You have been good enough to send me Dr. Aquilla Smith's "Observations and Suggestions respecting the Supply of Medical Men," in the President's address, delivered at the meeting of the Medical Council on the 24th of May, 1870, and to direct my attention to his criticisms.

In my report on the mortality and health of England and Wales for the past ten years, 1861-1870, I drew some conclusions showing the importance of medicine, and the necessity of cultivating it, in its bearings on public health. And you say, in your important address, that at the beginning of the year I called your attention to a statement which is subjoined, and on which Dr. Aquilla Smith comments. [The statement and tables follow this letter.]

It is probable that Dr. Aquilla Smith and I differ less about these essential facts than he imagines. For instance, when I say that "in the army there is a surgeon to every 202 men," he does not dispute that fact; and under the circumstances he will probably not deny that "in the army 49 per 10,000 are required;" or he might, wishing to make the figures more exact, say 50. With the supply of "vacancies in the army" I have no concern, as I did not "proceed to say" anything on that subject. But Dr. Aquilla Smith shows that in 1874 and 1875 the Army Medical Department evinced no disposition to reduce any part of the numbers on its staff as superfluous.

In proceeding to determine the proportion of medical men to the civil population in England and Wales, I took the numbers returned as physicians, surgeons, and apothecaries at the censuses; and, further, to get in maximum numbers qualified in any way to practice, added the numbers returned as assistants and medical students over the age of 20.

The results were, as shown by my statement, that to 10,000 of the population in the three census years 1851, 1861, 1871, the numbers were 9·7, 8·3, 7·8.

Dr. Aquilla Smith does not dispute this. The civil population, instead of having 49 to 10,000, as in the army, has not *one-sixth* part of that number. Then it must be recollected that physicians and surgeons who have retired are generally included in the census numbers.

While the standard of medical examinations has been raised from time to time, the number of qualified practitioners has declined in the United Kingdom, as shown in the annexed table compiled from the English census, and from the returns supplied to you from the registrars-general of Scotland and Ireland.

Thus the table shows that in the *United Kingdom* the proportion of physicians, surgeons, and apothecaries at the three decennial censuses was 7·2, 6·4, 6·0. In 1851 there was 1

practitioner to 1,386 inhabitants; in 1871 there was 1 to 1,672 inhabitants. (*a*)

In England the proportion of medical practitioners was larger than in the United Kingdom, but the decline was more rapid. In 1851, there was 1 to 1,180; in 1871, only 1 to 1,552 inhabitants. It is well known at this office that a considerable number of people die without the attendance of qualified medical men; thousands of cases of zymotic and acute disease are only treated during part of their course by qualified practitioners; and hundreds of thousands of the sick, in my belief, are treated by quacks, ignorant midwives, unqualified assistants, and chemists and druggists.

It is worthy of note that while the number of qualified practitioners decreased, the number of chemists and druggists rose from 7,816 in 1841, to 15,540 in 1871; and it is quite certain that this number (many of them respectable men, though not passed in pharmacy, now exceeding the number of physicians and surgeons in practice) do not live by mere retail or sale of drugs. What one would desire in the interest of the public health is that, besides paupers, the whole population should have easy access to medical persons and midwives possessed of as much medical, surgical, obstetrical, and hygienical skill as would qualify them, in the opinion of the Medical Council, to practise their art with advantage.

Dr. Aquilla Smith has misunderstood me in one paragraph. "I cannot agree," he says, "with Dr. Farr that medical attendance may grow quite inaccessible to vast numbers of the people, so long as the vast multitudes of persons who are acting as *unqualified assistants*, or practising in England on their own account, are tolerated." It must be evident from the context that I did not mean by "medical attendance" the attendance of unqualified assistants.

Dr. Aquilla Smith says that of the medical practitioners in the United Kingdom, 17,976 were entered on the *Medical Register* at the close of the year 1876: then he has "recently ascertained" that the total number "in the *Register* for the year 1876 is 22,200." He can probably explain the discrepancy by further inquiry, and at the same time deduct the numbers stated in the list to be residing in the Colonies, in India, and elsewhere out of the United Kingdom. But, taking these crude numbers, as the estimated population of 1876 was 33,093,439, there is only one qualified practitioner to 1,491 people.

Dr. Aquilla Smith says: "The average number registered in the five years 1872-76 is 565," and if they enter at the age of about twenty-five that will sustain a body of 20,340; which is not very different from the previous numbers. But it is quite certain that the whole of the men who are placed on the *Register* will not practise all their lifetime in the United Kingdom. And I cannot accept the paragraph referring to Tipperary as proving anything, unless it be that, on Dr. Aquilla Smith's authority, the famous county has only one medical man to 2,519 inhabitants.

Taking medical attendance to mean, as I did, the attendance of persons who have undergone a practical but not a high-flown examination, I must persist in the statement which you quote in your excellent address: "One thing is certain, that the medical attendance on the people of England was extremely defective in 1851, and that it is still more defective in 1876. The danger is, that it may grow quite inaccessible to vast numbers of the people."

(Signed) W. Farr.

To Dr. Acland, M.D., F.R.S., D.C.L.,
President of the Medical Council.

Statement, with Tables.

Physicians, Surgeons, and Apothecaries enumerated at three Censuses in the United Kingdom (exclusive of Medical Assistants so returned, Medical Students, and Unqualified Practitioners).

	1851	1861	1871
Number of Physicians and Surgeons Returned.			
United Kingdom .	19,767	18,642	18,864
England and Wales	15,241	14,415	14,684
Scotland	2,087	1,870	1,760
Ireland	2,439	2,357	2,420
Estimated Population in the Middle of the Years			
United Kingdom .	27,393,337	28,977,133	31,545,741
England and Wales	17,982,849	20,119,314	22,782,812
Scotland . . .	2,896,015	3,069,404	3,367,922
Ireland . . .	6,514,473	5,788,415	5,395,007
Proportion of Physicians and Surgeons to 10,000 of Population			
United Kingdom .	7·2	6·4	6·0
England and Wales	8·5	7·2	6·4
Scotland . . .	7·2	6·1	5·2
Ireland . . .	3·7	4·1	4·5
Average Number of Persons to One Medical Man			
United Kingdom .	1,386	1,554	1,672
England and Wales	1,180	1,396	1,552

(*a*) This is exclusive of unqualified assistants and medical students, the Irish returns for which are unsatisfactory. Besides that circumstance, unqualified assistants should not, in strictness, be counted.

Dr. Leet, Mr. Bradford, Mr. Macnamara, and Sir Dominic Corrigan, were reappointed Members of the Council, by their respective Corporations which they have hitherto represented.

After tendering a cordial vote of thanks to the several Chairmen of Committee, and to the President, the Session of the Medical Council terminated.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 6, 1877.

THE RECOMMENDATIONS OF THE MEDICAL COUNCIL.

Last week our remarks were confined to the subject of preliminary examinations, in respect of which we have now only to add that the regulations of the Medical Council will, if carried out, for the future have a very wholesome influence upon the general education of those who are thinking of entering the medical profession. That no person can be registered as a medical student unless he passed one of the preliminary examinations sanctioned by the Council, and that the licensing bodies will themselves have an eye upon the preliminary knowledge of their candidates, and will report any cases in which decided ignorance has been shown, with the name of the board before which the preliminary examinations have been

passed—these are regulations which would certainly prevent many entering the profession who are by no means fitted for it, or who have hitherto been able to enter it on much too easy terms.

But a good general education does not constitute the only credentials which will entitle the medical practitioner of the future to the confidence and respect of the public. Of still greater importance are his professional education, and the character and arrangement of the examinations which he is compelled to pass before his name can be placed on the Register.

Although the recommendations of the Medical Council on this subject are not, as we shall presently show, free from objections, they are, nevertheless, well calculated to make the idly-inclined student devote more time and attention to his medical studies than he usually does, especially during the first period of his curriculum. In the first place, considering the number of subjects to which he has to devote his attention, and the more difficult character of the examinations he has to pass, a period of four years is far from being longer than is necessary for acquiring a thorough knowledge of his subjects. Indeed, it is scarcely long enough, and, therefore, we are glad to see that the Medical Council insists "that the course of professional study required for a license shall occupy at least four years." This was the more necessary considering that, as Mr. Teale observed, according to present arrangements, an overloaded curriculum, fit only for four years, was often practically drawn up into three years, and in the second year students were really doing the second and third years' work. In Scotland, added Mr. Teale, they had been obliged to make their regulations for three years instead of four, but it was very difficult to carry out.

Of far greater importance, however, is the recommendation of the Medical Council, "that the professional examinations be arranged in two divisions, the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study." It is even thought advisable that there should be in future three professional examinations—that is to say, in the earlier subjects of professional study before the end of the first year. But several objections may be made to this suggestion, unless such an examination were left entirely in the hands of the teachers and lecturers themselves. There can be, however, no doubt as to the propriety of the recommendation first cited. We quite agree with Mr. Simon, in thinking that this regulation would, if duly acted upon, be the greatest reform ever made in medical education, and would be an incalculable advantage to the medical schools, whose great difficulty was the confusion of studies, against which so little precaution was taken. Indeed, the advantages of such a scheme would be felt by all parties interested in the improvement of medical education. Hitherto a student has been allowed to come up for his second or pass examination very shortly after the passing of his first. It is evident that this arrangement encouraged both grinding and the indolent and procrastinating habits of idle students. It permitted them to fritter away the first year or two of their curriculum, with the intention of reading hard or cramming for a few months prior to their pass examination. In future this cannot be done, provided the examining bodies follow the advice of the Medical Council, for as the later studies of the student will not be recognised unless he has passed an examination on the preliminary subjects at the end of his second year, he would have the strongest incentive to work during the earlier part of his hospital career.

Nevertheless, as we have already hinted, the above plan is, as it at present stands, by no means free from objection. It will be seen by the twenty-ninth recommendation of the Council, that the first division shall include chemistry, anatomy, physiology, and materia medica; whilst the second division shall include pathology, medicine, surgery, midwifery, and forensic medicine. Now, if it be intended that at the end of his four years, study he may pass in the subjects last mentioned without being subject to any re-examination in those specified under the first division, a great mistake will be made. Whilst the strict adoption of the two-division system of examination will certainly compel the student to acquire by the end of his second year a more thorough knowledge of the more elementary subjects, it would be at the same time tacitly allowing him to think no more about them after he had passed his first examination, so that the last two years of his period of study would be occupied in learning one-half of his subjects and forgetting the other. He would come up to his final pass examination with a knowledge whose superstructure might be grand and imposing, while its foundation was fast sinking into decay. He would be able to tell you a great deal about the degenerations of the liver, or the pathological vagaries of a thoracic aneurism, while he had quite forgotten the situation of the spigelian lobe, or the relative anatomy of the thoracic vessels. He would describe to his examiner the indications for giving this diuretic or that expectorant, while he had quite forgotten the doses and preparations of either one or the other. Were the subjects classed by the Medical Council as "elementary subjects" of comparatively little importance to a medical man engaged in practice; were they like chemistry, or physics, or botany, such as might be completely forgotten without interfering in any way with the discharge of his professional duties, there would be no reason why an examination in the above subjects should not be conducted once and for all at the end of the second year. But when we consider that such important and such practical subjects as anatomy and materia medica are included in the list, we are at a loss to conceive how the Medical Council could have framed its 28th and 29th recommendations without making some provision against the abuses to which they would, if strictly carried out, inevitably lead. We need scarcely say that anatomy and materia medica are subjects which the practitioner cannot afford to forget throughout the whole of his professional life, much less cast aside two years after the commencement of his medical studies. We cannot afford to treat them as Sydney Smith once said we might treat the classical pedantry of his day. We cannot treat them with the "blackest ingratitude." We cannot "kick them down the moment we have got up the ladder." "As soon as we have passed over the bridge,"

we cannot "let them rot." They will, in fact, cling to us, however much we may try to shake them off, and we may have cause to regret our neglect of them. We cannot correctly diagnose a disease without the one, nor write a prescription without the other. For these and many other reasons which we cannot now enter into, we hope that, should these recommendations be carried out, the student will be given to understand that even at his pass examination he will not be exempt from an oral examination in those elementary subjects which bear upon the practice of medicine.

Lastly, we object altogether to the 27th and 30th recommendations which advocate the passing of three examinations, the first of which is to be at the end of the first year. The grounds on which we have objected to the 28th and 29th recommendations partly apply to this system of three periodical examinations; but the great objection to having so many examinations is, that they rather divert the student from that channel of thought, observation, and study to which his attention should be chiefly given. Half his time he will be thinking how he is to get through the examinations of the licensing bodies instead of how, by observation and reflection, he can best fit himself for those duties he will be hereafter called upon to perform. With regard, however, to these resolutions of the Medical Council, there seems to be some confusion on this subject, for, as the reader may have observed, in two of the sections above-referred to, they recommend that the professional examinations be arranged in two divisions, while, in another section, they recommend three separate examinations. There is, therefore, some ambiguity about the matter, but when the question is practically settled, we trust it will be in favour of two examinations only, and that even with regard to these the objections we have raised will be taken into consideration.

THE RISE AND FALL OF DR. LUSH'S BILL.

THE Counter-Prescribing contest assumes from week to week greater proportions, and greater import to the profession. Hitherto, the arena of the contest has been restricted to the County Court, and to skirmishes between the Medical Defence Association and individual druggist-doctors, and though the English Pharmaceutical Society and the Chemists' Trades Union have blustered a good deal about taking part in the war, they have not actually done so, and the prosecution of counter-prescribers have almost uniformly resulted in their defeat.

The dispute has, however, been suddenly developed into a violent and somewhat critical struggle by the introduction of Dr. Lush's Medical Acts Amendment Bill, which stands as follows:—

A Bill to amend the Medical Act of 1858.

Whereas an Act was passed in the twenty-first and twenty-second years of the reign of Her Majesty "to regulate the qualifications of practitioners in medicine and surgery;" and whereas it is expedient to amend the said Act:

Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. Section 40 of the said recited Act shall be repealed, and in lieu thereof it is enacted: Any person who for the purpose of any Act of Parliament, or for the purpose of gain, shall take or use any medical or surgical name, title, or description, unless such person's qualification or qualifications entitle such person to take or use such name, title, or description, and such qualification or qualifications be also registered, shall, upon summary conviction for either or any such offence, pay a sum of *twenty pounds:* And it is further enacted, that any person not already registered or not qualified at the time of the passing of this Act to be registered under the said recited Act, who shall make, fill up, or sign any medical certificate for the purpose of any Act of Parliament, or who shall practise medicine or surgery for gain, unless such person holds a duly registered qualification or qualifications in both medicine and surgery, shall likewise, upon summary conviction for either or any such offence, pay a sum of *twenty pounds.*

2. Section 42 of the said recited Act shall be repealed, and in lieu thereof it is enacted: Any sum or sums of money arising from conviction and recovery of penalties as aforesaid shall be paid to the treasurer of the General Medical Council, anything to the contrary contained in any Act passed before the passing of this Act notwithstanding.

3. To Schedule A of the said recited Act it is enacted that this section shall be added: Doctor of Medicine, or Bachelor of Medicine, of any Foreign or Colonial University, whose examination is proved to the satisfaction of the General Medical Council by such University to be equal to that required, for the time being, by the College of Physicians of London for their qualification of membership, or to such other examination as may be fixed upon for the purpose by the said Council.

The Bill, it will be observed, raises the issue of the legality of unqualified practice in its most explicit form, for it not only forbids the use of medical titles, and the issue of certificates by unqualified persons, but it makes liable to penalties every one who (being unqualified) "shall practise medicine or surgery for gain." Now this is a very serious proposal, and open to great differences of opinion outside the circle of either doctors or druggists, and is an unequivocal advance from the position hitherto occupied by the profession under the existing law. The 40th section of the Medical Act advisedly stops a step short of this proposition, for it does not visit with penalties any act short of wilful misrepresentation, and, by omission, it recognises unqualified practice, so long as the practitioner makes use of no false pretence, and lays no claim to being qualified according to law. We don't for a moment tolerate such a principle, for we hold it to be an acknowledged duty of the State to protect its citizens against incompetency in those who treat disease, and it should neither tolerate such incompetency, because it is or may be applied to minor ailments, nor because the incompetency is admitted by the incompetent himself. This protection of the public by the State is fully recognised in professions which deal with matters of less immediate urgency than health, and, therefore, good care is taken to prohibit unlicensed practice on the part of lawyers and clerics, from which it may be assumed that the original intention was to protect sick people against druggist-doctors. While, however, we hold these views, we doubt the wisdom of raising the question so directly as Dr. Lush's Bill raises it. The practice of medicine, by untested incompetents, has, in England, been universal and time-honoured, and has secured by custom a foothold from which it will need years of public education to dislodge it. We, therefore,

feel with regret that Dr. Lush's Bill was little better than a chimera at the present, and, as we see no advantage in the ventilation of impossible hopes, we regret that it was introduced at all. The first condemnation of it emanated indeed from the General Medical Council, to whom the Bill was submitted by its own Committee, which reported as follows :—

"The Committee need hardly observe that, in common with the whole body of the medical profession, it regards, with extreme regret, the injury occasioned to the general community by the unskilled practice of unqualified persons. But the Committee cannot recommend to the Council to give approval to Dr. Lush's clause 1 as it stands. The Committee does not believe that a clause of such stringency, even if it could be recommended by the Council, would have any chance of being accepted by the Legislature. And supposing even that this clause were modified into the comparative mildness of section 23 of Lord Ripon's Bill, the Committee would suggest that endeavours to strengthen the Medical Acts in their penal relations to medical imposture may probably best be postponed till such time as those Acts shall have received all essential amendments in the provisions relating to the profession itself, and shall then be in readiness for consolidation."

Such a report is a characteristic breathing forth of the indecision and timidity by which every act of the Medical Council is marked. It is, in fact, a contemptible shuffle to escape the necessity of saying aye or no on the question of counter-practice, for it neither expresses approval or disapproval of the principle of absolute prohibition of quack practice, and neither condemns nor encourages the Bill itself. The Council ultimately passed a resolution in the exact words of the last phrase of this report, thus throwing over the question to an epoch more distant even than the crack of doom, for *that* event must come some time, while the final amendment and consolidation of the Medical Acts can never be more than the "baseless fabric of a vision" as long as the General Medical Council is what it is.

The death-blow to the principle of the Bill has, however, come from Dr. Lush himself, for we observe that he has withdrawn the measure with a view to its amendment, the emendation being to strike out the words which prohibit counter-practice. This course the hon. introducer pursues in consequence of the organised opposition of the chemists and druggists, a full record of which, accompanied with a triumphal pœan over the collapse of the Bill, will be found in the *Pharmaceutical Journal* of last Saturday. We do these gentlemen the credit of saying that they are obviously not of the material of which the Medical Council is made. They know their own mind and state it boldly and clearly, leaving no doubt possible that they claim counter-practice as a matter of right, and repudiate utterly the theory of a monopoly of doctoring on the part of the medical profession. Here are the resolutions of one local society of druggists :—

"That in the opinion of this meeting the Bill now before Parliament entitled 'the Medical Acts Amendment Act, 1877,' if passed, *will make it illegal for chemists and druggists to give advice to their customers in their own shops* respecting the use of medicines, *or to continue their counter-practice* according to their long established usage."

"That this would be a most unjust interference with *the existing rights* and customs of the trade, and injurious to the best interests of the public."

"That this meeting therefore considers it a duty to the public and themselves, to use every effort to obtain such an amendment of the first clause, as shall secure the *long established usages* of the trade."

The general practitioners of England are thus placed in somewhat of a difficulty. Their pretensions have been solemnly proclaimed on their behalf, and have been met with flat repudiation; the glove is thrown down for battle, and they are not ready for the engagement. Naturally the druggists will consider that they are confirmed in their pretensions, but we look to the education of the public mind and the disestablishment of the Medical Council at some future time to disprove such a notion. From the pronouncement of the latter body, the counter-prescribers would take no comfort if they knew as well as we do that the interests and sympathies of the rank and file of the profession, and the immense majority of the people are utterly unknown to the *soi disant* representative Council. Not one of its members has had his hand on the plough in England—not one of them has any fellow feeling for the hard ridden general practitioner, not one of them cares much for a constituency which pays but does not appoint them, and not one of them has any close knowledge of the medical wants of the sick populace.

The general practitioners must fight their own battle, and they can do it successfully if they act with moderation, and accept the motto "*festina lente*."

Notes on Current Topics.

The London Temperance Hospital.

VERY recently the annual public meeting in connection with this institution, which was established four years ago for the treatment of diseases and accidents without the use of alcohol, was held at the Memorial Hall, Farringdon Street, Sir G. Brooke Pechell, Bart., presided, and a number of medical men were present. Among the letters read was one from Cardinal Manning, in which his Eminence said :—"It has my hearty sympathy, because, while others only make speeches; it demonstrates, by facts, that alcohol is neither necessary in health nor in sickness. Physicians owe a large debt of reparation to society on this head, and the practice of your hospital is a good beginning, which cannot but affect the science and practice of medicine." We are informed, also, that since the establishment of this hospital 455 in-patients and 4,206 out-patients have received treatment, and that, in the judgment of the medical staff, the fullest benefit possible, to every patient, has been secured without resort to alcohol, even as a drug, in a single case.

We have no wish to disparage an institution in which patients receive as much care, attention, and rational treatment—minus the administration of alcoholic stimulants—as they would at any other hospital. At the same time we must say that, unless the reports are drawn up with great care, unless the facts and observations are correctly made and correctly stated, and the premises and conclusions all duly weighed, it is an experiment which will neither have the approbation of the profession, nor advance the science of medicine, nor be of any benefit to the patients themselves.

We should be very glad to hear that the practice at

this hospital truly demonstrated that alcoholic stimulants were not even necessary in times of sickness. Were that proved, a great revolution would take place in the treatment of disease, and perhaps a still greater revolution in the habits of society. Were that proved, not a voice could be raised in defence of the most moderate indulgence in alcoholic drinks in a state of health; and the cause of the total abstainer would be supported by one of the strongest arguments that could be possibly adduced. Unfortunately, however, the necessity or not of alcohol in the treatment of certain diseases, is a question that cannot be determined so easily as some may imagine—even though there be an hospital as established, and a staff of medical men appointed almost for the purpose of putting the question to the test of experiment. We have been told that there are more false facts than theories in medicine, and which it will be well to bear in mind in watching the practice at the hospital. Nor are we aware that the authorities of that institution have yet adduced any facts to show that alcohol does not do any good in those diseases, or under those circumstances, in which it has been always admitted to be useful by the most cautious, most judicious, and most eminent members of the profession. They may bring forward statistics to show how the mortality, or the duration of disease, is, under their improved system of treatment, much less than at any other hospital. But then we are again told that statistics may be made to prove anything, and so we must not be led astray by them. We question whether they will ever have the opportunity of putting their system to a proper test. Do they admit patients suffering from infectious diseases in the low or adynæmic cases or stages of which alcoholic stimulants have been so often found to be beneficial? Will they receive cases of typhoid fever, cases of diphtheria, &c.? Will they have plenty of opportunity to withhold the stimulant when the parturient woman is fainting from loss of blood—even on the verge of fatal syncope?

For our part should the plan of treatment pursued at this hospital be found to be truly a great success, we should not only be greatly surprised, but greatly humiliated. We should begin to wonder whether, after all, the administration of medicines was not as much a mistake and a delusion, as the administration of alcohol had been shown to be. For is not alcohol a drug as much as rhubarb is a drug, or ammonia a drug? Has it not certain characteristic and physiological actions upon the system, just as rhubarb or ammonia has? And, if in the treatment of disease we can wholly dispense with the use of the former, may we not be able to do without the latter? An hospital for the treatment of patients without drugs of any kind would be a capital move. It might be called "The Expectant Hospital," and the *vis medicatrix naturæ*, of course its appropriate motto. It would certainly compete with the Temperance Hospital in the number of its patients, for as in the latter institution they get no wine but plenty of nasty medicine, they would at the hospital we are now suggesting get no more nasty medicine, and perhaps a little wine.

M.D.s without Academic Residence.

On the principle that "imitation is the sincerest flattery," it may be assumed that the degree of M.D. is an object of ambition to the profession, for we find that those who are not in a position to attain that degree by the straight path of a University residence and a complete academic education in arts, are very anxious to find a short cut to the privilege of writing M.D. after their names. Of those who desire the distinction, but are not ready to pay for it in time, money, or brain-work, the first claimants were the licentiates of the Irish College of Physicians, who were encouraged by the College to call themselves "Doctor," and persisted in doing so long after their pretensions to the title had been decisively disposed of by the highest legal tribunal. Next come the licentiates of the Queen's University, who were dignified with the M.D. on the strength of a single course of lectures on modern languages in a Queen's College, an amount of academic qualification which was satisfied by a payment of £1 or a few weeks' sojourn at Galway, Cork, or Belfast. Lastly come the Universities of Durham and St. Andrews, who don't make any pretence of university residence, but avow their readiness to grant the M.D. to all comers who can pay and pass, and thus it happens that the Doctorate of Medicine is dropped down to the level of any of the other corporate licenses to practice. We have always deprecated this miserable competition downwards, and have held the opinion that the profession at large must experience a serious loss by the depreciation of its highest qualification in physic, and we find that the General Medical Council endorses our feeling on the subject, and condemns the selling of degrees of M.D. to persons who don't pretend to have undergone any academic study whatever. A very lengthened and warm debate took place in the Council on the subject on the 23rd ult. It was proposed by Sir W. Gull, and seconded by Dr. Rolleston:—

"That it is not desirable that any University of the United Kingdom should confer any degree in medicine or surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in arts, or passed all the examinations required for the Bachelorship in Arts, or passed, after due course of education, examinations such as are *bona fide* academically equivalent to those required for a degree in arts."

The amendment was carried.

Sir Dominic Corrigan, who, be it recollected, represents the Queen's University, required that the names and numbers of those who voted for and against the motion, and of those who declined to vote, be taken down.

Majority, 9: Dr. Rolleston, Dr. Pyle, Dr. Haldane, Dr. Andrew Wood, Dr. Fleming, Mr. Macnamara, Dr. Apjohn, Sir W. Gull, Dr. Hudson. Minority, 7: Dr. Humphry, Dr. Storrar, Dr. Thomson, Dr. Smith, Dr. Leet, Sir D. Corrigan, Mr. Lister. Did not vote, 8: The President, Dr. Pitman, Sir James Paget, Mr. Bradford, Mr. Turner, Dr. Quain, Mr. Simon, Mr. Teale.

The amendment was then put as a substantive motion and carried.

We presume that this decision of the Council will have no effect upon the Doctor-making bodies, but time will, without doubt, work out the problem. Unless something be done to define an M.D. as it has always been defined—*i.e.*, a medical licentiate who has probated in arts, the degree will cease to be sought as a distinction, and will take its position as a mere license to practice, which students will bid for just as they now do for their pass qualification.

If the day should ever come when the many diseases of the profession shall be healed by an amendment of the Medical Act, the Doctorate may be replaced in its position as a University distinction, but until then it is of no value whatever as such.

The Preservation of Powder of Ergot of Rye.

ERGOT of rye is one of the most important agents of the Materia Medica; its different properties, and particularly its obstetrical action, place it in the first rank of therapeutics. But, unfortunately, the pharmaceutical form under which it is most frequently employed—viz., the powder—is very alterable, and is only active when recently prepared.

According to the analysis of Wiggers, ergot contains various principles, three of which have stimulating properties:—

Propylamine, the alkaloid to which Winckler assigned the properties of ergot.

Oil of ergot, of acrid taste, soluble in alcohol, and the alkali, which accelerates respiration and circulation, and in a dose of 60 centigrammes produces death in small maminifera. This oil acts on the uterus like ergot itself (Wright, Pereira).

Ergotine, a brownish-red resinoid substance of acrid and bitter taste, soluble in alcohol, insoluble in water and ether. Its power is sixty times greater than that of ergot; but, in spite of this tonic action, a doubt has been raised on the identity of this active principle of ergot with that which acts on the uterus, since the latter is soluble in water (Guhler, "Commentaries on the Codex"). This active principle must not be confounded with Bongeau's preparation, also called ergotine, which is only a watery extract.

This extract, represented as possessing all the properties of ergot, less the toxic one, cannot entirely replace the powder. It is, like all extracts, very variable in composition, and unstable; it is hygrometric, and easily absorbs moisture; of irregular consistence, according to the time or way in which it is preserved—this variation increases or dimishes its action.

Ergotine, likewise, does not appear to possess the obstetrical properties of ergot.

It is certain that ergot, carefully reduced to powder, is the best preparation, but it is only active when it is healthy and carefully gathered; it very easily alters. Different means have been proposed to preserve it. Some have advised the method of Appert, by means of balsam of Tolu; some have proposed alcohol; and M. Baries recommends dry flasks, with a small quantity of mercury placed in the bottom. These various procedures have never completely satisfied chemists, as they require the ergot to be pulverised only when required; for the powder is much more alterable than the fungus itself.

"Towards the end of the year 1874," writes M. Mourrut in the *Journal de Thérapeutique* for May, 1877, "I reduced to powder 100 grammes of ergot, healthy and carefully picked; 50 grammes of this powder was placed in a very dry bottle, the rest (carefully mixed with 5 per cent. of its weight of powder of benzoin) was placed in a similar bottle. The two flasks, simply closed by a paper covering, were placed in a laboratory, in a very changeable atmosphere, sometimes dry, sometimes very humid; and after being fourteen months in this place, they were examined. The benzoinated one appeared to me physically to possess all the properties of ergot, whilst the contents of the other flask was only a nasty mass, teaming with a world of parasites."

The powder thus prepared has been already employed with success by many accoucheurs; Drs. Desruelles (Paris) and Noac (Lyons) have used it for two years. The antiseptic properties of benzoin may thus be utilised in the preservation of the powder, without injuring its properties.

It is not necessary to dilate on the advantage of this method of preservation, which must be of the greatest advantage to medical men, who are often obliged to wait until the chemist has reduced the ergot to powder. It must be especially useful to country practitioners, who are often at a distance from a chemist's, as they can have always at hand an active and unalterable agent, upon which they can depend.

There is a very useful preparation of ergot made by Harvey and Reynolds, of Leeds. It is not a strictly pharmaceutical one, but it is reliable, as it contains the whole of the active principles of ergot in the same proportions as in the drug itself—a fluid drachm being equal to half-a-drachm of the powder. It is unpleasant in appearance, as it is oily and thick; but this slight disadvantage is comparatively trifling when weighed with its efficacy. It is called *Ergota Fluida*.

The Visit of the British Association to Dublin.

LAST week an important meeting of delegates from all the leading scientific bodies in Ireland was held in the New Buildings, Trinity College.

The Rev. Dr. Lloyd, Provost of Trinity College, presided, and said it was desirable to make arrangement for the reception of the British Association, and with that object the Corporation, the Royal Dublin Society, and other public bodies should co-operate with Trinity College.

Sir G. B. Owens said that when Lord Mayor last year he attended as a deputation on behalf of the Corporation at the meeting of the British Association in Glasgow, and he had no doubt that the interest evinced by the Corporation and other public bodies in Dublin contributed to the conclusion arrived at by the association to meet next year here.

The Rev. Dr. Haughton moved, that the Lord Mayor be invited to ask the Corporation to co-operate in making arrangements.

The motion was adopted.

Mr. Norwood said the matter would be brought before a meeting of the Corporation next Monday, and he was sure they would heartily join in the reception of the British Association.

The Rev. Dr. Haughton said it would be undesirable that the different sections should meet in different parts of the city, lest the same inconvenience as attended last year's meeting in Glasgow might result, a most important department being removed from several important sections—namely, the refreshment-rooms.

It was arranged that the various sections should meet in Trinity College, and that the gymnasium be fitted up as refreshment rooms.

A Supposed Ether Death.

A CASE of *soi-disant* death from ether is reported by a contemporary to have occurred in the London Hospital. That it was not in any degree fairly chargeable to the anæsthetic is evident from the conditions observed before and after death. We are told that the patient had been for three days vomiting from strangulation of intestine, and "was so much exhausted that it was a question how far he could bear any operation." A large admixture of air with the ether vapour was permitted, and, as a consequence, "he did not take it well, and struggled much."

On *post-mortem* examination, the heart was found flaccid, and left ventricle uncontracted; "the lungs were extremely emphysematous, and the bronchi filled with muco-purulent matter."

It is obvious that the patient was moribund when placed on the operating table, and that his death, while half under the influence of the ether, was a simple coincidence. It would be a satisfaction if we could be assured that the blocking of the bronchi and the emphysema of the lung had been recognised upon careful previous examination, and, if so, the reasons might advantageously be stated, why a patient in such a condition was submitted to the anæsthetic at all. Obstruction of the bronchi and lung emphysema are conditions which the most superficial examination would have detected, and strangulated hernia is an operation which might readily be performed without anæsthesia. Almost all the cases of death attributed to ether seem to have arisen from respiratory disease, and not to failures of heart; and it will be necessary, therefore, for anæsthetists to give more attention to the lungs and bronchi in the examination previous to administration of ether.

The Early Medical History of America.

FROM a recent United States' publication we learn that the first permanent hospital was established at Philadelphia, in 1752, and was aided by a grant of £2,000 from the Colonial Assembly. Its establishment was owing to the suggestion of Dr. Thomas Bond, who became its superintendent, and, we believe, was the first *clinical* lecturer on medicine in America. The first medical school was commenced in Philadelphia, in 1768, which was closed during the Revolution. The first medical degrees conferred in America were by King's College, New York, in 1769. The first medical work was "A Brief Guide on Small Pox and Measles," by Thomas Thatcher, of Massachusetts, published in 1677. Dr. Zabdiel Boylson, of Boston, first introduced the practice of inoculation for the small-pox into the country, by inoculating his own son, thirteen years of age, and two coloured servants. This was on the 27th of June, 1721, only two months after the inoculation of the daughter of the celebrated Lady Wortley Montague, the first that was practised in England, and certainly before any knowledge of the latter case could have reached Boston. Dr. Beekman Van Buren, as physician to the alms-house, was the first physician (says Dr. J. W. Francis) who introduced the practice of inoculation for the small-pox into New York public institutions. In 1781 the Massachusetts Medical Society was incorporated, being the first medical society formed in America.

Registration of Disbarred Practitioners.

THE two medical men, Drs. Sheedy and Meehan, practising at Kilmallock, co. Limerick, who had been struck off the Register after conviction for a conspiracy to defraud the New York Insurance Company, have been reinstated by a unanimous vote of the Medical Council. We cordially approve of this decision, because the evidence taken at their trial never satisfied us that these practitioners were parties to any conspiracy or intentional fraud. though undoubtedly guilty of the gravest indiscretion. They had been induced—as may be recollected—by the local agent of the company to sign certificates for persons whom they had daily knowledge of, but had never examined. They were told by the agent that the directors dispensed with a personal examination, and only wanted the certificate as a matter of form, and they most improperly gave it. Probably they would never have been convicted on the graver charge, but for a scandalous legal transaction, in which a Q.C. accepted three separate fees on the briefs of these prisoners, and defended none of them.

The Anti-Tobacco Society.

WE have just received the Ninth Annual Report of this Society, but although its supporters have our best wishes, we are afraid they have rather a hopeless task before them. The practice of smoking is so firmly established, not only in England, but in all civilised countries, that it will take a good many Anti-Tobacco Societies to make any impression upon the prevalence of this pernicious habit. It would, however, be conferring a great benefit upon society, and especially upon the rising generation, if they could put down the very reprehensible and mischievous habit of juvenile smoking. The society appears to be doing all in its power to effect this object. It distributes a large number of tracts among the public. During the year 300 new members have been enrolled; and it has very strong claims upon the support of all who object to a habit, which is not only an unhealthy one, but is now becoming a regular nuisance.

The Discovery of Vaccination.

DR. HUILLET, medical officer in charge at Pondicherry, has availed himself of a sojourn there to verify the truth, as to whether vaccination was practised in India in very remote periods, and he has found the mention of variola and cow-pox in a work, attributed to Dharwantari, who lived many years before Hippocrates.

William Bruce, consul at Bushira, believes that vaccination was for a long time practised in Persia, and Humboldt says, that for a number of years the inhabitants of the Cordilleras had noticed the preservative effects of vaccine.

Without doubt, the ancient author of Sataya Grantham is entitled to priority, but it was a Frenchman, Rabaut Ponniner, brother of Rabaut St. Etienne, Protestant minister at Massilargues, near Lunel, who discovered in 1784 that inoculation from the teat of a cow was a preventative against small-pox. He communicated his idea to two Englishmen, Ireland and Pugh, who spoke of it to Jenner. Mr. Ireland subsequently wrote to M. Rabaut, who, according to the *Journal de Therapeutique*, for May, 1877, declared himself satisfied.

Alleged Poisonous Properties of Dental Vulcanite.

THE interest excited by the publication of a statement by Dr. Bathurst Woodman, to the effect that he had met with several cases where patients had shown symptoms of mercurial poisoning (for which he could find no other explanation than that they were wearing artificial gums or palates covered with vermilion), led the Odontological Society to appoint a committee to collect evidence and report upon the subject. The committee has reported in the following terms :—

1. So far as any action on man is concerned, vermilion is a harmless substance.

2. So far as any effect or influence of the vermilion is concerned, the mixture of vermilion, sulphur, and india-rubber, commonly termed "dental rubber," is also a perfectly innocuous substance.

3. Pink or red dental vulcanite, even when placed under the severest conditions of experiment, does not yield any trace of mercury to saliva, or indeed to other far more powerful solvents.

Salaries of Medical Officers of Health.

A STATEMENT has been issued, says the *Local Government Chronicle*, of the amount of the salaries paid to medical officers of health by thirty-three urban sanitary authorities. Many matters not given in the return would have to be taken into consideration in order to draw fair comparisons between the several figures, but some of the particulars appear sufficiently curious on the surface. The highest salary paid to any medical officer of health is £300, given by Reading and Cheltenham; Cambridge and Gloucester come next, with £250 each. The lowest salaries are paid by Gravesend (£40), Exeter (£31), and Lincoln (£20).

King's College.

IT is finally arranged that Mr. Lister shall take a chair of clinical surgery at King's College, with charge of patients in one male and one female ward, Professor Wood holding the chair of clinical surgery vacant by the death of Sir William Fergusson. The systematic course of surgery will be probably given by Mr. Henry Smith—Mr. Bell and Mr. Rose assisting in the practical work. Mr. Lister will soon learn by the crowding of his wards that the profession are willing to give him a hearty welcome to London.

ACCORDING to the latest official weekly returns, the deaths from cholera were 107 in Madras, 54 in Bombay, and 40 in Calcutta; a considerable decline from previous weeks.

THE Medical Act Amendment Bill which was brought in some three weeks since by Dr. Lush, was discharged on its second reading in the House of Commons on Friday last, with a view of bringing in a new Bill.

OF the 69 deaths from small-pox last week in London, 28 were certified as unvaccinated, 17 as vaccinated, the remaining 24 cases not being stated. This is the lowest mortality since the commencement of the epidemic.

THE mortality throughout the United Kingdom was again very low during the past week, being at the rate of only 21 per 1,000 of the population in London; 23 in Edinburgh, 24 in Dublin, and 30 in Glasgow. Brighton still maintains its position as lowest on the list with 15, and Salford the highest with 35.

DR. WHITMORE, Medical Officer of Health for the Marylebone District, suggests in his last quarterly report, that adulterated butters should be sold under some word expressive of their composition, as they are far more wholesome and palatable than many of the genuine but rancid butters which he is continually analysing. We would suggest a name, "Butter-Scotched."

A CHEMIST, named Jenkinson, was prosecuted last week in Sheffield for having sold falsified jalap, and the facts sworn to proved the existence of gross carelessness and of a most lucky escape of some unhappy patient. The jalap was purchased as a purgative for two dogs which died immediately after it had been administered to them. Suspicion being caused thereby, an analysis was made, and it was found that the supposed jalap contained a large admixture of nux vomica. The chemist pleaded guilty, and said he did not know how the mixture could have occurred, but he was fined £2 and costs.

SMALL-POX broke out three weeks ago in Kildare, and three cases were admitted to the infirmary. Out of four cases, there were two deaths, one of the patients being unvaccinated. The first case was that of a woman. She contracted the disease under the following circumstances:—Some time ago a man came from Dublin to Newbridge, sickened there, and died in Naas. His brother also sickened in the same house, and died in Naas; and this young woman, who was in service in Newbridge, went to sleep in the house, and was admitted to the infirmary for treatment of a bad sore throat. In a month or two afterwards symptoms of small-pox began to develop themselves. Subsequently, a policeman in the infirmary took ill with small-pox, and fearing that the disease might extend from one ward to another, Dr. Chaplin, the surgeon, thought the only course open to him was to clear out the infirmary, which he immediately did. There has been, we are glad to say, no extension of the disease.

ELECTION OF COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

THE annual election of the Council of the Irish College of Surgeons was held, as directed by the charter, on Monday last. There were but two candidates for the councillor's office, in addition to the outgoing members, who all sought re-election. The new competitors being Mr. B. F. M'Dowell, of Mercer's and the Lock Hospitals, and Dr. Corley, of the Richmond Hospital and Carmichael School. The Vice-President of last year, Dr. Robert M'Donnell, was, as a matter of course, advanced to the chair, and Dr. Smyly was unopposed as a candidate for the Vice-Presidency. There was not a large attendance of Fellows, the provincial members being especially noted by their absence.

The polling resulted in the unanimous election of the outgoing Council, which stands as follows:—

William Colles, Richard G. H. Butcher. Alfred H. M'Clintock, George H. Porter, Professor M'Dowel, T. C. D., Albert J. Walsh, George H. Kidd, T. Jolliffe Tufnell, Edward Hamilton, Edward Ledwich, Rawdon Macnamara, John K. Barton, Edward D. Mapother, Archibald H. Jacob, John Denham, Henry Wilson, John Cronyn, William I. Wheeler, Samuel Chaplin.

IRISH MEDICAL ASSOCIATION.

THE Annual General Meeting of the Association was held, as we announced, last week—on Monday—at the Royal College of Surgeons in Ireland, and was largely attended by the best known of the medical profession in Dublin and the provinces. The annual breakfast was not attended by so many members as on former occasions, in consequence, probably of the change in the arrangements made by the Council, under which the chairman no longer invites the members as his guests. The new arrangement was obviously necessary in consequence of the great numerical progress of the Association, which now includes more than 600 members.

The general meeting was presided over by Dr. Martin, of Portlaw, the President, and resolutions dealing with the subjects which are familiar to our readers as of special interest to the profession in Ireland, were adopted. We hope to give a full report in our next.

THE condition of health of Dr. Cronyn, Professor of Midwifery in the Irish College of Surgeons, has, we are glad to say, somewhat improved during the past month. Though still in a most critical condition, he may be said to be improving.

Correspondence.

A DIFFICULTY IN PRIVATE PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to the letter of your correspondent, "An Accoucheur," will you allow me to offer my opinion on the subject on which he wrote. As your correspondent truly observes, medical men often find themselves placed in the position he describes. It is a very disagreeable and invidious one; and the conduct we should pursue must depend so much upon the circumstances of each individual case, that it is impossible to lay down any rule that is applicable to all. In the instance to which your correspondent refers, presuming that the patient was not "one of his own" patients, but that he had been called in by the assistant; and presuming, moreover, that the assistant had not even attended a school of medicine, I should say that the conduct of your correspondent should have been as follows:—He should in the first place have done nothing to "sanction," as he says, "the attendance of a gentleman who had no more right to attend the case than the neighbouring chemist." And an assistant should be left entirely out of consideration, and your correspondent should have acted, as I have no doubt he did, just as if he had been suddenly called in to attend the patient in the absence of the medical man whom she had engaged. In accordance with this view I should have told the assistant that I considered I was acting for his employer, and that therefore his attendance was no longer required. My behaviour to him all the time would be polite but distant, and I would not if I could help it wound his feelings by casting any invidious reflections upon him. But if he persisted in his attendance, then I should not be so particular, as I should then consider that his conduct was forcing me to explain to the patient the reason why it was prudent that either he or I must retire, and so to leave the question of my attendance or not in her own hands. If she were in any danger, medical etiquette should be, as "Accoucheur" observes, a secondary consideration. And should, the case moreover, be a difficult one so that I required some little assistance, I see no reason why I should not have made use of such an assistant without derogating from my own position or dignity, or without acknowledging him as the representative of his employer. I might ask him, for instance, to hold the upper blade of the forceps, just as I might ask the nurse to do it.

Such, Sir, is my humble opinion of the matter. If an assistant is qualified he should be treated in every respect as the legal representative of his employer. If he be not qualified, then his *locus standi*, such as it is, ceases the moment I enter the room.

Trusting I am not taking up too much of your valuable space, and at the same time taking the opportunity of acknowledging the propriety of your correspondent raising this discussion.

I am, &c.,
MEDICUS.

THE OFFICE OF CORONER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The sensible and opportune remarks of Z which appeared in your impression of May the 23rd are pertinent and undeniable, though I do not think your correspondent lays sufficient stress on the method of constituting juries, which is unwise and open to many irregularities. At the same time I must confess the various objectionable practices to which he alluded as connected with the coroner's office, are not so easy to eradicate as he would have us to imagine; to enumerate abuses is one thing, to rectify them another.

In my opinion the one great abuse which should be done away with, and which would be comparatively easy, is the *modus operandi* of forming juries, for the class of men who are selected are, as Z truly observed, "the humblest householders or cottagers, who are very imperfectly educated." In nearly all country places the juries principally consist of this class, consequently they cannot be expected to form a correct opinion or come to a just verdict. Juries such as these cannot possibly unravel the many intricacies of obscure cases which are brought to their notice, neither can they understand the sometimes windy and lengthened address, or concluding observations of the coroner. Some unfortunate individuals have, it is well known, been declared guilty by juries when they were innocent, and *vice versa*, because they were unable to weigh the pros and cons owing to their imperfect education.

What else can we expect when the vast majority of jurymen are composed of semi-ignorant peasants and cottagers. In towns there is the same abuse, for the juries are composed principally of small shopkeepers, who are at the mercy of the coroner; for if he tells them to find a man guilty or not guilty, they acquiesce. This passive obedience of juries to the coroners' injunctions devolves upon nothing else than ignorance obeying the superior power of education.

Yours truly,
JUNIUS MEDICUS.

PROVIDENT DISPENSARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The great majority of the profession ought to be deeply indebted to Sir Charles Trevelyan for his philosophic agitation in defence of its interests, and not less so in defence of public morality. I write this brief note simply, with your kind permission, to give my unqualified adherence to the propriety of accepting "preliminary pecuniary aid until a provident dispensary has become self-supporting," and to state that the fallacy contained in the following sentence is one on which I have frequently insisted: "The establishment of a charity, medical or otherwise, always attracts a crowd of applicants, and it has to be shown on quite other grounds than the size of the crowd, whether the charity is doing good or not." The contrary is indeed the rule; the greater the size of the crowd the greater the evil done; but this does not seem either to be appreciated or acted upon, for in the first place a crowd is attracted, and then, just in proportion to the number, so are the *ad misericordiam appeals* to the public for support, both from the pulpit and from the secretary's desk. Take for example the large Western Infirmary of Glasgow. The want of it, before its erection, was *never felt in the district*. It was the professors and their satellites who "felt the want," when the college was built upon its new site. No sooner was the infirmary erected than the city was placarded

announcing the fact, and patients, without restriction whatever, invited to step forward and participate in the "blessings" offered to them. The result was, and is, that people of *all grades flock there and* are prescribed for without questions being asked. A patient of mine, able to take a trip from America for the benefit of her health, found her way on one occasion to the dispensary, and getting a different opinion from my junior in years and experience, my services were forthwith dispensed with. It is simply scandalous to think that the profession is thus robbed, and the public consequently demoralised in the name of charity. We are, surely, indebted to Sir Chas. Trevelyan, and I for one think with him that there is no solution for the difficulty, but the "Provident System," and to the utmost of my ability I shall give it my support.

I am, yours very faithfully,

Glasgow, May 12th, 1877. D. CAMPBELL BLACK.

Medical News.

Royal College of Surgeons of England.—The following gentlemen received the diploma of M.R.C.S., after having passed the required examination by the College at a meeting of the Court of Examiners on May 24 :—

Allen, M. H. L., L.S.A., St. John's Wood.
Barker, R., Aldershot.
Batchelor, G. A., Bancroft Road.
Battams, J. S., Stoney Stratford.
Brown, F. W., L.S.A., Hackney.
Cantlie, J.. M.B., Keithmore.
Carlyon, T. B., L.S.A., Falmouth.
Davy, D. H., Wanstead, Essex.
Eliot, G., L.S.A., Redhill, Surrey.
Ewen, H. W., L.S.A., Manchester.
Friend, H. E., St. Stephen's Crescent.
Howard, B., M.D. New York, New York.
Haynes, P. O., Evesham.
Hunter, C. B., Grafton Street.
Ivens, A. S., Eydon, Oxon.
Jefferson, W. D., Northallerton.
M'Reddie, G. D., L. M., Calcutta.
May, A. E., Clifton-gardens.
Owen, C. J. R., L.S.A., Cleveland Square.
Phillips, S. P., Queen's Gardens.
Sherburn, J., M.B. Edin., Howden, Yorkshire.
Wilson, A. F., Loddington.

Cambridge University.—At a Congregation holden May 31st, the degree of Doctor of Medicine was conferred on George Fletcher, of Clare College, and that of Bachelor of Medicine upon Edward Paget Thurston, of Emmanuel College.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board case, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday) at 8 o'clock, Specimens. Dr. John Williams, "On the Pathology and Treatment of Membranous Dysmenorrhœa." And other communications.

MR. BRUDENELL CARTER will commence a course of six lectures "On Defects of Vision which are remediable by Optical Appliances," at the College of Surgeons of England to-day at 4 p.m., in the theatre of the College, to be continued on the following Friday, the Monday, Wednesday, and Friday of next week, and the Monday after.

PROF. TYNDALL will deliver a lecture at the Royal Institution of Great Britain on Friday, at 9 p.m., "On Putrefaction and Infective Organisms from a Physical Point of View."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Principles of Theoretical Chemistry. By Ira Remsen, M.D. London : Baillière, Tindall, and Cox.

A Handbook of the Theory and Practice of Medicine. By F. T. Roberts, M.D. 3rd Edition. London : Lewis.

The Students' Manual of Venereal Diseases. By Messrs. Berkeley Hill and Arthur Cooper. London : Smith, Elder, and Co.

Purification of Water-carried Sewage. By Messrs. Robinson and Melliss. London : Smith, Elder, and Co.

The Actions of One Dose. By W. Sharp, M.D., F.R.S.

General Paresis. By A. E. Macdonald, M.D.

Whose Dog is it? London : S. W. Partridge and Co.

Report on the Sanitary Condition of Cambridge. By B. Anninger, M.B.

Bentley and Trimen's Medicinal Plants. Part XXI.

Habitual Narcotism and the English Movement against it.

Tubercular Peritonitis and Acute Phthisis. By McCall Anderson, M.D. Glasgow : James Maclehose.

VACANCIES.

Newport Union.—Medical Officer for the Achill Dispensary District. Salary, £100 per annum. (See Advt.)

North London Consumption Hospital.—Honorary Physician. Testimonials to be sent to the Secretary, 216 Tottenham Court Road, W.C. (See Advt.)

Royal Westminster Ophthalmic Hospital.—Registrar and Administrator of Anæsthetics. Salary, £100 per annum. Applicants must address the Medical Committee. (See Advt.)

Nottingham General Hospital.—Assistant House Surgeon. Salary, £80, with board. Applications to the Secretary.

Wolverhampton General Hospital.—House Surgeon. Salary, £100, with board. Address the Hon. Sec. to the Medical Committee.

East Riding Asylum.—Assistant Medical Officer. Salary, £100 per annum, with board. Testimonials to the Medical Superintendent at Beverley.

Salop Infirmary, Shrewsbury.—Resident House Surgeon. Salary, £100, with board. Applications to the Board of Directors.

Ripon Dispensary.—Resident House Surgeon. Salary, £100. Applications to the Hon. Secretaries.

Carnarvon Infirmary, Bangor.—House Surgeon. Salary, £100, with board. Applications, with testimonials, to the Secretary.

APPOINTMENTS.

ANDERSON, A. R., M.R.C.S.E., House Surgeon to the General Hospital, Nottingham.

BAILEY, F. C., M.R.C.S.E., Medical Officer to the Norwich Union Workhouse.

BENNETT, H., M.D., M.R.C.P., a Physician for Out-patients to the Hospital for Epilepsy and Paralysis.

CHAVASSE, T. F., M.B., C.M., M.R.C.S., a Resident Surgeon to the Royal Infirmary, Edinburgh.

CLOWES, J. S., M.R.C.S.E., Assistant House Surgeon to the Metropolitan Free Hospital.

CRAVEN, R. Musgrave. M.R.C.S.Eng., L.R.C.P.Ed., an Honorary Medical Officer to the Southport Convalescent Hospital and Sea-Bathing Infirmary.

ELDER, Mr. W. N., a House Physician to the Royal Infirmary, Edinburgh.

EVOY, J. A., M.B., a House Physician to the Royal Infirmary, Edinburgh.

FERRIER, D., M.D., F.R.S., F.R.C.P., a Physician for Out-patients to the Hospital for Epilepsy and Paralysis.

GIBSON, G. A., M.B., a House Physician to the Royal Infirmary, Edinburgh.

HOVELL, T. M., M.R.C.S.E., House Surgeon to the London Hospital.

MONTGOMERY, W. H., M.B., a Resident Surgeon to the Royal Infirmary, Edinburgh.

MURRAY, J., M.B., C.M., a House Surgeon to the Royal Infirmary, Edinburgh.

NICOLL, T. V., M.R.C.S.E., House Surgeon to the Metropolitan Free Hospital.

ROXBURGH, R., M.B., L.R.C.S., a House Surgeon to the Royal Infirmary, Edinburgh.

THEW, E. P., M.B., C.M., a House Physician to the Royal Infirmary, Edinburgh.

Marriage.

THORNHILL—CAMPBELL.—May 26, at St. Stephen's Church, Guernsey Thomas Alen Thornhill, M.B., Surgeon-Major, Army Medical Department, son of the late William Thornhill, F.R.C.S.I., of Dublin, to Annette Charlotte, (Nettie), second daughter of the late Archibald David Campbell, Askomell, Argyllshire.

Deaths.

DALDY.—On May 26, at Finsbury Square, Thomas Mee Daldy, M.D., aged 65.

FORSTER.—On May 19, at Croydon, Thomas Holland Forster, L.S.A.L., aged 63.

GRAHAM.—On May 17, at Dalkeith, Charles William Montagu Scott Graham, M.D., aged 79.

HUNT.—On May 25, at Brook Street, Hanover Square, Henry Hunt, F.R.C.P.L., aged 75.

LANE.—On May 20, at Kirton, Lincolnshire, Edward Lane, M.R.C.S.E., aged 70.

MCSWEENEY.—On May 10, at Carlow, Joseph Patrick McSweeney, L.K.Q.C.P.I., aged 27.

MOORHEAD.—On May 26, at Tunbridge Wells, Thomas Moorhead, M.D., Deputy Surgeon-General, aged 55.

TAAFFE.—On May 24, at South Great George Street, Dublin, Henry Taaffe, M.D., aged 80.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

Report of the Proceedings of the Committee of Council of the IRISH MEDICAL ASSOCIATION, during the quarter ended 24th March, 1877, submitted to the Quarterly Meeting of the full Council, held 27th March, 1877, Dr. JACOB in the chair.

(Continued.)

Superannuation.—The petition referred to in the report for the last quarter, together with the circular to the chairmen of boards of guardians, on the subject of payment of half the superannuation allowances of dispensary medical officers out of the consolidated fund, was duly forwarded, with the following results, viz. :—114 boards of guardians signed the petition, of whom 105 have returned it, and 9 have sent it for direct presentation to the House of Commons by private source ; only five refusals have been received, and 44 have not replied—the total number of unions being 163. The committee have directed that this petition be engrossed and presented to Parliament as soon as possible, as they cannot expect further signatures, although a second circular was issued to the boards of guardians which had not replied explaining the matter more fully.

Registration of Births and Deaths.—The committee, having observed, early in the present Session of Parliament that the registration of births and deaths amendment (Ireland) Bill, suggested by this Council, did not appear in the list of Bills presented, instructed the Honorary Secretary to communicate with Lord Donoughmore on the subject, and in reply his lordship stated that the Bill had been favourably reported upon by all the authorities, and had been recommended for presentation by the Chief Secretary for Ireland, but that he had been advised that the financial clauses should be omitted, and this part of the Bill left to be decided upon by Treasury minute ; whereupon the Committee requested the Honorary Secretary to write to Lord Donoughmore and state that the financial clauses introduced into the Bill suggested but very trifling changes which would not amount to an increased expenditure from each union of more than about £25—the average being less ; that the financial clauses of the Act now in force were not sought to be altered—that the cause of failure of the Sanitary Act was the insufficient remuneration given to the sanitary officers, because the financial clauses of that Act had been left to be decided by Treasury minute, which only transferred the power to the Local Government Board ; and that under these circumstances the Committee, guided by experience, firmly requested that the Bill should be presented *as submitted*, and without any alteration. After the lapse of some time, and finding that the Bill had not advanced, the Committee instructed the Honorary Secretary to write again to Lord Donoughmore on the subject ; when his lordship replied that he had written to the Attorney General for Ireland, asking how the Bill stood with the Irish Office, and whether it was to be proceeded with this session.

Prisons Medical Officers.—The committee are glad to observe that the New Prisons (Ireland) Bill has been amended, as requested by this Council, and that the medical officers have been exempted from liability to be transferred from place to place, which in last year's Bill would have been the case even without compensation, and on pain of forfeiting either their prison's appointments or their private practice, together with other public appointments.

Abuse of Dispensary Medical Relief.—This subject engaged much of the attention of the Committee, who have drawn up a circular to be sent to every Dispensary Medical Officer in Ireland on the subject asking certain questions, and submitting a number of propositions suggested with a view to putting an end to this abuse ; the dispensary medical officers are requested in this circular to suggest any remedies they may think suitable, or to signify their approval of any of those suggested. The circular will be ready to be sent out within the next few days. It is as follows :—

21st day of March, 1877.

The Council of the Association has had under its earnest consideration the serious grievance under which very many medical officers suffer by the indiscriminate issue of dispensary relief tickets to persons who are not "poor," in the rational sense of the word, and who are quite capable of paying for medical attendance. The Council is anxious to relieve medical officers from the unremunerated labour which this abuse of the law entails, if that can be done without injustice to the sick poor or injury to the public health ; and, in deciding upon a remedy to be recommended to the authorities, wishes to have before it the suggestions and experience of as many Poor-law medical officers as possible. I am desired, therefore, to put to you the following queries, to which I beg your reply by an early post, and to assure you that your answers will be received as *strictly confidential* :—

QUERIES.

1. Has the issue of tickets within your district to persons capable of paying for medical attendance, been a source of serious trouble and loss to you ?
2. Has the abuse been more frequent as regards red or black tickets ?
3. Does the abuse appear to you to arise from carelessness in the issue, or from wilful misapplication of tickets, or from want of discrimination as to who is a "poor" person, and who not ?
4. Have you made application to committee for cancellation of tickets, and with what results ?
5. Would you consider it advisable, with the view of meeting the necessities of persons of small means, and of reducing the number of cases seeking dispensary medical relief, that a fee proportionate to their circumstances should be accepted from persons of that class.

(*a*) That *both issuer of and applicant for* a ticket be held responsible for abuse of their privileges. That any person granting a ticket without proper inquiry as to eligibility of recipient, shall be held responsible to the guardians for cost of medicines, &c., afforded, and to the medical officer for the amount of fees—recoverable at petty or quarter sessions. That if the ticket be obtained on false representations, the applicant be liable for the costs, &c. If both the issuer and the applicant be proved to be at fault, the justices to have power

to assess the costs and expenses in whatever proportion they think fit.

(*b*) That the *recipient* of a ticket shall be held liable for fees, &c., recoverable at petty or quarter sessions on proof of ability to pay, and consequent unfitness for dispensary medical relief.

(*c*) That in addition to the dispensary committee, the power to cancel tickets be given to the justices at petty sessions, to whom the medical officer may apply, and whenever that ticket be cancelled he be empowered to sue the recipient of the ticket for his fees.

(*d*) That a list be made out by the relieving officer of all persons entitled to dispensary medical relief within the district, such list being corrected from time to time by the addition of new comers, and the removal of those who had left the locality. That the persons on this list, and none others—excepting strangers to the locality—be entitled to medical relief. This arrangement to be confined to rural districts, inasmuch as in large towns the population is too constantly in motion to admit of it.

(*e*) That the system of ticket issue remain as at present, but that medical officers shall consent to accept fees, proportionate to the circumstances of each patient, from persons of small means. A graduated tariff to be drawn up assessing such fees according to the valuation of the holding of patients, or according to their means (if any), and that such tariff be accepted generally by the Poor-law medical officers throughout Ireland and regarded as a standard. That persons capable of paying the fees set forth in such tariff, proportioned to his income, be not entitled to dispensary medical relief.

(*f*) That the issue of tickets should be restricted to the relieving officers (of whom a greater number should be appointed), whose duty it should be to issue them only to those who are incapable of paying for medical attendance.

Do any of the suggestions given above meet with your approval. Please state any modification of them you think desirable, or add any other which you may conceive expedient.

A recent case of abuse of dispensary medical relief has been communicated, viz.:—A gentleman of very independent means issued a ticket for the attendance of the dispensary medical officer upon his servant, whose wages amounted ta 16s. 9d. a week. The medical officer is stated to have expressed himself warmly on this impropriety, and to have sent to the gentleman who issued the ticket a copy of the MEDICAL PRESS AND CIRCULAR, containing an article on the subject, which, it is stated, offended the gentleman so much that he complained of the medical officer's conduct to his dispensary committee. Owing to the fact that the assizes were then being held it was found to be impossible to procure the services of a reporter, which the committee of council authorised at the expense of this association. Upon investigating the case the dispensary committee resolved that, in sending the copy of the MEDICAL PRESS AND CIRCULAR to the gentleman who issued the ticket the doctor did not mean to offend, but rather to explain; but that in future it would be more prudent to make such communications through the secretary of the dispensary committee; that the patient having 16s. 9d. a week wages and board could not be considered a fit object for dispensary medical relief; however, if the patient had been ill at his own residence (taking into account that he has a large family), the dispensary committee considered he would, under such circumstances, be entitled to such relief.

(*To be continued*).

TRALEE UNION.

KILGOBBIN DISPENSARY DISTRICT.

THE Chairman said the business passed was notice of motion to increase the salary of Dr. O'Keane, Medical Officer of the Kilgobbin Dispensary District from £30 to £50, based upon a recommendation from the dispensary committee.

Mr. R. E. Palmer then said that in compliance with his notice of motion he begged to move the increase of Dr. O'Keane's salary, and he believed that he richly deserved it. (Hear.) Dr. Hannafin, of Miltown, was granted an increase a short time ago under similar circumstances, and he thought it only fair that Dr. O'Keane would be dealt with by the board in a similar spirit. (Hear.) The increase would make but a small thing to the divisiod, as half of it would be paid under the Medical Charities Act.

Major Rowan thought the increase proposed by Mr. Palmer was too large—it was nearly doubling his salary. I move as an amendment that Dr. O'Keane's salary be increased only £10.

On a division there appeared for the motion 9.

For the amendment 3.

Did not vote 5.

NEWTOWNARDS GUARDIANS.

SUPERANNUATION OF DR. THOMSON.

THE Board had been specially summoned to "reconsider the resolution of the 24th of February last on the subject with the view of granting Dr. Thomson, now retiring in consequence of ill-health from the situation of dispensary medical officer of Bangor, such superannuation allowance as the Guardians may think fit."

The Clerk then read certificates from several surgeons, all recommending that Dr. Thomson should retire from dispensary practice, on account of having lost an eye and from other physical infirmities.

Mr. Connor, in proposing that Dr. Thomson should be allowed £50 superannuation allowance, said it was one that was deserving of much consideration, as Dr. Thomson had been obliged to retire from ill-health, and was unable to continue the arduous duties of his office. They had before them a list of the superannuation allowances made in several unions, from which they would see that the average age of each person superannuated was 61, and the superannuation £75. On the last day it was proposed that Dr. Thomson should have an allowance of £100, but the matter was not thoroughly investigated. He had served the union upwards of eleven years, and eleven years in another union.

A poll was taken, when there appeared for the motion, 9; against, 21.

The allowance was accordingly refused.

DONAGHMORE UNION.

THE SALE OF FOOD AND DRUGS ACT.—IMPORTANT.

THE Clerk read the minutes of the previous meeting, from which it appeared that Dr. Smith, medical officer of the Rathdowney dispensary district, declined to undertake the duties thrown upon him by the Food and Drugs Act until he was made aware of the salary attached to the office. The clerk, in obedience to an order of the Board, wrote to the Local Government Board for information on the subject, and the clerk read the reply received from that body as follows:—

"Local Government Board, Dublin,
17th May, 1877.

"SIR—The Local Government Board for Ireland observe in minutes of proceedings of the Board of Guardians on the 4th instant, an entry to the effect that Dr. Smith, sanitary officer of the Rathdowney district, objects to accept the appointment of Medical Officer of Health until he is made aware of the salary attached to the office; and in reply to the Guardians' inquiry on the subject, the Board desire to state that the sanitary authority having formally nominated Dr. Smith to be Officer of Health under the Sale of Food and Drugs Act in accordance with the suggestion of the Law Adviser to the Lord-Lieutenant,

it is his duty to assist in carrying into effect the provisions of the Act referred to.—By order, &c.

"B. BANKS, Secretary."

The Chairman characterised the answer of the Local Government Board as of a doubtful character, and wished to know who was to undertake the responsibility imposed by the Act.

Mr. Ringwood—Or who is to take the initiative?

Clerk—Dr. Smith.

Dr. Smith—The letter does not say that.

Mr. Ringwood—The question was put to the Local Government Board in an ambiguous way. Dr. Smith is our sanitary officer, and you (clerk) should have asked is it part of his duty to carry out the provisions of the Food and Drugs Act.

Dr. Smith—I am appointed here as sanitary officer of the Rathdowney dispensary district under the sanitary law. Long after the appointment another Act of Parliament was passed called the Food and Drugs Act, and under that Act I am appointed to an office which I know nothing of until the clerk informed me, and the duties of which are of a very onerous and disagreeable nature. Among others to go into the houses of publicans and take samples of their goods and have them analysed. Surely, except I am compelled, you, as reasonable men, won't impose on me this extra and very disagreeable duty for nothing.

Mr. Dunphy—That statement is fair enough; but what I want to know is—Are you asked to do more than any other person in your position?

Dr. Smith—I never knew any man to do this before, because it is a new Act.

Mr. Caldbeck—Do you know what the custom is in other unions?

Dr. Smith—I am not aware.

Mr. Caldbeck—I suppose whatever is done in other unions applies to this, but as yet we have no experience of the working of this new arrangement.

Dr. Smith—On principle, as a medical man, and for the sake of my profession generally, I do not like to have new duties thrust upon me without being paid for them.

Mr. Dunphy—If you refuse to act, how, I ask, are the duties to be performed?

Dr. Smith—The Act of Parliament ought to regulate that. It was not I that framed it.

Chairman—I agree with Dr. Smith in saying that the duties of the Act are of an unpleasant nature, but I cannot agree with him in one remark he made at our last meeting, that if he had to do the duty he should suspect everybody to be a rogue.

Dr. Smith—If you read the Act of Parliament carefully, you will see it amounts to that. Before I can act I must suspect.

The Chairman said so far as his experience went he believed that it was part of Dr. Smith's duty to carry out the provisions of the Act, and that the duty was compulsory on him.

Ultimately, the question in the amended form suggested by Mr. Ringwood, was ordered to be submitted to the Local Government Board.

The subject dropped.

DROGHEDA UNION.

REMOVING THE SICK TO HOSPITAL.

Mr. M'Kenna said that, notwithstanding that they provide ample hospital accommodation, with a doctor and skilled nurses to attend to the sick, a large number of cases, under the provisional system of relief, are treated out of hospital. In contagious diseases, the danger arising from this mode of treatment was obvious. It would be better, for the patients themselves, and decidedly so for their neighbours, that such cases were treated in hospital. In nearly all cases, in the early stages, the patients could be removed to hospital, but they are let remain until too late to do it. The system of provisional relief, as it is carried out here, is a direct preventative of parties coming into hospital. There is an order given for brandy, wine, and provisions. They don't know who gets these articles, or who consumes them, or under whose supervision they are given out. There is no check at all on it.

Mr. Daly—In cases when they are fit to come in, while they can get 10s. paid for a nurse, and good things sent into them, it is hard to expect them to come in.

Chairman—In this case of this single woman, I have written that the relief be stopped; let her come into the hospital.

MONASTERBOICE DISTRICT.

The following was read:—

SIR,—Having seen an account of a discussion at the board of guardians on Thursday last, in reference to Monasterboice dispensary district, at which the guardians seemed to put the onus of the matter upon me, whereas it was their fault in not paying me my very moderate fee of £3 per week. I declined to act merely because that was refused, and when I returned the tickets, I informed the relieving officer that I would attend any case on his order, but not otherwise. I must add, it seems *inconsistent* of the guardians to refuse to pay me, who was legally appointed, what they have since agreed to pay another.

I am, Sir, your obedient servant,

R. H. SUPPLE.

Mr. Mangan referred to the circumstances under which the guardians were called on to act. Dr. Supple, as it appeared from his own letter, sent back the red tickets, and the district was left for some days without the services of a medical man. Mr. Elcock had represented that there were several bad cases in the district requiring immediate attendance.

Mr. M'Geown—Wasn't the district left without a doctor for four days, and didn't he send back the red tickets?

Mr. Elcock—That was at the time you refused the £3.

Mr. Mangan—But under no circumstances would a medical man be justified in leaving a patient that he once had charge of. The board could'nt leave the district in that way.

Dr. Adrian said, Dr. Supple, he had no doubt, expected to be paid for his visits, very properly. If he would come from Collon to Boyne Bridge, to pay professional visits, without the expectation of fee or reward for doing so, but for the mere love of his species and profession, it would be an extraordinary stretch on professional benevolence, and constitute him a phenomenon of a dispensary practitioner.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 26, 1877.

Total registered deaths in Dublin and suburbs *	...		147
Ten years average of same week	...	...	144
Excess of mortality above average	...	...	3
Ratio of deaths, suburb of Rathmines	...	12·2	per 1,000
" " " Donnybrook†		32·8	"
" " " Blackrock	...	28·9	"
" " " Kingstown	...	25·3	"
" " Entire Dublin district	...	24·3	"
COMPARATIVE RATIOS—London ...		... 20·6	"
" " Glasgow...		... 30·2	"
" " Edinburgh	...	23·1	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Only 20 deaths from zymotic diseases were registered during the week; average number for the corresponding week of the previous ten years, 28·2. The 20 deaths from these diseases include 9 from measles, 6 of which occurred in Summer-hill district, 3 from croup, 2 from whooping-cough, 1 each from fever, scarlatina, erysipelas, &c.

Two accidental deaths were registered, viz., 1 from burns and 1 from drowning.

THE ZYMOTIC MORTALITY OF IRELAND FOR THE LAST TEN YEARS FROM THE CENSUS RETURNS.

Years.	Deaths from Eight Principal Zymotic Diseases.									Annual Registered Mortality per 1,000 Persons living from Eight Zymotic Diseases.	Percentage of Total Deaths caused by Eight Zymotic Diseases.
	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Fever.	Diarrhœa.	Cholera.	Total.		
1866 . .	194	851	3,501	317	1,736	4,218	1,911	2,501	15,229	2·76	16·4
1867 . .	21	1,292	2,145	189	2,144	3,750	1,920	387	11,848	2·16	12·7
1868 . .	23	1,251	2,696	202	2,380	3,560	2,127	157	12,396	2·27	14·4
1869 . .	20	948	3,670	243	1,439	3,399	1,731	98	11,548	2·12	12·9
1870 . .	32	954	2,978	188	1,319	2,985	2,120	93	10,669	1·97	11·8
1871 . .	665	547	2,207	226	1,388	3,176	1,736	90	10,035	1·86	11·4
1872 . .	3,248	1,380	2,459	257	1,926	3,220	1,625	101	14,216	2·65	14·6
1873 . .	504	1,303	2,093	326	1,986	3,238	2,095	91	11,636	2·18	11·9
1874 . .	569	667	4,034	565	2,029	3,149	1,671	103	12,787	2·41	13·9
1875 . .	535	898	3,845	443	1,376	2,854	1,824	80	11,855	2·23	12·1
Yearly Av'ge 1866-75	581	1,009	2,963	296	1,772	3,355	1,876	370	12,222	2·26	13·2
876, . .	21	593	1,992	347	1,439	2,530	1,828	70	8,820	1·66	9·5

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May 26th,* 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, MAY 26, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	24	204	147	26	33	...	9	1	...	2	1	...	2	2	44
BELFAST . .	20,687	182,082	38	148	133	24	24	...	2	1	...	1	2	6	1	1	21
CORK . .	13,816	91 965	32	56	56	5	20	...	...	..	...	...	1	1	1	2	24
LIMERICK .	8,509	44,209	22	25	19	3	5	...	...	1	...	...	1	.	...	...	9
LONDONDERRY	21,865	30,884	17	19	10	1	2	...	...	...	...	...	...	...	...	2	2
WATERFORD .	17,209	30,626	20	23	12	1	2	...	...	...	...	...	...	1	1	1	3
GALWAY .	21,358	19,692	26	10	10	...	3	...	...	...	...	...	...	...	...	1	2
SLIGO . .	30,835	17,285	18	8	6	...	4	...	...	...	...	...	...	...	...	...	4

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 13, 1877.

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By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,

Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

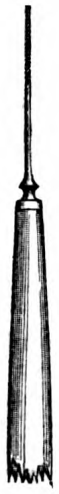
(*Continued from page* 320.)

Instruments useful in Diagnosis and Treatment.

(Membrana Tympani).

The probe here figured, made for me by Messrs. Weiss, will be found very useful for clearing the membrane. It is made with a probe-point at each end of the handle. Cotton-wool can be rolled round the roughened end, and by it all discharge can be lightly cleaned from off the membrane and meatus.

Fig. 28.



The Rheophore.

It is useful also when we desire to touch a perforation or the remains of a polypus with any solution or acid.

Of late the treatment of tinnitus aurium by galvanisation has been extensively practised. I have given electricity a trial in several cases during the past year. I cannot as yet speak confidently of the result. Combined with other treatment, in some few cases it appeared to have a good effect. In others, it has totally failed to influence either the tinnitus or the deafness. I must wait for an enlarged experience before expressing an opinion of its utility. Beyond question, however, it is a therapeutical agent, which, as it is simple in application and perfectly safe, should not be left untried. Mr. Field, of St. Mary's Hospital, who has written on the subject and employed electricity in a large number of cases, attributes its good effects to stimulation of the intrinsic muscles of the ear. In some cases there is, he considers, a paralytic condition of these muscles. It is to restore this function that he galvanises the membrane. Dr. Turnbull, whose rheophore, which he kindly had made for me by Kolbe, of Philadelphia, is depicted here (Fig. 29), has reported some cases treated successfully by electricity. He approves of its application in those persons in whom we suspect "exhaustion of the brain from over effort or some drain on the nervous system." The best battery to use is Dr. Stöhrer's double-celled induction apparatus.

Fig. 29.

a. Vulcanite speculum (insulator).
b. Screw to secure speculum.
c. Metallic stem.
d. Screw which projects wire stem.
e. Screw for fixing in the conducting wire of battery.

The rheophore "is placed in the auditory canal, which, being previously half filled with warm salt and water,

the metallic wire which projects is insulated by the vulcanite envelope. By means of the metallic screw a connection is made with the conductor of the galvanic or inductive apparatus, and the circuit is closed by placing upon the mastoid process the other moist sponge, which communicates with the second conductor, and the galvanic current impresses not only the muscles but the portia dura nerve by means of a few fascicules of fibres which Wrisberg called the 'portio intermedia,' forming a connecting link between the auditory and the facial nerve." Mr. Field uses a vulcanite speculum with a piece of platinum wire which is attached to one of the wires of the battery. A silver probe is employed to complete the current to the membrane.

Fig. 30.

Miniature Mackenzie's Galvaniser with Silver Probe Point.

The accompanying figure is a drawing of an instrument just made for me by Messrs. Khrone and Sesemann. It is simply a miniature Mackenzie's galvaniser for galvanising the vocal cords. The fine probe point can be carried down to the membrane through a speculum, and the entire instrument is insulated up to this point. Communication is made with a battery by a coil of wire hooked on to the loop (*b*), and contact is made and the current completed by depressing with the finger the lever handle (*a*). The india-rubber band which is used by Dr. Mackenzie to hook round the neck in galvanising the vocal cords, and which has a piece of sponge in the centre which is connected with the battery, I place round the head, bringing the moist sponge over the mastoid process, hooking the band under the chin; which ever method is adopted a very mild current must be used at first. Some patints complain greatly of the pain. Others will not bear the rheophore at all. However, it will be found that if too severe a shock be not given on the first application, the patient becomes more amenable, and the strength of the current can be increased.

Incision of the Membrana Tympani.

When and how are we to incise the membrane and make an artificial opening into the tympanum? This is just one of those disputed points which I determined to avoid dwelling on in these papers, intending these remarks as I do for practitioners whose minds should not, if possible, be burthened about operations which they are not likely to be called on to perform, and the decision as to the propriety of which involves a more lengthened and varied experience than is likely to fall to the lot of most surgeons. Still, this much can hardly be said of incision of the membrana tympani. Beyond question, every surgeon who undertakes the care of aural cases should be ready to carry out this step safely and efficiently. It is not a difficult one, and the landmarks to guide us in its performance are clear and distinct. I will give in a few words my experience of the safety and utility of this procedure. Before doing so, I may perhaps say that the fact of Mr. Hinton so emphatically advocating, as he always did, the propriety and advantage of this operation in cases of catarrh of the tympanum, collapsed membrane, must make us regard it in a most favourable light as a recognised operation, and one which can alone relieve certain morbid states which cause or accompany deafness. In many cases of catarrh of the tympanum, accumulation of mucus, or collapse of the membrane, incision has been followed, in patients on whom I have operated, by results far exceeding my most sanguine expectations. At the same time, I have to acknowledge many negative trials and disappointments. I had the advantage of his advice in carrying out this step in some of my earliest cases some years since. He may have been too enthusiastic as to the ultimate results which this operation would secure in aural surgery, yet, undoubtedly, this enthusiasm was warranted by the brilliant success which attended his treatment of a large number of otherwise hopeless cases, by incision of the membrane and the subsequent thorough cleansing of the tympanum of all accumulated secretion. Nor has the history of the operation and its success with others proved that he overestimated its value. On the contrary, in the hands of such authorities as Politzer, Schwartze, Gruber, Turnbull, Weber-Liel, Tröltsch, Dalby, and others, its value has been completely established. I cannot say how often I have incised the membrane during the past nine years both in hospital practice and private. But of the many patients on whom I have operated only two suffered to any extent. One of these was an early attempt, and I made the mistake, against which I was subsequently warned by Mr. Hinton, of performing the operation a second time and leaving too short an interval to elapse. The other was in the case of a lady with a very thick membrane, and, in making the incision, I think I cut a little too freely. These are the only cases I can recall to mind in which I had subsequent inflammation. In the one, inflammation extended to the mastoid cells and tympanum, and there was a profuse discharge for days, resulting, however, strange to say, in a decided improvement of the hearing. The other case had only a slight attack of inflammation of the membrane and meatus, which subsided under treatment. I always perform the operation thus: sitting the patient opposite a good light with the head fixed, and with the mirror throwing the light well down on the membrane through a speculum, I carry a small lance-headed knife, like a very fine cataract knife, steadily down to the membrane with the edge of the blade turned up. I then puncture the membrane generally behind the handle of the malleus and carry the blade up to any extent I see fit. There is generally but slight bleeding and but very little pain. The myringotone generally used is shown at Fig. 31. This is not the instrument, however, that I prefer. I like a knife with a long handle, and shaped like a small cataract knife with but one cutting edge.

Fig. 31.

Myringotone.

(*To be continued.*)

NICOTINIC AMAUROSIS.

By Charles Guelliot.

Translated for the Medical Press and Circular from *Le Progrès Medical*, June 2nd, 1877.

By Thos. M. Dolan, L.R.C.P., L.R.C.S. Edin., Halifax, Yorkshire.

It has been known for a long time that artisans employed in the manufacture of tobacco are subject to conjunctivitis, and I have had occasion to observe similar facts in the *clinique* of my learned ophthalmic master

(Dr. Galezowski); but the affections of sight produced by smoking tobacco are not so well known.

In 1847, Wright (*a*), after administering to some dogs from thirteen to thirty-two grammes of tobacco mixed with their food, remarked that towards the end of their lives they were generally attacked with blindness. Lander, Mackenzie, and Wadsworth (*b*) consider atrophy of the optic papilla as the characteristic lesion of poisoning by tobacco, and most authors who have engaged in this question have only signalised this lesion of the papilla, and almost all confound nicotinic with alcoholic amaurosis. This is easily explained, for tobacco rarely produces sufficiently notable impairment of sight for the patient to seek medical aid. Follin (*c*), in effect, says that he has only seen two certain cases. It is this rarity of nicotinic amaurosis which has induced me to publish the result of my researches.

I was placed, whilst making my observations, in a country where tobacco has a certain number of victims, and I believe this relative frequency of nicotinic amaurosis in the Ardennes must be attributed to the large consumption of tobacco which takes place in all the departments of the north, and also, perhaps, to the Belgian tobacco, which has replaced in many villages the French. This last supposition agrees with that of Drs. Dickson and Reau (*d*), who affirm that at Constantinople nicotinic amaurosis is less frequent than in other countries, and who believe the explanation of this difference is due to the quality of Eastern tobacco being not so strong as that of French.

Having observed at Vouziers many examples of this malady (the first idea of which was given me by a judicious and indefatigable observer—Dr. Vincent), I was fortunate to meet at Paris with similar cases. Some of these observations I shall relate, followed by a case of alcoholic amaurosis, in order to see what, in my opinion, is the differential diagnosis in these two affections.

Case I.—D., glover, æt. 50, presented himself at the clinique of Dr. Galezowski, with conjunctivitis of some days' duration. After the consultation I took him on one side and interrogated him (as I was in the habit of doing all patients whom I examined) about the abuse of tobacco, and I then learnt that he was suffering from an affection of which he had never in any manner complained. I gathered from him that he smoked from morning till night (forty centimes of tobacco a day). The right eye was completely lost; it had been failing for about a year. He first saw objects through a cloud; a little time afterwards everything was of a *yellow colour*. The other eye had since suffered; central acuity is abolished, whilst peripheric perception is still normal. Besides the central scotoma, the patient saw continually muscæ volitantes, and from time to time objects appeared covered with a *yellow tinge*. He had no pain, *did not confound colours*, was able to distinguish between a ten-franc and a fifty-centime piece, and saw *worse* in the *evening*.

On an ophthalmoscopic examination, I found the right papilla atrophied, the left certainly anæmic and paler than in the normal state. On the right side the pupil was contracted and immovable.

In spite of my recommendation, this patient did not return to the clinique of M. Galezowski, and I was unable to test the effect of the treatment—so simple, but so difficult to follow—which I had laid down for him, viz., to give up smoking.

Case II.—L., æt. 62, *employé*, entered the Hospital Necker for epithelioma of the rectum, under the care of M. Guyon. He smoked one cigar and from thirty to forty centimes of tobacco each day, and told me that, besides the disease which brought him to the hospital, his sight had for some time been getting weaker.

(*a*) "Annals of Hygiene," v. 38. Diseases resulting from the abuse of Tobacco. By Laycock and Wright. London.
(*b*) "Annals of Hygiene," v. 37, 2nd series. On some forms of Toxic Amblyopia. By Dr. Reau.
(*c*) "Dict. Encyclopædique."
(*d*) "Annals of Hygiene," v. 37, *loc. cit.*

The right eye has been attacked for about two months; up to this time he had seen objects through a mist, and he complained for some time of central scotoma, and of muscæ volitantes. The mist increased, and from time to time the patient saw objects as if they were *yellow*.

The left eye was attacked five weeks after the right eye, which is now almost lost. The pupils are contracted and immovable on both sides; he does *not confound colours*, can perfectly distinguish a piece of gold from a piece of silver, and affirms that he cannot see in the *evening*.

I shall allude farther on to the importance I attach to these two last symptoms. I did not make an ophthalmoscopic examination.

Case III.—L., hotel keeper, smoked daily thirty centimes of tobacco. He one day perceived that he saw everything as if through a mist, and when he sought to distinguish anything through this cloud, muscæ volitantes passed before his eyes, and the object appeared to him yellow. He did not confound colours, had no pain in the head, and saw better during the day than during the evening.

At the present time, April 15th, 1875, he is confined to bed with carcinoma of the stomach. By order of his medical attendants, he left off smoking, and his sight is daily improving.

Case IV.—M. Y., doctor of medicine, to whom I told of my researches, assured me that for some time he had seen objects through a mist; that he was annoyed by muscæ volitantes; that objects often appeared to be yellow; that he never confounded colours, and that his sight was worse in the evening.

Case V.—L., living at Vandy Ardennes, had been a soldier for two years, and then a domestic; during this time he had indulged in numerous excesses. The right eye was first attacked in 1864, when he was a soldier in Africa; the sight of this eye was completely destroyed.

The ophthalmoscope revealed in this eye complete atrophy of the papilla, and atrophic spots on the choroid. This eye was lost in a very short time. The pupil was small and contracted. The left eye was attacked a month after the other; sight on this side is not completely abolished; his condition has been stationary for some time. The opthalmoscope revealed the same lesions as in the other eye, but less pronounced; the pupil is large and moveable; no injection of conjunctiva. He had never suffered from syphilis; he never confounded colours; sight was worse in the evening.

For some time he had not the means of buying tobacco, and his sight was slightly better. This was a case of nicotinic amaurosis of an extreme degree.

Case VI.—G., corn merchant, entered the hospital of Vouziers, with chronic bronchitis; his sight had become weaker during the last three months, and the *two eyes were attacked* at the same time.

He has diplopia; scarcely ever any pain; no shedding of tears, and he saw better in the evening than during the day. Many years ago he had been kicked by a horse in the left-temporal region; his eye had been bad for some time, but vision was not interfered with. He did not complain of muscæ volitantes, but had simple central scotoma. He often confounded colours; saw animals, principally rats, like many alcoholics. An examination of the bottom of the eye revealed abnormal whiteness of the two papillæ, probably the commencement of atrophy. There can be no doubt I had here a case of alcoholic amaurosis.

This man, who smoked, it is true, drank wine all the day, *eau-de-vie* four times a-day, and absinthe once.

Conclusions.—I must first remark that, following the advice of Fallin, (*a*) I learnt the quantity of tobacco each of my patients smoked during the day, and, I may say, all the patients who came under my notice indulged in a pipe.

I have never seen nicotinic amaurosis produced by chew-

(*a*) Dict. Encyclopædique.

ing tobacco, probably on account of the slight absorption of the active principle, as Dr. Apostoli (*a*) remarks in his Thesis.

Passing in review the symptoms presented by my patients, I find that:—

1st. Nicotinic amaurosis always commences in one eye, and is never bilateral at the onset, as Hutchinson seems to admit in the *Lancet*, Nov. 7, 1863.

2nd. The right eye is first affected, although Hutchinson and Apostoli think the contrary.

3rd. From the commencement the patient sees through a cloud, which becomes thicker and thicker.

4th. There exists with this mist a central scotoma, admitted by Apostoli and Wecker, (*b*) but not by Fallin.

5th. As Wecker says: there is at first a weakening of central acuity, whilst peripheric perception remains normal.

6th. I have never met with the pairs noticed by Apostoli, nor of the cephalagia of which Follin speaks.

7th. After the appearance of the mist, patients from time to time see objects *yellow*, as Wecker alone has remarked.

8th. There is never confusion of colours, though most authors say otherwise.

9th. Patients always see worse in the evening.

10th. The pupils are almost always contracted and immoveable.

11th. The disease may end in atrophy of the papilla, as Hutchinson has seen once in three cases.

Finally nicotinic amaurosis may be distinguished from alcoholic amaurosis:—

1st. Alcoholic commences at once in both eyes; nicotinic always unilateraly.

2nd. Though central scotoma exists in both affections, muscæ volitantes are only seen in nicotinic poisoning.

3rd. The confusion of colours existing in alcoholic are never found in nicotinic amaurosis.

4th. Though pain may exist in alcoholic, it does not exist in nicotinic amaurosis.

5th. In alcoholic amaurosis the patient sees better in the evening; in nicotinic during the day.

6th. Though both affections may terminate by atrophy of the papilla, nicotinic amaurosis advances much more quickly.

I must conclude by saying I desire to draw attention to two symptoms of nicotinic amaurosis, which have never been signalised up to the present.

1st. Patients do not see so well in the evening as during the day.

2nd. They never confound colours.

(*a*) Thesis, 1872.
(*b*) Wecker, Treatise on Affections of the Eye.

Clinical Records.

ST. MARY'S HOSPITAL.

Case of Bronchitis Complicated with Rheumatism and Hyperpyrexia.

Under the care of Dr. HANDFIELD JONES, F.R.C.P.

(Reported by J. S. SCRIVEN, L.S.A.)

H. K——, æt. 53, domestic servant, was admitted April 5th, 1877. Had been out of health for some time; laid up since March 31st with pain in feet and knees, arms and shoulders, sweats a good deal, has a severe cough, but no pain in chest. Air enters very imperfectly into both lungs, both in back and front. Inspiratory murmur weak, expiratory rhonchus. Respiration 48. Tongue coated. Bowels not open. Heart sounds weak, masked by noises. Temperature 100. Urine full coloured. Pulse 105—soft and not cordy. Lower ribs expand in inspiration, not the 5th and 6th ribs. Appetite tolerably good. Urine—sp. gr., 1,016, contains albumen. Ordered simple diet: milk, 1 pt.; beef-tea, 1 pt.; and two eggs.

℞ Hyd. sub chlor., gr. iv.;
Aloes, gr. iv.;
Fiat pil., ij., h. ss.

℞ Amm. sesquicarb., gr. iij;
Liq. ammon. cit., liq. camph., āā ℥iv., 4ts horis

℞ Lotio terebinthæ.

April 6th.—Bowels open; says his breathing is wonderfully easier, spitting up some muco-purulent sputa. Is bathed in sweat, great beads of sweat all over face.

5 *p.m.*—No pain, he says, but has no power over limbs, is quite helpless. Respiration 42. Temperature—morning, 97; evening, 102. Ordered brandy, ℥iv.

April 7.—Better to-day; breathes more easily. Respiration 27; pulse 96, larger and stronger. Good breathing in both fronts. Sputa very scanty. Temperature—morning, 100·2; evening, 102.

April 8.—Temperature—morning, 100; evening, 102.

April 9.—Had a good deal of rheumatism in both feet and hands yesterday; none to-day either in hands or any other part. Is inclined to be delirious. Slept well last night, but was a little light headed. Urine alkaline, thick; says he does not feel quite right in himself, fearful as if some great disaster were about to befall him. Sputa non-aerated, muco-purulent, small in quantity. Respiration 33; pulse 108, large, soft, and jerky. Tongue very red. Bowels not well open. Breathing pretty free in both fronts. Mucous râles throughout both backs, more air enters the right side than the left. Urine albuminous notably, deposits granular and amorphous and prismatic phosphates. Temperature—morning, 103; evening, 103·2. Omit mist. prescript. of April 5th.

℞ Hyd. sub chlor., gr. iv.;
Aloes, gr. iv.
Fiat. pil., ii. Statim.

℞ Quiniæ sulph., gr. v.;
Acid sulph. dil., ♏x.;
Aq. ℥j. Quater die.

April 10.—Very delirious and restless all night, difficult to keep in bed; is quieter this morning. Pulse 108, large and soft. Bowels open. Tongue very coated. Has more articular rheumatism. Urine very offensive, contains ropy mucus. No chlorides by nit. arg. test. Temperature 100.

℞ Morphiæ, gr. ¼; subcutaneously, h. n.

April 11.—Temperature, 10 a.m., 105·8. It gradually rose, till at 1.15 p.m., it was 108·4. He was quiet last evening and slept last night heavily; he was scarcely conscious this morning, certainly not fully so, gradually became quite unconscious, and died at 1.30 p.m.

At 10 a.m., was ordered

Quiniæ sulph, gr. x.;
Acidi sulph. dil., ♏x.;
Aq. ℥j. Statim.

Brandy to be increased to ℥viij. daily.

Temperature continued 108·4 some time after death.

Post-mortem examination showed as follows:—

Weight of organs—brain, 3 lbs.; heart, 1 lb.; right lung, 1 lb. 14 oz.; left lung, 1 lb. 4 oz.; liver, 5 lbs. 12 oz.; right kidney, 10 oz.; left kidney, 5 oz.; spleen, 1 lb. 3 oz.

Body coarsely made, large features, much venous congestion. Good nourishment. No dropsy. Swelling of penis on upper surface to size of hen's egg, which, on incision, was found to contain pus. Arteries of head rather atheromatous; head and brain otherwise normal. Spinal bones not examined. Costal cartilages ossified. Pleuræ both adherent at apices by old and tough adhesions. Right lung—two cavities in right apex, one the size of a small walnut, the other of a hazel-nut; both appeared to be healing, they were lined by a pyogenic membrane, and surrounded by much fibroid thickening; the cavities were both evidently closing steadily. Pulmonary artery

thickened. Tissue dense. There was another cicatricial nodule covered by thickened pleura in upper part of lower lobe. Left lung much thickened about the apex, and with a good deal of surrounding compensatory emphysema. The whole of the apex was implicated in an extensive scar, very little lung-tissue remaining. Among the dense fibroid tissue were many grey dots looking like grey tubercle, some being translucent, and all raised on surface of section. They seemed to spread from two foci, which were cheesy nodules in centre of scar. Remainder of lung rather dense. Bronchia prominent. Trachea, bronchi, and diaphragm normal. Bronchi contained frothy secretion. Bronchial glands enlarged, some cretacious. Pericardium normal, cavity contained a little turbid serum. Both sides of the heart rather large. Muscular fibres good. Coronary arteries normal. Much blood-clot in left side. Mitral valve rather thick. Left ventricle hypertrophied. Aortic valves—well-marked hinge lines. Right side much black clot, auricle normal. Ventricle rather dilated and thickened. Hinge-lines to pulmonary valves which were thickened. Pulmonary artery thickened. The ascending part of the aorta was pouched toward the right side at its upper part. The whole of the arch was puckered by atheroma, the aneurismal pouch occupied a portion rather larger than half-a-crown, the pouching was gradual, there was no sharply-defined border; the pouched portion was very atheromatous. No calcareous deposits. Veins, peritoneum, mouth, pharynx, and œsophagus normal. Small and large intestine not opened. Liver enlarged; capsule normal; tissue very markedly lobulated, each lobule could be distinctly traced, as if there were some increase of interlobular connective tissue; the lobules were pale. Ducts normal. Gall-bladder contained a very small quantity of pale bile; the coats were thickened, white, and contracted; no gall-stones found. Spleen much enlarged and soft. Pancreas, thoracic duct, mesenteric, and lumbar glands, and adrenals normal. Right kidney normal; capsule normal; surface, perhaps, a little granular; cortex and pyramids rather increased in size; pelvis and ureter dilated. Left kidney—left capsules rather adherent, surface granular; cortex much atrophied, so that not half the normal kidney structure remained, owing to dilatation of pelvis; ureter also dilated. A great quantity of urine in bladder; urine turgid with pus and mucus. Bladder greatly dilated and hypertrophied, somewhat sacculated; prostate somewhat enlarged, especially middle lobe. Just beyond, at neck of bladder, were two false passages where the catheter had penetrated, the mucous membrane burrowed below it and emerged again about ¾ inch beyond. Testes normal. Said to have had a difficulty in passing catheter. The urethra, however, was, unfortunately, not examined throughout. Upper and lower limbs, joints, muscles, and glands all normal. Rigor mortis present.

DIVISION OF THE PAROTID DUCT—RAPID RECOVERY.

By E. Marlett Boddy, L.R.C.S.Edin., F.R.C.S., &c.

A clean-cut wound of the cheek entering into the mouth and including a complete severance of the parotid duct is so uncommon an occurrence that it may fairly be considered a peculiar surgical case, and its subsequent treatment combined with its simplicity an unusual success. The cut merely is a secondary importance, and most likely would, without any interference on our part, naturally heal of itself; the real difficulty with which we have to contend is the injury to the duct, and to that must we devote our undivided attention. Now, in order to take up as little space in your columns as possible, I will endeavour to be as explicit and succinct in the details as the case will allow.

The patient, an engineer, whilst attending to his duties in the engine-room, fell and struck the left side of his face against a sharp edge of a part of the machinery, inflicting almost a transverse cut on the cheek, about an inch and a half in length, having the appearance as if done with a razor, and of course wounding some of the small arteries which are situated so numerously, and which ramify so extensively in this part. The orbicularis oris muscle fortunately was undivided, for, supposing the contrary had taken place, my patient's speedy recovery doubtless would have been much retarded by such a complication. The wound, nearly the whole of its length, opened into the mouth, and the parotid duct was entirely severed; and on this rests the peculiarity and the real interest of the case. As the wound bled very freely I applied to it some matico, which modified the bleeding considerably, rendering it unnecessary to apply torsion to the small branches of the different arteries which were injured. I now brought the edges of the wound close together by means of interrupted silk-sutures; so far so good, as concerns the wound itself. But what I must confess gave me a little anxiety was, how to deal with the divided duct, knowing that the dribbling of the saliva over the cheek would prove a very great hindrance to the healing process; so, by way of experiment, I touched the edges of the wound with the solid nitrate of silver, and kept it exposed to the air. The next day I saw my patient, a great amount of inflammation had been set up; however, there was not such a flow of saliva as I had expected, so I was tempted to continue the application of the caustic, being well aware that it could not do harm, and that good results might accrue. This dribbling continued for several days, and I was beginning to get apprehensive that a salivary fistula might form, which I should have found somewhat difficult to have overcome. However, I still persevered with the nitrate of silver, applying it twice a day, when to my relief I perceived the dribbling of the saliva was being gradually arrested, and at the end of ten days it ceased altogether.

The wound now presented such a healthy appearance, and was so firmly cicatrising, that I removed the sutures, and at the end of the fortnight my patient was able to take solid food.

Some very useful hints may be derived from the happy results of this case, which might be serviceable in any future accident of a similar kind—the simplicity of treatment saving most likely the necessity of a plastic operation, the somewhat surprising rapidity with which the wound healed and so easily overcoming the ill effects of saliva, the setting up of a counter inflammation resulting from the application of the nitrate of silver, thereby putting quite a different phase on the case, and which *may* have had the effect of counteracting the saliva and causing adhesion of the wound to take place, notwithstanding the deleterious action of that secretion; although the duct was divided, the wound nevertheless healed by the first intention, which most probably resulted from this counter inflammation. The primary application of the matico might have had some beneficial effects as regards the remarkable quickness with which the wound healed, which, in my opinion, is rather unprecedented.

Literature.

INFANT FEEDING AND ITS INFLUENCE ON LIFE IN THE CAUSES AND PREVENTION OF INFANT MORTALITY. (a)

The above work by Dr. Routh has reached a third edition, which fact shows that it has been appreciated by the general public. For them it contains much to interest and instruct, and we feel sure that if his excellent hints concerning the clothing, tending, and more especially the

(a) "Infant Feeding and its Influence on Life in the Causes and Prevention of Infant Mortality." By C. H. F. Routh, M.D., M.R.C.P.L. London: J. and A. Churchill.

feeding of infants were more generally known and acted upon much sickness, and even mortality, would be saved to the children and anxiety to the mothers; for how often do we find the latter profoundly ignorant on the subject treated of by the author. At the same time we must confess that the work before us is not of a scientific order, and we question whether the wearing of a cap in infancy could give rise to hydrocephalus as is hinted by the writer. Dr. Routh very properly insists in the importance, both to the mother and child, that the latter should be suckled and tended by the former, and when this cannot be the case gives very judicious advice as to the selection of a good wet nurse, and insists very strongly on the perfect cleanliness of feeding bottles when these are used, as they are very apt to become sour when not carefully washed.

Some interesting tables are given showing the different rates of mortality amongst children in Foundling Hospitals, and when exposed to the noxious influences of overcrowding and bad air, and the value of warmth, light, and cleanliness is insisted upon. The disadvantages to a healthy woman if she does not nurse are pointed out, and advice given when a wet nurse is to be employed as to who is to be selected, and then who to be avoided. The characters of human milk are pointed out, and contrasted with those of animal milk, and the importance of good food and clean sheds for the cows is insisted upon. The different kinds of food for infants, Moore's patent concentrated milk, and Grimsdale's patent desiccated milk, and the condensed milks of that excellent milk company, the Aylesbury, and of the Anglo Swiss Company and Norwegian Milk Company, are discussed and their merits pointed out, as are also these of a great number of substitutes for milk. The last part of the work is devoted to the consideration of abdominal diseases, and those following defective assimilation, and valuable hints as to their treatment are given. A useful chapter is that devoted to the consideration of the desiderata for a well-regulated nursery.

To the work many useful tables are appended, and in these statistics as to mortality at different ages, and from various causes are given. A full account of the different kinds of food, their modes of preparation and administration, both for healthy children and for those that are weakly, cannot fail to be of great value.

SCIENCE PAPERS, CHIEFLY PHARMACOLOGICAL AND BOTANICAL. (a)

THESE papers, as the title of the work suggests, refer to matters more or less connected with materia medica. They are written in an interesting manner, and contain much information on subjects far from generally understood. For instance, the account of the preparation of the Balsam of Peru is very instructive, and is not confined to a mere dry account only commercially useful, but embraces other matters. The notes on Chinese Materia Medica show vast learning and unusual powers of research. The late Mr. Hanbury was in very deed an enthusiast in his work, and gave his heart and soul to it. He travelled largely, but wherever he went his own subject guided his footsteps. At Smyrna he gathered information about scammony; in Sicily he was interested in the manufacture of liquorice. A juror at the Paris Exposition, he found a workman's door into the dry goods department, and so escaped all the other sections. In his researches he not only acquired the languages ordinarily known, but he was conversant with Chinese and with Turkish and Arabic. A genial, kind, industrious man he must have been; and though these memoirs can never be largely read, they have evidently been a work of affection for their compiler, and in such collected form the works of Daniel Hanbury will be cherished and valued by those who knew him.

(a) "Science Papers, chiefly Pharmacological and Botanical." By Daniel Hanbury, F.R.S. Edited, with Memoir, by Joseph Ince, F.L.S, F.C.S. Pp. 515. Macmillan and Co.

ALCOHOL AS A FOOD AND MEDICINE. (a)

OF the many questions of the day, there is none which to us, as medical men, is of more consequence than the proper place which strong drinks should occupy, whether regarded as a food or a medicine. It must be admitted that the question is one surrounded with difficulties, and the way in which it has been attempted to deal with it has, in but too many instances, only tended to obscure it the more. Thus, in the very pamphlet before us, the title is "Alcohol as a Food and Medicine." Against such a title we cannot too strongly protest. We know nothing of alcohol used as food, nor even being swallowed, except by mistake. When we speak of bread we do not talk of one of its component parts, nor of meat do we speak of azote. But we call bread bread, and meat meat; and why the same rule does not apply to strong drinks we are quite at a loss to understand. But alcohol is a grand word to use, and, out of place though it be, seems all the fashion, and in the pamphlet before us is used, we may say, from beginning to end. This is surely a wrong way to treat the question.

The author is anxious to discuss how far strong drinks affect our frames, whether used as food or medicine; and yet it is alcohol of which he speaks, which he knows perfectly well is not used as such, and we would suggest that in future he would state precisely what fluid or substance he really discusses. We dwell the more on this point because our author is not the first who has committed the mistake, and because each strong drink has its own peculiar properties, which ought to be—nay, must be—discussed separately. We freely admit that there exists alcohol, more or less, in every strong drink. But this admission does not prove that porter is wine, nor whisky either, and brandy is different from any of these; and so on of all the others. And this is proved when we come to consider their varied baneful effects; for that they produce disease we readily admit, when used in excess. But what then? From the way this argument is advanced, one would be led to suppose that strong drinks, in excess, were the *only* agents capable of inducing disease. Now a moment's reflection will tell us that too much food does just the same, with this exception—that for one who suffers from strong drink, twenty suffer from ordinary food.

In the pamphlet before us, the author seems to us to have allowed himself to be carried away by his own one-sided view, and in his haste denies that strong drinks have any value in them whatever, or, as he expresses it himself at the end of the pamphlet: "Alcohol" (mark, alcohol) "is not shown to have a definite food-value by any of the usual methods of chemical analysis or physiological investigation." We assume here that he is speaking, or intending to speak, of strong drinks; but we deny his conclusion, for we have the strongest evidence that whisky-drinkers—we mean in excess, and up to a certain period in their career—get fat. But again: we have known instances where wine alone has kept life going for weeks and months. Nothing literally was taken but wine; yet life was sustained, as we have stated. We might put this in another way; for we believe that if two men were taken, as like as was possible, and that one had nothing whatever but water to drink, whilst the other had wine in addition, the latter would live far longer than the former; and if it were porter in place of wine, the duration of life would be much longer prolonged. And the reasons for this difference are obvious. Wine contains a number of ingredients, which water does not. It is true they are in very minute quantities, but they are there nevertheless; and the fact accounts for

(a) "Alcohol as a Food and Medicine." A paper from the Transactions of the International Medical Congress at Philadelphia, September, 1876. By Ezra M. Hunt, A.M., M.D., President of the Section of State Medicine; Delegate to the Medical Congress from the New Jersey State Medical Society, &c., &c. New York: National Temperance Society and Publication House, 58 Reade Street. 1877. Pp. 137.

what we have just stated—that life has, to our own knowledge, been prolonged for weeks and months, and yet nothing during all this period has been taken but wine. And the same line of observation would apply to all the other strong drinks, which act on our frames precisely in proportion to their component parts. The more they contain of the ingredients which our systems require, the longer life would last under their use, and *vice versa*. So that any statements as to their food-value cannot be accepted, no matter on what authority they come to us. No chemical analysis or physiological process can contravene the facts which clinical observations afford, and which could be very readily enlarged if the occasion called for it.

The pamphlet before us does not contain anything original from the author. It is but a *résumé* of what others have done and said on the question, and leaves us just where we were.

A HANDBOOK OF HYGIENE AND SANITARY SCIENCE. (a)

Is there any other calling which is so beautifully indifferent to its own interests as the practice of medicine? Here is a book accessible to anybody, and containg information which, if inwardly digested and acted upon by the general public, would help to prevent hundreds—thousands of cases of sickness; or, in other words, would divert thousands of fees from the medical pocket. Yet we, representatives of the medical profession though we be, cannot but praise the book. That the health of the nation has been improved where sanitary measures have been attempted cannot be doubted, and we look confidently for still greater improvements when the general public understands more about sanitation, and the government takes a more decided position in the matter.

The work now before us is short, readable, and *free from foot notes*. The author has necessarily drawn much of his material from health officers' reports, government papers, &c., and the source of such information is given in the text.

The first subject is preventable disease, including the results of injudicious marriage, intemperance, and heredity; then follow chapters on food and air. The fourth and fifth chapters deal with ventilation and examination of air, both being very fully and clearly given.

Water, how it is collected, how supplied, the purification and pollution of water, its examination and its impurities, form the subjects of other chapters. Dwellings, hospitals, removal of sewage, utilisation of sewage, the effects of improved drainage, preventive measures and disinfection, the duties of medical officers of health, and a long appendix complete the work.

In speaking of ventilation of rooms, Dr. Wilson reminds us that the furniture must be deducted from the capacity, but the capacity is of little consequence as compared with the *renewal of air* by suitable openings. Calculations made in prisons, hospitals, and barracks lead to the conclusion that 3,000 cubic feet of fresh air must be provided per hour for each healthy adult, in order that the carbonic acid may not exceed ·6 per 1,000 volumes. It is almost needless to remark that for sick persons and in rooms where gas is burnt an additional amount of air must be provided.

The writer, in speaking of the etiology of enteric fever, gives his opinion that cases often arise which cannot be traced to the influence of "specifically tainted matter." When dealing with sewage, a general estimate of the value of the excreta of an individual is given (on the authority of Messrs. Lawes and Gilbert) at 6s. 8d. per annum. But it is difficult to make extracts from the book so as to represent it fairly. We can easily understand its having had so great a demand, and we advise our readers —students as well as practitioners—to read it; but in the interests of the profession we hesitate to recommend these excellent sanitary measures to the general public, unless British medical men are to be paid like the physicians of some Eastern monarch—while his health lasted.

(a) "A Handbook of Hygiene and Sanitary Science." By George Wilson, M.D., Medical Officer of Health for the Mid-Warwickshire Sanitary District. Third Edition. London: J. and A. Churchill. 1877.

ANNUAL REPORTS OF DISEASES OF THE CHEST. (a)

The task of collecting these reports from all parts of the world has been no light one, and the same may be said of an attempt to faithfully represent the book in a short notice. Discoveries in physiology, therapeutics, pathology, climate, &c., where they bear upon thoracic diseases, are announced here, as well as notices of important books which have appeared in the same period. We cannot do more than mention a few interesting paragraphs.

Under the head of compressed or rarefied air, we find more information on the subject of apparatus and of general principles than of practical results. From Austria, however, we learn that rarefied air has had good effect in some cases of croup. We note an interesting point in therapeutics, viz., that belladonna leaves smoked by asthmatic patients yield far better results than stramonium leaves. Two and a half grains are used for smoking in a pipe, or from five to twenty grains may be put on burning ashes, the fumes arising from the smouldering leaves being confined by a sheet thrown over the patient's head. This item comes from Victoria, whence also we have some health statistics very favourable to that colony.

The death-rate in 1874, in Victoria, was 15 per 1,000; in New Zealand as low as 12·8; phthisis causing in England and Wales 2·54 deaths per 1,000 of population. Victoria in 1874 showed a mortality from that cause of 1·266 per 1,000, but the rate for Melbourne was higher than this, viz., 2·103. In New Zealand the Maories are fast dying out from this disease. In a case (reported in an Austrian journal) of acute anæmia from placenta prævia, Esmarch's bandage was applied to the legs and up the thighs, but the patient died from embolism of the pulmonary arteries. In another case the same fatal result followed loosening of flannel bandages from the legs of a woman with large varicose veins.

Local anesthesia of the larynx for operations is produced by Professor Schrötter, by painting the glottis about a dozen times with chloroform the evening before operation; an hour after this application a solution of morphia (1 in 10 parts water) is to be used as many times. But M. Faure (in the *Union Médicale*) condemns this practice, saying that it is very painful and may produce phlegmon. He prefers ice to be sucked for an hour before operation, and gargling with concentrated solution of bromide of potassium contributes to the anæsthesia. Towards the end of the volume there is an abstract of nine exceedingly interesting remarks on altitudes and health resorts for phthisical patients by Dr. Williams.

A work of this kind contains such a variety of articles, and represents such an amount of work on the part of its compilers, that we hope it will have the support of medical readers.

DICTIONARY OF COOKERY.

This work, the first part of which we noticed when its issue was commenced by the publishers, Messrs. Cassell, Petter, and Galpin, about eighteen months since, is now completed, and a very handsome and useful volume it

(a) "Annual Reports of Diseases of the Chest." Under the direction of Horace Dobell, M.D., &c., &c., assisted by numerous and distinguished coadjutors. Vol. II. — June 1875 to June 1876. London: Smith, Elder, and Co. 1876.

makes. The mysteries of preparing and cooking savoury dishes from the most inexpensive ingredients are gone into in a manner which will delight the heart of the careful housewife; and the more sumptuous and expensive dinners are also given in detail. Those who revel in French delicacies, or German unmentionables, will find their every taste catered for, and the whole is supplemented with seasonable hints, a glossary of terms used by the fashionable cook, and a list of articles necessary for every kitchen, from that of the housewife with a small income, to that which one might expect to find in a palace. The same firm announce as a sequel to "The Dictionary of Cookery," *Cassell's Domestic Dictionary*, in monthly parts at sevenpence, the first part to be ready on the 25th inst. If this latter work is compiled with the same care as the serial just completed its success is assured.

THE NEW FRENCH LAW FOR THE PROTECTION OF CHILDREN OF TENDER AGE.

In a recent number we alluded to the excessive mortality of infants and children of tender age in France, and we now are enabled to furnish all interested in the the boarding out of children, a copy of the new French law on the subject, as far as it regards Medical Inspectors. Theoretically the provisions seem devised—it remains for practical experience to test their value.

Organisation.

1st. By the law, Dec. 23, 1874, *surveillance* shall be exercised over all children above two years of age placed out at nurse or with guardians, under the authority of the Prefect of the Departmental Committee, by local commissions, the Mayors, Medical Inspectors, and by the Departmental Inspector.

SECTION II.—*Medical Inspectors.*

Art. 9. Medical inspectors, appointed in conformity with Article 5, shall visit the children in their circuit placed out at nurse or with guardians.

Art. 10. The medical inspector must visit the nurse or guardian at their home, and there see the child within eight days after receiving from the Mayor of the Commune notification of the arrival of the child, and must subsequently visit the child at least once a month, and on every requisition of the Mayor.

Art. 11. At each visit the Medical Inspector shall see the note-book delivered to the nurse or guardian, and there write his observations; shall transmit to the mayor a bulletin indicating the date and result of his visit. In case of the death of the child the date and cause of such disease shall be duly mentioned.

Art. 12. The medical inspector shall immediately inform the mayor and prefect of any facts observed at his visits meriting their attention. Each year he will address a report on the general state of his circuit to the prefect, who will communicate it to the departmental inspector of the service of assisted children, and to the departmental committee.

Art. 13. If the nurse, guardian, or child exhibits symptoms of infectious or contagious disease he must duly notify the fact, and stop natural alimentation.

Art. 14. As soon as the mayor learns that a child placed out at nurse or with a guardian is ill or in want of medical aid, he shall inform the district medical inspector, or, if he is engaged, shall secure the services of the nearest medical man to the residence of the child. The latter, if the child dies, should mention the cause of death in a special bullletin, as prescribed by Article 11 for the medical inspector.

Art. 15. The medical inspectors shall receive such emoluments as shall be fixed on by the minister.

SECTION II.—*Medical Register.*

Art. 40. The Medical Inspector shall enter in a book the names of the nurses, guardians, and children in special columns.

1st. The names—pre-names—occupations, and addresses of the nurses or guardians.
2nd. The date of the two certificates and of the note-book mentioned in Article 27 of the present law.
3rd. The name—pre-name—sex, civil state, date and place of birth of the child.
4th. The date of its being placed out.
5th. The date and object of any visit made by any medical man outside the *service*, who shall have been called in by the nurse, as well as the date and results of his own personal visits.
6th. The date and causes either of the removal or death of the child, if the latter takes place whilst out at nurse.
7th. Observations concerning the childs nurse or guardian.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 13, 1877.

THE WORKING OF THE CRUELTY TO ANIMALS ACT.

No one who is familiar with the circumstances that led to the passing of this Act will be surprised to find that it is already causing a good deal of hardship and inconvenience to that limited class of the profession, and professional men, for whose especial delectation this extraordinary Act was passed. We remarked at the time that it would grievously hamper the action and pursuits of a body of scientists who, we should think, ought to be the last persons in the world to be subject to Government surveillance. The first complaints of the annoyances involved in the carrying out of this Act have been heard in a quarter where they are sure to command sympathy; and although we are certain that sympathy is shared by a large section of the community, we fear it will be some time before it will be able to appease the agitation which has been strong enough to carry such a measure through the House of Commons.

The Medical Council had not sat long on the 24th ult., when its attention was called to a communication from the Physiological Society, in which the latter complained of the working of the Act. It will be scarcely believed that some of the applications made by members of this Society to conduct physiological or medical researches have been refused, while in others the certificate has been indefinitely suspended without any cause being assigned. Such, how-

ever, is really the case. They state, moreover, that the administration of the Act has seriously embarrassed real physiological inquiry, and that it bids fair to render impossible various investigations which have a direct bearing upon the saving of human life. Mr. Simon mentioned nine cases in which complaints were made by persons well known as investigators in physiology. For several of the proposed researches thus stopped by the interference of the authorities, grants had been made by the British Association, and British Medical Association. Several of the applicants were teachers in medical schools, and some were Fellows of the Royal Society.

Nevertheless, it was not possible, nor perhaps would it have been prudent, for the Medical Council to take more action in the matter than it did. It might have communicated at once to the Home Secretary. But then, as Mr. Simon observed, that minister was unfortunately between two fires, and therefore the middle course they have adopted is perhaps the best, when all the circumstances are considered. At present, then, the Executive Committee of the Council will do no more than watch the further operation of the Act, and if the complaints continue it will be the duty of the Medical Council to bring them under the notice of the Home Secretary.

But what a position for a body of scientific men to be placed in, most of whom belong to a profession whose object is to cure, to relieve, or to prevent the sufferings of their fellow-creatures! Had the provisions of the Act been so fully and summarily carried out in respect of a few eminent students wishing to distinguish themselves in the profession they have chosen, it would have been bad enough, but we could not have been surprised; but that some of our most promising physiologists and original investigators should so soon feel the power of this most unrighteous law, only shows how the minds of the authorities have been biassed and warped by the misrepresentations and pressure of a clique of agitators, who have by highways and byeways forced their darling subject upon the attention of the public.

There is, however, one consolation. This state of things cannot last long. The rapidity with which one reaction in the feeling of society is followed by another is the frequent theme of the historian; and the rapidity of the change is the more marked in proportion to the unreasonable or fanatical nature of the movements which, from time to time, create a little flutter in society. Had the passing of this Act been in deference to the general wish of the community, we see no reason why it should not be as firmly established in our statute book a hundred years hence as it is now. But an Act that has been passed through the pressure, not of public, but of party opinion, and not by fair, but by very unfair and artful means, is pretty sure to be short-lived. Such sudden and wild fits of humanitarianism are not likely to influence for very long the usually dispassionate tone of public opinion; and the time will soon come when the present hubbub about vivisection is almost forgotten without its having left the least trace of its previous existence. For the present many hindrances will be put in the way of scientific investigation. Physiological and pathological research has received a shock from which it will not readily recover. The advancement of those pursuits will be for a time arrested in this country. Some will be driven to pursue their studies in a more congenial soil, others driven to evade a law which they cannot help despising, till at last, when it is seen that such an Act is more vexatious than practical, and more humane than reasonable, it will be entirely abrogated, or so altered as to offer no obstacles to the investigations of either the student or the professor.

THE TREATMENT OF PRISONERS.

WE must not be surprised if prisoners profit by that humanitarianism which, although often misplaced, so pre-eminently distinguishes the present age. During the consideration of the Prisons' Bill (now before Parliament), it was attempted to introduce into it several new clauses, which, had they been admitted, would certainly interfere much with prison discipline, and often defeat the ends of justice, merely for the sake of gratifying the little prejudice and sentimentalism that are here and there felt on the subject.

In the first place, it was proposed to make it unlawful to give a prisoner more than twelve hours' solitary confinement, or to withhold from him for that period his ordinary diet. Although we think it right that all the other clauses were wholly rejected, we feel disposed to make some reservation with respect to the latter part of the one just mentioned, and which shared the same fate as the others. We doubt whether any good is gained, or any punishment inflicted, whether, in fact, some harm is not rather done, by putting a prisoner on a low diet, or stopping his ordinary diet. It may be questioned whether the evil propensities of man, his bad dispositions and temper, his anger, his malice, his revengeful feelings, his obstinacy, are not all rather aggravated than appeased, or sobered down, by diminishing the nature or good quality of his food. For so great is the sympathy between the stomach and the brain; and so necessary is it to keep up the nutrition of such brains as are to be found among the criminal classes, that, while we might, by other means, punish them severely for breaches of prison discipline, we should certainly not be disposed to withhold from them their ordinary diet, even for so short a period as six hours. Viewing the conduct and criminal propensities of prisoners as having a physical basis, we consider that the medical and dietetic treatment of the criminal should be such as rather to improve and strengthen than to weaken that basis, such as would bring about a more healthy tone of thought, and furbish up whatever good humour, good disposition, or inclination to amendment, that may be latent in the criminal mind. This a good, wholesome diet will, and a bad one will, not do. Put him on a low diet for a few hours only, it is no punishment to him. Put him on this diet for several days, it is a punishment indeed, but one that tends to aggravate, instead of reforming his character, whatever that character may be. A man without a dinner, or one who has dined off a potato and a fresh herring, is not so good a man as he who has dined off turtle and venison. If he is irritable and peevish, his bad fare makes him more irritable and peevish still; if he is revengeful, his anger increases in an inverse proportion to the empty state of his stomach; if indolent, indolence only grows

upon him; if given to drink, he finds it more difficult to resist his craving for it; and, however good his disposition or temper is, the worse he is fed, the more sour that becomes. We think, therefore, that as respects the management of troublesome prisoners, we shall find it more advantageous to inflict upon them some other punishment than that of diminishing their food, as such a course, if not objectionable on the ground of its inhumanity, is, nevertheless, at variance with the teachings of science.

Another new clause, moved by Dr. Kenealy, was to allow prisoners complaining of ill-health to be attended by a medical man sent by their friends. But the absurdity of such a proposition is almost too glaring to admit of our drawing attention to it. For not only would the responsibilities of prison doctors be done away with if outsiders were to be allowed to attend upon the prisoners, but such a practice would, as Dr. Cameron pointed out, encourage malingering. We need scarcely remind the reader how many are the complaints or even diseases that may be successfully feigned. It requires no little tact and experience on the part of our army, navy, or prison surgeons to detect the impostures practised by some of these criminals; and were a strange medical man allowed to attend upon one of these gentlemen, he would very soon be thrown off his guard by the tricks and plausible representations of the malingerer. Ignorant, as he would be, of the character, habits, and mode of life of his patient, or of the routine and discipline of prison life, he would be about as capable of prescribing for the prisoner as a pure physician would be capable of excising the lower jaw, or handling with skill the short midwifery forceps.

Ultimately, on a division, the clause was rejected by 120 to 26, but we are surprised that it found any supporters at all.

As a rule, our prisoners have very little to complain of. Frequently, their punishment is more in name than in reality. Frequently they have little more hard labour than is sufficient to give them a good appetite for their food, while they have just as much food as will keep them in health. Moreover, prison surgeons are generally men of experience and integrity, and do not often overlook anything that tends to injure the health of their patients.

The principle that should guide us in the treatment of the criminal classes is, that their punishment should be severe, deterring, and in proportion to their crime; while, at the same time, they are treated and fed in such a manner as will not make them more disposed to give way to their criminal propensities after leaving, than they were before entering, their prisons.

Notes on Current Topics.

Disease Germs.

On Friday evening last, Professor Tyndall gave an account of his latest experiments on germs, and as the question is one of considerable interest and importance in a medical point of view, we shall proceed to examine his conclusions. We would, however, remark that, whatever differences of opinion may exist with regard to the origin of the lowest forms of life, Professor Tyndall has placed the profession under a deep obligation to him for the patient labour and care with which he has followed out his original experiments, tending towards the elucidation of these mysterious germs, the supposed agents of putrefactive changes. At the same time, we are inclined to think that, not a little injury has been done to the cause of truth by the inflated descriptions of over-sanguine admirers, and by the highly eulogistic terms employed when speaking of his experiments. Quite recently the Professor's investigations were said to present us "with a magnificent generalisation, based upon absolute truth." That "all tendency towards putrefactive change, which is only a phenomena of life, ceases as soon as the infusions were shut off from all exposure to the atmosphere, in a chamber allowed to become *optically pure*." Are we, by the way, to understand by the latter phrase, that because an infusion remains pellucid to "a searching beam of light," which is in every way so superior to the microscope: "that the beam can reveal the existence of germinal particles which baffle a magnifying power of 15,000 diameters in the hands of a Dallinger? If so, we must beg leave to doubt it; and, indeed, we believe no biologist would be inclined to place much confidence in the definition of a microscope, the magnification of which is artificially brought up to 15,000 diameters, unless amplification were obtained by objectives, superior to, and freer from errors, than those at present in use. We feel confident that no such power (15,000 ×) has ever been employed in skilled hands for the determination of the question, as to whether this or that fluid can be said to be entirely free from organic life in every phase of existence. We much, however, incline to the more modest statement of Professor Bischoff, whose recent experiments "On the Putrescent Organic Matter in Potable Water" are of an interesting and valuable nature;—that "although chemical analysis is incapable of discriminating between putrescent organic matters, dead or living, the microscope reveals their nature more fully; but it is, nevertheless, frequently a matter of great difficulty to decide as to the existence or non-existence of bacteria of putrefaction or their germs in water." But to return to Professor Tyndall's experiments, we have already directed the attention of our readers to the fact, that those of 1875, made in the laboratory of the Royal Institution, were not confirmed by later experiments performed in the same place the following year. The cause of this, the Professor explained, arose from the fact that the laboratory of the Royal Institution had become filled with a virulently infective atmosphere. By removing to Kew, where he once more prepared his infusions, they remained sterile, and he has quite lately carried out another series of experiments in a shed erected for the purpose on the roof of the Royal Institution, and which have proved to be confirmatory of those made two years ago. The first set of experiments failed here also, from the air of the shed proving sensibly as infective as that of the laboratory itself, and this arose from the circumstance that the assistants constantly passing from the laboratory to the shed were the unconscious carriers of infection. The shed was then disinfected, and the assistants provided with uninfected clothes; and the results were that the infusions remained pellucid and without any trace of bac-

terial life. Now, a rod thirty feet long would reach from the infusions in the shed to those in the laboratory. At the one end of this rod five minutes' boiling rendered the infusion barren, while at the other end a similarly prepared infusion required 180 minutes' boiling to effect the same.

The similarity of the spread of putrefaction to that of infectious disease is highly instructive, and there can be no question, with regard to the infusions, as to where the contagious germs came from. How then, asked Professor Tyndall, would these or similar germs act in the wards of an hospital? They cause both animal and vegetable infusions to putrefy; how would they affect the wounds and sores of living men? Would they succumb to ordinary disinfectants? is a question to be settled by the student of the antiseptic system of treatment.

There is one other fact to which we must revert—a method described by the Professor, if properly followed out, of infallible sterilisation. Numerous observations indicated that oxygen is necessary to the life of the organic germs. A thick scum would often collect on the top of an infusion, which scum (greedy of oxygen and appropriating it) permitted no trace of the gas to reach the infusion underneath, and which consequently remained perfectly pellucid. This suggested the idea of sterilisation by depriving the infusions of air, entirely exhausting it by the aid of the Sprengel pump, and subjecting them afterwards to one minute's boiling, with the view of extinguishing the last embers of expiring life. A minute thus accomplished what 300 minutes in the presence of air failed to accomplish.

The results obtained are, in Professor Tyndall's opinion, most conclusively against the doctrine of spontaneous generation; but he would not have it supposed that he deems spontaneous generation impossible, or that he wishes to limit the power of matter in relation to life. But he "waits for conclusive evidence of the transformation of the non-living into the living; but hitherto he has been led to the conclusion that no such evidence exists, and that in the lowest, as in the highest, of organised creatures the method of nature is that life shall be the issue of antecedent life."

The Working of the Public Health Act in Ireland.

THE official report of the Irish Local Government Board—as our readers know—devotes a share of its space to an effort to rose-colour the Irish sanitary system, which the Board endeavours to persuade Parliament is a very efficient organisation and quite good enough for Irish peasants. Yet, at the same moment, the medical officers of the same Board join in a chorus, loud and long, of contemptuous denunciation at the sham which is known in Ireland as the sanitary system. We could, if nothing more urgent claimed place, occupy a couple of our pages each week with the remonstrances of the medical officers who are supposed to carry out the provisions of the Public Health Act, but we refrain, because the story, though perhaps new to the Irish Local Government Board and to the Government, is too well known to our readers to be of great interest to them. Nevertheless, we quote a few such reports culled from the papers of a single week as an illustration of the state of sanitary affairs in most Irish districts:—

SLIGO.—*Evidence before the Local Government Commission:* The Rev. Mr. Kiernon gave evidence as to the sanitary condition of the town, which he described as scandalous. Pigs, cows, and even horses were remaining under the same roofs, and even occupying the same rooms as the people. One house near the County Club, which is 12 feet by 20, has a father and mother, three children, and a horse in the same room, and the house was below the level of the street; and in another there was a whole family of five, two pigs, and a cow in the same room.

NEWBRIDGE, CO. KILDARE.—*Extract from letter of the Sanitaty Medical Officer:* "I see nothing has since been done with the river edge here. I suppose the sewage will be allowed to remain there festering in the sun during the hot weather of this year, as it has been for the past two summers. This nuisance is a disgrace, and worse—it is a very dangerous one; and although I have on other occasions reported, nothing has been done to remedy it. Indeed, I must say that, under existing arrangements, the Sanitary Act is a complete burlesque."

DROGHEDA.—The Sanitary Medical Officer reported that the several sanitary matters he had long since reported on as dangerous to health and demanding immediate remedial measures still exist, nothing whatever having been done. He also reported some tenements as unfit for habitation.

TRALEE UNION.—Mr. Coffey said that three months ago he got a resolution requesting the sub-sanitary officers to make reports on the sanitary state of their respective districts. He understood that since that time they did not do so, and he wished to know the reason.

The Chairman.—They are doing nothing at all. *There was never so ridiculous an Act of Parliament introduced into this country as the same Sanitary Act.* I know parts of the country that are filthier than ever they were since these sanitary officers were appointed.

SLIGO UNION.—The Chairman said that the doctor furnished a list of parties having cattle in their houses, but those people did not live in Collooney. The list was as follows:—"Fullerton, a calf in the house, and lately a pig; Finan, cattle iately turned to grass; Mrs. Kilduff, cattle in the house; Patrick M'Tiernan, pigs in the house; Michael Palmer, pigs in the house; James M'Clane, goats and cattle in the house; Thomas M'Clane, pigs in the house; Pat Chrystal, pigs in the house; Gooravin, of Cartrontaylor, on the roadside, cattle in the house."

Mr. Tighe *believed that if a great many more people in the country had cattle and pigs to put into their houses the country would be better off.*

Mr. Barber.—*We got very good health when this was more the case than it is.*

Mr. Kerrigan *hoped that every house from Sligo to Bunduff would have their pigs in each, and that the relieving-officer would not catch them.*

We have not sought for these excerpts, but have met with them as a usual part of the proceedings of Boards of Guardians. Lest it might be conceived that we are disposed to manufacture evidence against the system, we appeal to a *plebiscite* of the Irish sanitary officers to confirm our statements. The medical officers, we assert, have no personal interest in making affairs appear worse than they are, for it is easier for them to accept a small salary for doing nothing than to undertake the performance of troublesome and nasty duties on the chance of being paid for doing so by the unwilling sanitary authority. Although they are thus actually better off under the sham than under the reality of sanitation, we are quite certain that the answer of the sanitary officers to a simple question would be a unanimous and conclusive condemnation of the existing system. Were it not that we believe that the Irish Public Health Act was intentionally emasculated by the

Irish Local Government Board we would characterise it as the most signal breakdown of domestic legislation which ever discredited a Government.

Transfusion of Blood.

THERE was recently reported in one of our contemporaries a case of progressive pernicious anæmia said to be successfully treated by immediate transfusion. The patient was a man about 40 years of age, and the symptoms were such as are usually noticed in this disease. As no improvement resulted from the treatment pursued, Dr. Glynn, of Liverpool, determined to transfuse. A healthy man was selected and placed on a bed by the side of the patient, their right arms being close together. Aveling's instrument was used; it was filled with a warm saline solution, the veins were opened, the canulæ inserted, and held by assistants. Between 18 and 20 ozs. were injected. The operation lasted about 13 minutes. His pulse gained in strength and volume, steady improvement set in, and in three weeks he was allowed to go out of doors. It appears, however, that a relapse took place after he left the hospital, and he died about two months after the operation.

The case is a very instructive one, for while it shows the marvellous effect upon the system of infusing good blood into the veins of patients suffering from pernicious anæmia, it also suggests the doubt whether we can ever hope for a permanent cure by resorting to this operation even could it be repeated more frequently than is generally possible. We fear that the new blood has very little power over the *fons et origo mali*, that it merely temporarily enriches the impoverished blood, and that the blood from the healthy man is, through the morbid influence at work, soon reduced to the condition of that of the patient.

Not less suggestive is the fact that 20 ozs. of blood may be taken with impunity from the arm of a healthy man. In the first place, we see that no untoward event is likely to happen provided the individual, whose blood is abstracted, is in a good state of health, and that he is careful of himself afterwards.

In the case of the man Robert Williams who lately died from erysipelas after having some of his blood transfused to another man, it was shown at the inquest that he had been occasionally given to drinking, and that he had been very negligent of himself afterwards. Sir James Paget has also recently stated that no fear of accident "can be felt by any one who, like myself many years ago, bled healthy people in any number without harm."

But does this safe withdrawal of blood from a healthy man within fifteen minutes teach no other lesson? Does it not show that we may have been wrong in totally discarding as we have done the treatment of acute inflammations by moderate venesection? And would not a plethoric patient suffering from an acute inflammation of some important viscus or tissue be far more tolerant of the abstraction of blood than he would be in his ordinary state of health, just as, on the other hand, a man in the advanced stage of a low fever can take treble the quantity of wine to what he could take were he well?

Now that transfusion of blood is more frequently resorted to it would be as well if in every case the effects of the loss of blood upon the health of the individual losing it were as carefully noted as the effect of the transfusion upon the patient.

On the Treatment of Croup.

IN a long article on this subject in the *Practitioner* for May, the writer, Dr. John J. Higgins, of New York, calls attention to the value of hydrarg. sulphas flava (Turpeth mineral) as an emetic in the treatment of croup. He thinks that the desiderata in a good emetic for this disease are, that the remedy should always act and never fail, that an overdose of it should do no harm, that its systemic effects should not be too prolonged or depressing, that it should act quickly, that it can be given with as little trouble and as little repugnance on the part of the patient as possible. Such an emetic is this preparation of mercury. The writer also cites the opinion of Dr. Barker, another American physician, who, among his reasons for preferring this to all other emetics in croup states, that it acts more promptly and efficiently than ipecacuanha, that it does not exhaust and depress the vital powers like antimony, that it depletes the mucous membrane by an abundant secretion of mucus, and that it acts as a powerful revulsive, and thus diminishes the capillary circulation in the trachea and larynx. The average dose of this preparation for children of from one to three years old is three grains, for children over three years four to five grains.

The rest of the article is devoted to a consideration of the great value of tincture of aconite and of large doses of calomel in the treatment of croup, the former more particularly for the purposes of promoting resolution of the inflammation, and the latter for the prevention or dissolution of the false membrane. Of the great value of the tincture of aconite, of which he has had a large experience, Dr. Higgins speaks very highly, as he does also of calomel. With respect to the latter medicine, he thinks with Dr. Elliotson that in a disease like croup it should be given with the greatest freedom, in doses of five, ten, on to twenty grains, so as to make an impression on the system.

Such is the gist of a long article in one of the best and latest journal devoted to therapeutics. Whatever may be thought of the treatment advocated, it cannot be said to err on the side of expectancy. With respect to the yellow sulphate of mercury, a much more extended trial of it must be made before a decision can be pronounced in its favour, or before it can replace these emetics, the value of which rest upon the prescription of ages and the universal testimony of the profession. The tincture of aconite in small doses is, in our opinion, very unreliable, while in larger doses it is attended with quite as much risk of doing harm as are nauseating doses of tartar emetic. More can be said in favour of administering calomel pretty freely, notwithstanding recent doctrines on the subject. Altogether this article shows that faith in drugs still biases the minds of some of the most practical members of the profession, and that, perhaps, before long several of our old and rejected remedies may be again restored to their former position in the materia medica.

THE late Mr. Edward Harris, of Preston, has bequeathed £5,000 for the building and endowment of a convalescent hospital in connection with that town.

Sunstroke.

At this season of the year our attention is often turned to the subject of sunstroke, and yet there remains a good deal to learn about the symptoms, nature, and treatment of this affection. Although we have had as yet only two days of hot weather, we read in the papers of two cases of sunstroke; and although one of them, which was fatal, turns out to be a case of hæmorrhagic apoplexy, it is probable that the great and sudden heat of the day on which Sir Henry Pelly died had something to do with his untimely death. American physicians (especially those who are practising in New York) have very good opportunities of studying this disease, and some time ago Dr. Horatio Wood, of Philadelphia, made (in the *Cincinnati Lancet*) some interesting remarks on the subject. He drew particular attention to its occurrence in children. He thought it was frequently overlooked in this class of patients, and that many of the cases reported as cholera infantum, enteritis, &c., are really instances of thermic fever. Cases of this kind, he observes, usually owe their cerebral symptoms either to intense exhaustion (to be treated by stimulants) or to intense fever (to be treated by cold baths.) He speaks in high terms of the efficacy of enforced cold bathing every three or four hours, and gives Dr. Cornegys the credit of having introduced one of the most life-saving improvements in infant therapeutics.

The sudden sweet sleep after the bath and after fretful nights and days of unrest, as well as the arrest of the diarrhœa, are very remarkable.

One great cause of the excessive mortality from sunstroke in hospital practice is owing to the length of time that elapses between the onset of the disease and the use of the bath. In the Philadelphia hospitals and ambulances measures have been taken to obviate this danger.

The above remarks will doubtless remind the reader of a case of almost general paralysis in a child, which was recently brought to the notice of the Pathological Society. It was supposed to be due, in a great measure, to exposure of the child to the heat, although not to the direct rays of the sun; and during the discussion, Dr. West stated that children might suffer from very hot weather without being exposed to the sun's rays. Insolation, however, in the case of children has not received so much attention as is desirable; and little or nothing is said about it in our text-books on diseases of children. We are, therefore, glad that Dr. Wood has published his observations on a subject which must be interesting to all practitioners who have much to do with children.

Zanthium Spinosum the Alleged Specific for Hydrophobia.

Dr. Gryzmala, practising in Padolia, announced some time ago the discovery of a certain remedy against rabies, and claimed for *Zanthium spinosum* an absolute efficacy, producing in support of his affirmation more than 100 cases of recovery. In the presence of such positive declarations, especially when the character and authority of the writer seemed to place beyond all discussion his perfect good faith, it was difficult to abandon all hopes, however sceptical we may have been.

We are unwilling to believe, even when experience has pronounced on the question that Dr. Gryzmala, a former *élève* of the Faculty of Paris, simply indulged in an enormous *canard*, but we must at least admit either that his experiments have been badly made, or that *Zanthium spinosum* has, on the economy of the inhabitants of Padolia a special action which it does not enjoy elsewhere.

We can easily understand, with what interest the experiments undertaken at the School of Alfort, have been followed, but these experiments have been absolutely negative, and we give publicity to the results to avoid the fatal consequences of a too firm reliance on the virtues of *Zanthium spinosum*.

MM. Trasbat and Nocard inoculated on August 23rd eleven dogs with saliva taken from a mad dog; six of these dogs received each day a dose of *zanthium*, in proportion to their size—the five others were left to themselves.

On Sept. 6, thirteen days after inoculation, dog No. 1, who had regularly taken *zanthium*, presented all the symptoms of rabies, and covered with bites a terrier dog which was shut up with him, and died on the following day. His companion was immediately put under treatment, and took 10 grammes of *zanthium* a day for 25 consecutive days, this precaution did not prevent him developing all the symptoms of rabies, on the 24th Nov., the animal dying on the 25th, thus two of the animals submitted at a favourable time to the medicine praised by Dr. Gryzamala died perfectly mad. The other inoculated dogs were very young, half of them received a daily dose of *zanthium* in the form of pills, and all died from Sept. to Oct., after having presented some nervous phenomena, but too little characteristic to be classed as confirmed rabies.

MM. Trabbat and Nocard have come to the conclusion "that *zanthium spinosum* has not the property of curing rabies or preventing its development after natural or experimental inoculation."

Another Remedy for Hydrophobia.

In the face of so incurable a malady, which has taxed all the resources of the materia medica, and which carries off so quickly and so terribly the unfortunate subjects who are bitten, it is pleasant to record a case of recovery, which we give as reported by the *All. Med. Berlin Centr. Zeitung*.

The remedy used was curara, but certainly a single case does not prove anything, but the knowledge we have of the action of curara may reasonably encourage us to make further experiments with it.

It does not do to be enthusiatic with new remedies, as but lately another alleged specific, *zanthium spinosum*, recorded above, has not maintained its reputation.

Curara is one of the most dangerous poisons, requiring to be administered with prudence and circumspection. We quote from *Le Paris Medical*, May 17, an abstract of the case.

A child, aged 12, was bitten eighty days previously, by a mad dog. Subcutaneous injections of morphia and inhalations of chloroform were tried in vain, when Dr. Polli injected under the skin, at seven different times, in the space of five hours and a-half, 20 centigrammes

curara. The muscular trembling soon diminished, the spasms became less frequent, the hydrophobia and photophobia disappeared, and the anxiety gave place to calmness and serenity. Symptoms of paralysis appeared of very pronounced character, and two days after the injection of the curara some hydrophobic symptoms appeared which were completely relieved by a new dose of 3 centigrammes of curara. The patient recovered slowly, two months afterwards felt very shattered, and moved her legs and arms but feebly and with little energy.

The French Hospital in London.

THIS institution, which was opened in 1867 for the relief of distressed foreigners of all nations seeking medical relief, and afterwards amalgamated with the French Dispensary, will shortly have to change its site in consequence of the new street from Charing Cross to Oxford Street intersecting the property. Since its opening it has afforded relief to 1,407 in-patients and 31,220 out-patients, divided amongst no less than twenty nationalities, so that although French in name, it is in reality cosmopolitan in character. The anniversary festival on behalf of the funds of the hospital took place on Saturday evening at Willis's Rooms, under the presidency of the Marquis d'Harcourt, the French ambassador. There were about two hundred gentlemen present. At the conclusion of dinner the Chairman, in proposing the toast of the evening, viz., "The Health of the Founders and Benefactors of the French Hospital," said in an immense metropolis like London, wherein are constantly thrown people from all parts of the globe, frequently in the most miserable condition, it was a praiseworthy task to provide for those who were assailed at once by poverty and sickness, and who, from inability to speak the English language, or from want of recommendations, found great difficulty in being relieved in ordinary hospitals. This task the French Hospital had hitherto performed to the extent its resources permitted, and could, no doubt, accomplish it still better with an extension of patronage. Public assistance was required for such an institution. Their first appeal was made to the French residents in London, and after those to the subjects of all foreign countries who took an interest in genuine works of charity.

We are glad to supplement these remarks of the French ambassador; from personal knowledge this institution has done and is doing much to alleviate the sufferings of the foreign poor in this great metropolis, and as a new building will shortly have to be undertaken, we trust that lack of funds will not prevent the committee and the honorary staff from carrying out to the full the humane intentions of its founders.

Action of Water on Health and Diseased Skins.

IN an abstract in the *London Medical Record*, from the *Wien. Med. Wochensch.*, January, 1877, we have the following observation of Prof. Hebra :—Water exerts a considerable irritant action on the skin, which may either produce morbid states, or modify those already present. It is not the temperature of the water, but its macerating and irritating properties which are the efficient part of the application. In prescribing water-dressing, baths, &c., the feelings of the patient should be followed with respect to the temperature. Washing the body all over and bathing, whether in cold or warm water, are of no use as preservatives against affections of the internal organs, but often produces diseases of the skin.

With regard to the irritant action of water in some affections of the skin, most practitioners will agree with Prof. Hebra; and we believe no one has more strongly deprecated the use of water, or the habit of washing, in certain affections of the skin, especially eczema, than Mr. Erasmus Wilson. But we doubt whether the German Professor will find many to subscribe to his notion, that washing and bathing is not a habit which tends to keep the body in a state of health. It is certainly one of those paradoxes to which all learned men are sometimes given, and were it not regarded as such, it would certainly do much harm and encourage a neglect of personal cleanliness.

How Teeth were Drawn Three Centuries ago.

IT is necessary, says Ambroise Paré in his work Lib. xxi., 1559, to be very careful in the use of the *pelican*, as in place of drawing the decayed and hurtful tooth, three sound ones may be extracted.

As an example, I may relate the history of a master-barber living at Orleans, named François Louis, who had the reputation of being a skilful tooth-drawer, so that many peasants came every Saturday for that purpose, and when he had done so with dexterity he threw the offending member on his counter.

Now, he had a new servant-man, Picard, who was ambitious to draw teeth like his master, and one day a villager came, affording M. Picard an opportunity of testing his skill, which he did in such a manner that, in place of drawing the diseased tooth of the poor peasant, he pulled out three good ones.

Feeling extreme pain, and seeing three teeth fall out of his mouth, the peasant abused Picard, who, with ready wit told him to be silent, for if his master came he would make him *pay for three teeth in place of one.*

The master appeared on the scene hearing the noise and dispute, but the victim was so terrified by the threat of the servant about the triple payment, especially after having suffered so much pain, that he restrained his indignation and went on his way carrying three sound teeth in his pocket and the source of all his suffering still in his mouth.

Metropolitan Hospital Sunday Fund.

A COUNCIL meeting of the Metropolitan Hospital Sunday Fund was held at the Mansion House on Friday last, the chair being occupied (in the unavoidable absence of the Right Hon. the Lord Mayor) by Mr. Thomson Hankey, M.P. Final arrangements were made with regard to the services on Sunday next, the 17th inst., in St. Paul's and Westminster Abbey. The Lord Mayor and Sheriffs will attend in state the morning service in the former, and the afternoon service in the latter. The sermon, it is expected, will be preached by the Dean.

A long discussion, on the best means of enlisting the whole of the clergy of London and its suburbs in the Hospital Sunday movement, took place. A small body

of the clergy, it appears, still refuse to give up their pulpits to the Fund on various pleas, all equally untenable when examined into, and which the Rev. S. Hansard thought might be effectually removed if the Bishop of London would address a short letter to the daily papers, calling upon the non-contributing churches to help forward so useful and good a work. The general feeling expressed by the clergy present was, that the Fund is not nearly so large as it should be, nor can it adequately represent, to its fullest extent, the interest taken by the charitably-disposed portion of this vast metropolis in the work of hospital relief unless it were doubled.

Novel Cure for Spermatorrhœa.

Dr. Verneuil communicated an interesting and somewhat novel case at the meeting of the Surgical Society of Paris, April 25th. Since the age of 19 the brother of one of the hospital externs had been the subject of spermatorrhœa with erections, which took place as soon as he went to sleep, and to cure him he was placed under the care of attendants charged with the duty of arousing him as soon as erection took place. His brother, M. Monière, has invented a very ingenious apparatus for this purpose, which he calls the Electro-Medical Alarum. A small light ring is attached above the pubis by cords, two threads connect this ring with the poles of a battery, the penis is introduced into the ring so that there is contact without compression, but as soon as there is an erection the slightest pressure sets the battery in action, thus arousing the sleeper. Since the patient used this instrument the spermatorrhœa has gradually disappeared, and his general health has improved.

M. Després was of opinion that the circumstances mentioned by M. Verneuil were exceptional, as spermatorrhœa was generally produced without erection, and he could not see the *rationale* of the method.

M. Panas said cures of this kind were not absolutely new, as M. Ricord had given many examples of them; amongst others he might mention one of an Englishman or American who, at certain times of the night, had erections followed by emissions. M. Ricord placed him under the care of his domestics who awakened him as soon as they saw tumefaction of the penis, and after this had been done several times recovery took place, though all other therapeutical means had failed. Whatever the explanation was the fact was true.

Trichiniasis in Saxe Royle.

We learn from the *Presse Med. Belge* that this disease, about which so much had been spoken, but which has latterly been forgotten, appeared with much intensity at Newgersdorf, towards the end of the year 1876.

On Oct. 26, 1876, the medical officer of the district officially announced that trichiniasis had appeared in the locality in which he dwelt, and he confirmed the diagnosis of the Newgersdorf physician. Forty-five persons appeared to have been attacked with the disease, the principal symptoms being œdema of the face, pains in the neck, arms, and legs, anorexia and insomnia.

On Sept. 22, the disease was announced in the *clientèle* of Dr. Ruffreiht, at Hellstedt, the affection running through its different phases in fourteen days, without occasioning grave symptoms; the two patients had each eaten 16 grammes of the infected food. The number of trichina contained by this food may be estimated at about 1,600. In four weeks, the nœmatoids can multiply themselves a thousand times, so that we may estimate that each of these patients fed about 1,600,000 of these parasites.

The butcher who sold the deleterious meat to Mrs. A. was condemned to one month's imprisoment.

The Sanitary Influence of the Eucalyptus.

The *Meteorological Magazine* states that at the Easter *réunion* at the Sorbonne, some information was given by Dr. de Pietra Santra, a delegate from the Climatological Society of Algiers, as to the results of an investigation made in Algeria to ascertain the importance and value of the *Eucalyptus globulus* in relation to public health. It appears that reports were received from fifty localities where the aggregate number of blue-gum trees is nearly one million, and from these reports the following conclusions have been drawn:—(1) It is incontestably proved that the Eucalyptus possesses sanitary influence; for (2) wherever it has been cultivated, intermittent fever has considerably decreased, both in intensity and in frequency; and (3) marshy and uncultivated lands have thus been rendered healthy and quite transformed. Similar results have been obtained in Corsica, where it is computed that at the end of the present year there will be upwards of 600,000 plants of eucalyptus in full growth.

Sterility.

We hear in this country a good deal about the cure of sterility, of uterine deviations, &c., and in France it seems that it is also a favourite subject for medical empiricism. The following short note from the professor of midwifery of the Faculty of Medicine, Paris, to the Editor of *Le Paris Medical*, might be applied at home. He says:

"I read in your journal that M. Abeille assures us, that he cures uterine deviations and that he remedies in consequence sterility in women, suffering from these deviations.

"I do not know whether our *confrère* cures these deviations without exposing the women to death, but I affirm that he constantly remedies sterility, with the greatest facility in those cases where it has never existed."
—Signed, Pagot.

Another Curiosity of Medical Literature.

The following advertisement which appears in the daily papers emanates from the draper in Kilfinane, co. Limerick, whose vagaries we have, from time to time, recorded for the amusement of our readers:—

"The Death-Rate of the Kingdom.

"By this time my interested readers must have known the speed with which the blood travels through our system, the component parts of which represent the creation—namely, the stomach, representing the earth; the heart the sun; the lungs, the air; the brain, the moon; the pulse, the tides; the pores, the stars; and the soul, representing heaven. That system has the same right to continue its course under the Supreme Law as that which it represents, if not hindered by ignorance or art; therefore, the more we avoid either of these the nearer we will be to perfection and health.

"Kilfinane. "Charles O'Shaughnessy."

A Toothsome Morsel.

In reporting the death of an imbecile at the Bristol workhouse, on Friday last, the Chairman of the Board of Guardians narrated an extraordinary incident. The deceased's idiosyncrasy was to put anything that he could get into his mouth. For years past he had a special appetite for the blankets and rugs, supplied him as bed covering. The deputy-chairman said the deceased had consumed upon the average a large woollen rug every three weeks, and in consequence of this, the guardians had directed that a supply of bread should be always kept alongside him, so that he might indulge his propensity for eating in a legitimate way, but in the intervals between meal times he rejected the bread, and persisted in eating blankets.

Speculum of Toughened Glass.

The vaginal speculum, which is commonly known as Fergusson's, and which, in the cheap form, is in very general use, has the disadvantage of being made of glass, and is, therefore, easily broken. At the suggestion of Dr. Wiltshire, Messrs. Maw, Son, and Thompson are now making this form of speculum of toughened glass, coated outside with a vulcanite solution, a new speculum, which is far more durable than the old, and will doubtless altogether replace it.

At the Levee.

By command of her Majesty the Queen, a Levee was held by their Royal Highnesses the Prince and Princess of Wales, at St. James's Palace, on Thursday last, at which the following members of the profession had the honour of presentation :—D. Knowlton Hampshire, by the Secretary of State; Dr. Hooker, C.B., by the Secretary of State; Surgeon-General H. H. Massey, C.B., by the Adjutant General; Surgeon-Major J. Parr, by the Adjutant General; and Surgeon-Major Hume-Spry, by Viscount Templemore.

At the Lancaster police court last week, a woman, who was charged with fracturing her husband's lower jaw and otherwise injuring him with a poker, pleaded in justification of her offence that she did it purely for her husband's good, as she was anxious to get him "under the doctor's hands," in order to cure him of drinking raw whisky, which was killing him by inches. The magistrates, however, coincided with the husband in his views, that her affection might be demonstrated in a less touching fashion, and committed her for trial accordingly.

The mortality last week in the four principal cities of the United Kingdom was 19 per 1,000 of the population in Edinburgh, 21 in London, 27 in Glasgow, and 31 in Dublin. Of the large towns in the second category, Wolverhampton was lowest with 16, and Oldham highest with 41 per 1,000 of the population.

The deaths from small-pox still further declined in London last week to 61. Of these, 27 were certified as unvaccinated, 12 as vaccinated, the remaining 22 not being certified. Thirty-six of the deaths occurred in the metropolitan asylums, the other 25 fatal cases were in private dwellings.

A handsome testimonial has just been presented to Dr. Hassall, consisting of a service of plate and 300 guineas, by a numerous body of subscribers, in recognition of his valuable services, as the originator and founder of the Royal National Hospital for Consumption and Diseases of the Chest, Ryde.

Correspondence.

PRIVATE ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The subject to which the attention of your readers has been recently drawn by the two able letters of "Humanitarian" is a very important one, and one, moreover, which has lately particularly attracted the notice of the public and of the Legislature.

It is not my intention to make many remarks on a question the consideration of which might, judging from the letters above mentioned, be well left in the hands of your correspondent. I may, however, observe that the fact of the certificates of two medical men only being sufficient to warrant the reception of a lunatic into an asylum, does not appear to me such a weak and objectionable point in the present Lunacy Acts as he represents. The chief reason "Humanitarian" gives for his opinion respecting the insufficiency of the two certificates is the difference of opinion which exists among experts as to what constitutes insanity, and the fact that the evidence that would satisfy one eminent authority would not perhaps satisfy another. But a little reflection will show that the difference of opinion operates rather as a protection than otherwise of the patient, and that at all events it has very little to do with the number of medical men signing the certificate. In a doubtful case it might be just as difficult to get a dozen to agree in this opinion as to get two to agree; and where the patient is obviously insane, two certificates are as good as a thousand. One weak point about the two-certificate system is that (supposing men could be found base enough to falsely certify to the insanity of some individual) collusion is more possible under the present system than it would be were it required that the certificate should be signed by more than two medical men, or examined and endorsed by a magistrate. Another objection to the method at present pursued is the risk that the liberty of a perfectly sane patient might be jeopardised by the mere blundering or carelessness of the practitioners signing the certificates. Just such a case came under my observation not long ago. The patient was a lady who had for some time given way to habits of intemperance, and her husband was very anxious she should be removed to an asylum. From certain representations and other circumstances, I cannot now enter into, two medical men were induced to sign certificates, but seeing their mistake they afterwards withdrew them. I was subsequently called in, and seeing that the case was nothing more than one of dipsomania, I advised the husband, who still persisted in sending her, if possible, to a lunatic asylum, to have the opinion of an eminent expert. He did so, and I need scarcely say, we soon decided in her favour. Such an instance, however, is of rare occurrence; for medical men are, as a rule, very chary of signing these certificates, unless the patient is undoubtedly insane, knowing that in the event of their making a mistake, they would be liable to an action, and perhaps heavy damages. Nevertheless, I must allow that it would be advisable that the public had some better protection against the event we are now contemplating than that afforded by the present method of filling up certificates, and I have no doubt it will not be long before some reformation is made in this direction.

I am, &c.,

Libertas.

ATTENDANCE ON PRISONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Knowing the lively interest you take in all matters connected with dispensary duties, might I trouble you or some of the readers of your valuable Journal with the following

query. Being called on by the constabulary stationed in my district to dress the wounds of three combatants, one of whom it was necessary to certify for as being dangerously wounded. Am I, as dispensary medical officer, bound to attend to such cases on the production of a red-ticket by the police, or can I legally demand a fee from the authorities for my services in cases of this nature?

Yours, faithfully,
W. J. B.

[Our correspondent must attend any person for whom a ticket is presented, though it is plainly a gross abuse that well-to-do farmers who get themselves into trouble should be pauperised by the police and put upon the doctor as gratis patients. The medical officer, need, however, certify nothing or testify nothing without his fee. He must get definite orders, if possible in writing, from the police officer, and he will then have his fee. As to his attendance on the sick prisoner, he may get the ticket cancelled if he can, and if he thinks he will gain anything by it.—Ed. M. P. & C.]

ETHER DRINKING IN THE NORTH OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was much interested in reading the communication of H. N. Draper, F.C.S., M.R.I.A., on the above subject, in your last issue, and quite agree with him that the subject has not had the amount of attention a matter of so much importance might be expected to receive. I was for five years, from 1867 to 1872, medical officer of the Gortin dispensary and workhouse in the county Tyrone, and at that time the use of ether as a substitute for whisky was very general. My notice was first attracted to the matter by the distinct odour of ether in the village on fair and market days; and on making inquiries, I found to my great surprise that the nauseous compound (at least to my palate) sulphuric ether was the favourite beverage of the district; it was generally sold by small dealers, but many of the publicans also supplied their customers, whose taste lay that way. A "dram"—about a tablespoonful—was the usual dose, swallowed very quickly, and followed immediately by a draught of cold water. It was an especial favourite with old women, on account of its carminative qualities, and the immense quantities of wind belched from the stomach after its use, was a process by no means agreeable to the bystander, although I have no doubt grateful to the person immediately concerned. Many persons had succeeded by continuous use in being able to drink large quantities; one young man informed me (and I had no reason to doubt his statement) that he had taken as much as half-a-pint of a night. As to the ill-effects produced by ether drinking, I cannot now call to mind any case in which I could distinctly trace disease to that cause; however, I can scarcely see how its use could be indulged in for any length of time with impunity. I have not seen or heard of any person "tuk fire inside," as related by Mr. Draper's informant, and in that case had it not been for the opportune presence, prompt and ready treatment of the man's friend, with the jug of water, it would probably have turned out an interesting and undisputed case of *spontaneous combustion*. During the last year of my residence in Tyrone, the use of ether had very much diminished, as the Roman Catholic clergyman had begun to oppose its use, and whether it is still used as a beverage in that neighbourhood I am unable to say.

Yours truly,
William Parke, L.R.C.S.I., L.R.C.P.E.

A SIMPLE OPERATION FOR VARICOCELE. (a)

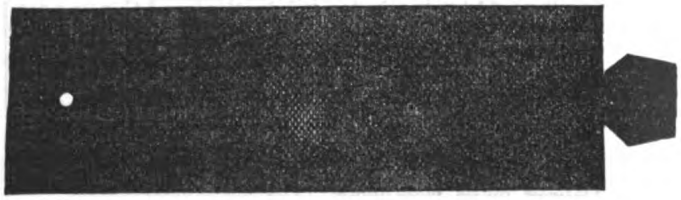
The usual treatment for varicocele by operation, with a view to effect a cure, in this country at least, is by removal of a portion of the scrotum, ligation of the spermatic veins being but rarely practiced, and then always by a subcutaneous method.

Having had occasion to perform this latter operation and having done so in a manner somewhat different from that habitually adopted, the resulting success seems to warrant more extended trial as well as a passing notice.

The operation may be justly styled subcutaneous. The material used in ligating the veins is silver wire. For passing the wire around the veins is used, not a long surgical needle, but in its stead the needle canula of an ordinary hypodermic syringe. The wire used is of such a diameter as to pass easily through the canula. The operation is performed as follows; the veins having been isolated as usual, are held in the hand of the surgeon, whose thumb and fore-finger press the skin on the opposite sides of the scrotum together, below the veins, the vas deferens being below the fingers. The hypodermic needle is then passed through both sides of the scrotum close to the thumb of the operator, between the cord and veins. A piece of wire having been passed through the canula, this latter was withdrawn. The wire lies transfixing the scrotum, the veins above, vas deferens below. The scrotal tissues closely embrace the wire at the points of puncture, thanks to their natural elasticity. By separating the scrotal walls and gently pressing inwards each end of the wire a loop is formed in the scrotum of which the convexity looks downwards; upon its upper surface in the concavity rest the veins.

The scrotal walls are now pressed together above the veins, the punctures easily made to correspond, and the needle again passed through the two original wounds, The end of wire in relation with the point of the needle is then passed through it from point to heel, and both needle and wire are withdrawn together, thus encircling the veins, the two ends of the wire making their exit side by side from one orifice, and that a capillary one. The other orifice being equally small, amounts to *nil* and may be disregarded.

When the needle is passed, the walls of the scrotum are in contact, the one with the other; there is no cavity, consequently, into which air can pass through the hollow canula; when the needle is removed the wires are so closely clasped by the tissues forming the walls of the scrotum that no air can pass. The veins being now snared as it were, the wire is made to cut its way out by ulceration. To this end may be used the spring of wood, or what I prefer as being more easily obtainable, a piece of thick rubber, cut as shown, having a small hole at one end. Such material can be obtained at any rubber shop,



does not absorb perspiration, &c., can be kept clean, costs at most five cents, and finally, a fresh piece can be obtained for every case, or can be changed daily if necessary. The wires are passed through the hole in the rubber, which latter is then bent and the wires wrapped around the projection. The elasticity of the rubber is a capital spring and is perfectly under the control of the surgeon, the strength being in direct ratio with the acuteness of the angle made by bending.

I have thought it best to use but little force at first, until the blood has become firmly clotted in the veins, afterwards causing the wire to cut its way rapidly out. The patient preserves the recumbent posture until the ligature falls off; during the same time also the bedclothes should not be allowed to rest upon the scrotum. Evaporating lotions may be used. The track of the wound does not suppurate.

The following case will illustrate the practice of the above method:—

William N., æt. 18, varicocele of left spermatic veins. Anxious to be cured before entering army. Operated upon by foregoing method, August 12th, 1874; ligature

(a) "A Simple Operation for Varicocele." By L. McLane Tiffany, B.A. (Cantab.), M.D., Professor of Operative Surgery, University of Maryland; Surgeon to University Hospital.

came away August 20th, patient having suffered no pain or distress.

August 23rd.—Patient about as usual.

Patient seen August, 1876. To sight and touch, scrotum, with contents, normal. No scar visible on careful examination.

Obituary.

MAURICE CORR, A.M., M.D., F.R.C.S.

We have to record the death of Dr. Maurice Corr, which took place on the 3rd inst. at Sandymount, near Dublin. Belonging to a leading family in Roscommon, the deceased gentleman received a high-class school and University education, and started as a practitioner in Dublin about the year 1828 with every prospect of success. He had been one of the favourite apprentices of Sir P. Crampton, and was often called in as an assistant to him. Having been present at a great number of duels, he collected many interesting anecdotes illustrative of the ways of the fashionables some forty years ago, which he published in *Macmillan's Magazine* in 1870. About 1840 he devoted himself to the subject of medical legislation, and with success for everyone but himself, for his absence for many months at a time from Dublin ruined his prospects. His death was caused by congestion of the lungs.

DR. M'COY, OF RATHKEALE.

We deeply regret to announce the death from fever, of Dr. M'Coy, of Rathkeale. The deceased contracted fever from a patient whom he had been attending. He was highly and deservedly respected and esteemed by all who knew him, and his early death is deplored in all circles.

HOSPITAL TEACHING IN THE GALWAY COLLEGE SCHOOL.

At a meeting of the board of guardians of the Galway Union last week, Dr. Brodie, Local Government Inspector, said he was instructed by the Local Government Board to bring under the notice of the board of guardians the position of the medical school of the Galway Queen's College, in respect to hospital instruction; and the existing arrangements in regard to the clinical instruction imparted to the students of the Queen's College in the Galway union workhouse. The hospital contained 130 beds, and as there were two medical officers, Dr. Cleland and Dr. Colahan, and as only Dr. Cleland was a professor of the Queen's College, of course the medical students were deprived of half the clinical instruction they might otherwise receive in the union workhouse hospital. Dr. Brodie suggested as a remedy that all the interesting cases for teaching should be placed under the care of Dr. Cleland. Several guardians expressed their strong disapprobation of such a course, or of any course that would imply a slight to Dr. Colahan. After some discussion, a resolution was unanimously adopted—"That while the board of guardians would afford every facility for clinical instruction in the workhouse hospital, they could do nothing to the disadvantage or prejudice of either of their medical officers." A guardian stated that Dr. Colahan, was quite willing, as he was quite competent, to give clinical instruction to the students of the Queen's College. It rested then, after the resolution that had been adopted, with the President and Council of the College, whether or not they should extend the sphere of clinical instruction, by availing themselves of the services of Dr. Colahan.

PROFESSOR LISTER AT KING'S COLLEGE.

The Committee of King's College Hospital certainly seem to have accepted Professor Lister at his own valuation, and, as that personal assessment is pretty high, it must be assumed that at least these gentlemen have become somewhat dazed by the contemplation of their being patronised by the learned Scotchman. The Professor has not condescended to shed his light on London surgery, except on terms of unmistakeable humiliation to the vanquished. He stipulates that he is to have two wards, preserved by a special house-surgeon, for himself, and this head game-keeper is to be nominated by himself from Scotland. The Professor is certainly a surgeon of much ability, but we doubt that any medical practitioner in the universe is deserving of the grovelling adoration which the King's College Committee are proud to display.

John Ussher, a druggist in Belfast, was last week fined £10 for having refused to sell to the Sanitary Inspector a sample of sulphate of quinine for analysis. A defence was put forward that the Inspector had not announced his office until he got the sample; but the magistrate said that the defence was based entirely upon a wrong assumption. There was no necessity for the officer to announce himself as such, or to go in uniform, when he purchased the drug. It was the duty of the officer when he purchased a drug, to tell the vendor what it was for, and to divide it into three parts according to law. The officer, in his opinion, went in the proper discharge of his duty to buy a drug, and there was a distinct refusal to sell it. In this case, there was no evidence that the drug was adulterated. He thought the sale of adulterated drugs was about the worst offence any man could commit, although this was the first case brought under the act into this court.

A company has been formed in California with the object of cultivating melons for the purpose of producing sugar from them. There is every prospect of success in this enterprise. Sugar can be made with far less trouble from the melon than from the beet root; nothing like the same amount of purification is necessary. The cultivation and collection of melons is much easier than is that of beet root, and lastly the surplus of the melon can be turned to valuable account. The seeds yield an oil excellently adapted for table use, while the final residue makes a nutritious cattle food. It is probable that beet root can be grown in a smaller space than can melons to yield an equal proportion of sugar; but there are, doubtless, many parts of the world where this consideration would be overbalanced by the economy of the labour and expense of cultivation.

A paragraph has occupied the papers recently in reference to the suicide of a convict named Kelly at Pentonville. The poor man was designated in the reports as "Registrar of the Royal College of Surgeons in Ireland." It is hardly necessary to say that he occupied no such position. He was a porter in the College School, and was dismissed previous to the occurrence to which the paragraph relates.

The Council of the Royal College of Surgeons of England have given notice that they will on the 14th of June next proceed to the nomination for the election in July of the several Professors and the Lecturer for the ensuing

year. All the Professors and Lecturers are candidates for re-election.

NOTICE has been given that an examination of candidates for commissions in the medical service of the Royal Navy will be held at the University of London on Monday, 13th August.

Analytical Reports.

FRUIT JULIEN.

REPORT OF AN ANALYSIS

By CHARLES R. C. TICHBORNE, Ph.D., F.C.S., M.R.I.A.,

Lecturer on Chemistry, Carmichael School of Medicine; Chemist to the Apothecaries Hall of Ireland; Honorary and Corresponding Member of the Philadelphia College of Pharmacy; Honorary Member of the Chicago College of Pharmacy, &c.

THIS preparation is like many more of the so-called laxatives, of French origin, it is put up in the form of confectionery, and covered externally with sugar and is otherwise made up like the usual bon-bon to make it palatable. Each bon-bon weighs about 45 grains, and it is stated that adults suffering from constipation will obtain satisfactory results by the use of one, whilst half a bon-bon is prescribed for a child.

It is called a "vegetable purgative," and this statement is correct, because although it gave 1·15 per cent. of ash it was of a vegetable character, and chiefly consisted of potash salts. The Fruit Julien was carefully examined for calomel, which was found to be absent. It consisted of a mixture of vegetable purgatives made up with tamarinds, and the lozenge is strongly acid from the presence of tartaric acid introduced by that fruit. The lozenge differs, however, in one important respect from any of the similar preparations hitherto examined as it contains a considerable quantity of vegetable fat, or oil—probably used to prevent griping. The lozenges contain—

Extractive, soluble in alcohol	76·00
Watery extractive	0·90
Ash	1·15
Fat	3·90
Moisture	2·54
Cellulose, or woody fibre	15·51
	100·00

One bon-bon when given, seemed to act energetically without exciting pain.

Novelties.

AN INVALID HAMMOCK.

DURING the Ashantee War, we read and heard much of twine hammocks which were being extensively used both for the transport of invalid soldiers, and for the repose of

those who were fortunate enough to possess the luxury in that terribly hot country. Since then they have become more generally known and appreciated, and the Ashantee hammock, with certain improvements suggested by Mr. Richard Davy, F.R.C.S., of the Westminster Hospital, will now be found in many a hospital and asylum in this country, either in use for the removal of patients to convalescent homes, or suspended under the shade of trees with grateful occupants to whom free air is life itself for the time being. Nor need their use be confined to hospital patients, others than invalids will enjoy such a comfortable mode of suspension, either in their library or

garden during the warm weather; and as the cost is but a few shillings, many will doubtless thank us for drawing their attention to it. The makers are Messrs. Seydel and Co., of Birmingham.

Medical News.

The Population of the Earth and the Progress of Hygiene.—We take the following excerpt from the New York *Sanitarian*:—"The most trustworthy estimate of the number of people in the world for the year 1876, as furnished by statisticians, is 1,423,917,000. This is an increase of over twenty-seven millions on the estimate of 1875, but the augmentation is not due entirely to the excess of births over deaths, but largely to the obtaining of more accurate information regarding the population of regions hitherto little known, and to more perfect census returns from all countries. Asia is still the home of the majority of the human race; about four-sevenths of the earth's population, or 825,548,590, is Asiatic. Europe comes next with over a fifth, or 309,178,300; Africa with about a seventh, or 199,921,600; America with less than a sixteenth, or 85,519,800; and finally Australia and Polynesia, with the very small fraction of 4,748,600 people. Europe is the most densely populated, having 82 persons to the square mile; Asia, 48 to the square mile; Africa, 17½; and America and Australia, 5½ and 1½ respectively. There are 215 cities with populations of over 100,000; 29 of half a million or more; and nine containing a million or more inhabitants each. Of these last, four are in China. New York (including Brooklyn) and the greatest cities of the world stand in this order—London, 3,489,428; Paris, 1,851,792; New York, 1,535,622; Vienna, 1,091,999; Berlin, 1,044,000; Canton and three other Chinese cities, one million each; New York being third in the list of great cities, without counting our New Jersey overflow. Though there are not at hand statistics upon which to base an accurate statement of the fact, yet it is the general conclusion of all observers, that the average longevity of the human race has largely increased within a hundred years. The reported death-rates everywhere support this conclusion; and it is thoroughly proved that the devastations of epidemics are nothing like so great now as formerly. Medical science, in its preventive aspect especially, shows a steady advance in its ability to discover, prevent and check diseases which in past ages devastated large communities. In London, for example, two centuries ago, the mortality was 50 per one 1,000, and the average duration of life was only 20 years. The death-rate, 1660-79, 80; 1681-90, 42·1; 1746-55, 35·5; 1846-55, 24·9; 1871, about as at present, 22·6, and the mean duration of life is now 42 years. The same holds good throughout England. There and elsewhere in Europe, as also in this country, the subject of public hygiene has received great attention of recent years, and its difficulties are being steadily overcome. Men unquestionably live longer now than their ancestors lived, and have better average health, and that our descendants will gain on us in these respects there is but little reason to doubt. As to great cities, New York is easily third in population, but behind all England, and English cities, many other European, and most of other American cities, in health and average longevity. If it took in all its children, it would press hard on Paris for the second place in population, and before the next century is reached, or before it has advanced far, will probably know no superior in population except marvellous London."

The Poor-law Medical Officers' Association.—At a council meeting, held on Tuesday, the 5th inst., it was resolved that it was expedient to adjourn the annual general meeting of the

Association, from Thursday, the 21st June, as *previously* announced, to Tuesday, July 3. The meeting will be held at 3 Bolt Court, Fleet Street, at three p.m. precisely, when several matters of much interest to the Poor-law Medical service will be brought under consideration. The Council, therefore, earnestly hopes that all members and friends of the Association will make it convenient to attend.

The Death-rate in Foreign Cities.—The annual rates of mortality, according to the most recent official weekly returns, were, in Calcutta, 24; Bombay, 69; Madras, 124; Paris, 26; Geneva, 21; Brussels, 27; Amsterdam, 25; Rotterdam, 26; The Hague, 26; Copenhagen, 22; Stockholm, 39; Christiana, 17; Berlin, 29; Hamburg, 32; Dresden, 26; Breslau, 29; Munich, 42; Vienna, 27; Buda-Pesth, 45; Rome, 21; Naples, 29; Turin, 28; Venice, 22; Alexandria, 48; New York, 23; Brooklyn, 18; Philadelphia, 17; and Boston, 16 per 1,000 of the population. Cholera caused 100 deaths in Madras, 68 in Bombay, and 36 in Calcutta.

Oxide of Zinc in India-Rubber Toys.—In a recent number of the *Deutsche Indu-trie Zeitung*, in regard to the use of oxide of zinc in india-rubber, it is stated that resort to such rubber tubes and stoppers for nursing-bottles was proven so injurious to health that the agitation against it has had the effect of driving it from the market. B. Tollens, of Göttingen, has, however, found that most of the toys, dolls, animals, &c., are still made of rubber with oxide of zinc in it. A case where a child was taken sick, after playing with an india-rubber doll, and putting it in the mouth frequently, and where the doll, on being thrown into vinegar, became covered with an incrustation, probably acetate of zinc, first directed Tollen's attention to the subject. He made an analysis of the doll, and found that it contained not less than 68·58 per cent. of oxide of zinc. Some lime, oxide of iron, and phosphoric acid were also discovered. Another doll, purchased in Brunswick, and especially recommended as "harmless," gave 57·58 per cent. of ash, which consisted of oxide of zinc, with traces of impurities—lead, iron, lime, and sand.

Adulterated Chocolate has been recently analysed by Dr. Vohl, in Cologne, and Mr. Heinz, in Duisberg, who found among seventeen samples, nine which contained no cacao at all. The constituents were: ground cacao-shells, tallow, roasted flour, and inferior sugar; in two cases, besides, 5 and 10 per cent. barytes, and various vegetable colours.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Errata.—In Dr. G. Griffith's communication "On Excision of Breast for Tumour," which appeared in our last, line 1 "frequent" should read infrequent; and "hearing" should read fearing in the 9th line from bottom of column. The author's name should also be spelled without the *s*.

The Origin of Vaccination.—A Dorsetshire correspondent writes: Referring to the article on vaccination in your last issue, will you put it on record that it was practised in 1750 by a farmer named Jesty, who lived at or near Swanage, Corfe Castle, Dorset, and that his descendants and the aged country-folk around that locality strenuously contend that the introduction of the practice is due to him and not to Jenner.

Hospital Saturday Fund.—We are asked to state that the Council have just received a legacy of £5, and have resolved that all legacies shall be invested towards a permanent fund to meet expenses, as it is desirable that the contributions of the working-classes shall go entirely, or as far as possible, to the hospitals themselves. Assistance for this special fund will be very gladly received.

D. Christie.—Letter "*re* Midwifery Forceps" received.

To the Editor of the Medical Press and Circular.

Sir,—1. Can a medical man practise in the United States with Irish diplomas alone, that is, without taking out an State degree?

2. What steps must he take—if any—to become a recognised practitioner in that country?

Yours, &c.,
Glaucus.

[Our correspondent can practise where he pleases across the Atlantic on his Irish diploma, and may even drive a certain sort of lucrative trade in many places without any diplomas at all. If he wishes an American degree he may take an *ad eundem*, or he may supplant his home qualification with one readily obtainable there.—Ed. M. P. & C.]

Private Dispensaries.—A question of considerable interest will be discussed on Tuesday evening next, at 8 o'clock, in the Board Room of Charing Cross Hospital, the subject being, "Are Provident Dispensaries Justified in looking for Assistance from the Hospital Saturday Fund?"

VACANCIES.

City Provident Dispensary.—Five Surgeons. Applications by letter to arrange for an interview to J. P. Cæsar, Esq., 160A Aldersgate Street, E.C. (See Advt.)

West London Hospital, Hammersmith.—An Additional Assistant Physician and Surgeon. Both honorary. Candidates for either appointment should address the Secretary before the 22nd inst.

Isle of White Infirmary, Ryde.—House Surgeon and Secretary. Full particulars of the Secretary.

Royal Berks Hospital, Reading.—House Surgeon. Salary, £90, with board. Applications to the Secretary.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £130, without board. Testimonials to Somers Clarke, Esq., Queen's Road, Brighton.

Salop Infirmary, Shrewsbury.—Resident House Surgeon. Salary £100, with board. Applications to the Board of Directors.

Bradford Medical Aid Association.—Out-door Assistant to visit members of the Friendly Societies. Salary, £130, with half midwifery fees. Applications to the Secretary, 18 Newington Street, Bradford, Yorks.

Tiverton Union.—Medical Officer for the Workhouse, and for four districts of the Union. Salary for Workhouse £35, and for the combined districts £182 per annum. Address the Clerk to the Guardians, Tiverton, Devon.

St. Columb Major Union.—Medical Officer of Health. Applicants must state minimum salary they will be prepared to accept. Particulars of the Clerk to the Sanitary Authority.

Beckett Hospital, Barnsley.—House Surgeon. Salary, £140 per annum. Testimonials, &c., to the Secretary.

Macclesfield Infirmary.—Junior House Surgeon. Salary, £70, with board. Address the Clerk, at the Infirmary.

APPOINTMENTS.

Allan, J., M.A., M.B., C.M., Assistant House Surgeon to the Northern Hospital, Liverpool.

Claremont, Mr. C., Junr., Assistant Medical Officer to the Charing Cross Hospital.

Davies, T., M.R.C.S.E., Medical Officer and Public Vaccinator for the Llanwrin District of the Machynlleth Union. Medical Officer of Health for the Machynlleth Rural Sanitary District, and to the various Slate Quarries of the District

Gosset, G., M.B., M.R.C.S.E., Medical Officer for No. 1 District of the Abingdon Union.

Hoole, Mr. H., Resident Obstetrical Officer to the Charing Cross Hospital.

Jay, F. F., L.R.C.P.L., M.R.C.S.E., Medical Officer and Public Vaccinator for the Audlem District of the Nantwich Union.

Leahy, A. W. D., L.S.A.L., Assistant Surgical Officer to the Charing Cross Hospital.

Molony, H. G., M.D., C.M., Medical Officer, Public Vaccinator, &c., for the Castletown Dispensary District of the Croom Union, co. Limerick, and Sanitary Officer for the Croom Rural Sanitary District.

Parker, R., F.R.C.S., Lecturer on Surgery at the Liverpool Royal Infirmary School of Medicine.

Thompson, H., M.R.C.S.E., L.S.A.L., House Physician to the Northern Hospital, Liverpool.

Wickers, H. A., M.R.C.S.E., Resident Surgical Officer to the Charing Cross Hospital.

Woodward, F. E., L.R.C.P.L., M.R.C.S.E., Visiting Surgeon to the Chester General Infirmary.

Army Medical Department.—The following were gazetted on Friday last:—Surgeon-General T. Longmore, C.B., retires upon half-pay; Surgeon-Majors T. R. Williams, M.B., and A. Jennings, M.D., retire upon temporary half-pay; Surgeon D. J. Canny, from half-pay, to be Surgeon.

Marriage.

English—Crisp.—June 6, at St. Luke's, Chelsea, Eliza (Minnie), eldest daughter of Edwards Crisp, M.D., of Chelsea, to Thomas Johnston English, M.R.C.S., only son of Thomas English, M.D., of Fulham Road, Brompton.

Deaths.

Abbott.—On May 22, at Brigg, Lincolnshire, Benjamin Abbott, M.D., aged 79.

Button.—On June 2, at Thelnetham, Suffolk, Benjamin Button, M.R.C.S.E., aged 52.

Cowell.—On June 6, at Loudoun Road, St. John's Wood, William Cowell, M.D., aged 75.

Dickson.—On May 16, at Glasgow, John Robert Dickson, M.D., aged 56.

Spicer.—On May 27, at Chard, Northcote, William Spicer, M.R.C.S.E., aged 84.

Vardy.—On May 17, at Whalton, Northumberland, Joseph Vardy, M.R.C.S.E., aged 56.

Wood.—On June 6, at Globe Street, Wapping, Edmund Wood, M.R.C.S., aged 57.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

Report of the Proceedings of the Committee of Council of the IRISH MEDICAL ASSOCIATION, during the quarter ended 24th March, 1877, submitted to the Quarterly Meeting of the full Council, held 27th March, 1877, Dr. JACOB in the chair.

Concluded from our last.

Incorporation of the Association—The Committee have acted upon your instructions to take the steps necessary to have the Association incorporated, and a letter (read) and draft of resolution to be adopted by this meeting, have been received from Mr. Lloyd, Solicitor to the Association.

Widows and Orphans.—The scheme proposed by Dr. Jacob for providing for the widows and orphans of the medical officers of the Poor-law Service was under the consideration of the Committee, who directed that the opinion of William John Hancock, Esq., Actuary, should be obtained with regard to it; and that in the event of Mr. Hancock not considering Dr. Jacob's scheme a practicable one, he was to be requested to submit, if possible, such a scheme. The following is Mr. Hancock's report, viz. :—

"9 College Green, Dublin, 26th March, 1877.

MY DEAR SIR—I have carefully considered Dr. Jacob's scheme for Poor-law medical widows' and orphans' fund.

This is a subject I have recently gone very fully into, as I was engaged in preparing a plan for the widows and orphans of the clergy of the church of Ireland; that plan is based on the experience of the widows' and orphans' fund of the church of Scotland, which has now been in existence for upwards of one hundred and thirty years. As far back as 1742 the first Act of Parliament was obtained, making it compulsory on new entrants to contribute to the fund.

There are also in Scotland widows' and orphans' funds for the burgh and parochial schoolmasters, the free church of Scotland, the faculty of advocates, and the writers to the signet. In each of these cases special Acts of Parliament have been obtained to empower the managers to compel all new entrants, as members of these bodies, to contribute to the widows' and orphans' fund.

By the plan adopted for the church of Ireland, every clergyman, on entering the service of the church, has to pay £6 a year towards the fund, provided he is then under 40 years of age and unmarried.

The widows and orphans of medical officers in the army are entitled to annuities according to the rank of the officer at the time of his death.

According to the regulations of the Indian Government Medical Service, issued in 1873, the Secretary of State for India in Council has the absolute right to regulate such contributions as may be necessary to provide pensions for widows and orphans.

With regard to Dr. Jacob's draft scheme, I think he is entitled to great credit for the time and labour he has expended upon it, but I do not think the returns sent in—being only two-fifths of the whole number of Poor-law medical officers—is sufficient for the purpose of founding a widows' and orphans' scheme. I would like to have returns from at least three-fourths of the present officers, and I think it would also be very desirable to have a return of the widows and orphans of those officers who have died within the last five years; this return would help to show what widows and orphans might be expected to come on the fund.

I see no medium course between a compulsory scheme, such as has been adopted in the cases of the funds I have already named, and a purely friendly society, where the contributions are, or ought to be, based on the ages of the lives involved and on the value of the benefit to be enjoyed.

As I take it, the object of such a scheme as is now proposed is to avoid the constant appeals on behalf of the widows and orphans of improvident members of the profession, and the only way to attain this object is by compelling every newly appointed medical officer to do his duty by contributing towards a provision for his widow and orphans.

If the scheme be in any respect voluntary, the case of the improvident officer will still have to be met.

I am, my dear Sir,
Yours very truly,
W. J. HANCOCK, F.I.A.

New Rule.—The committee recommend that a new rule should be proposed at the next annual general meeting of the Association, by which the president and vice-president of the College of Physicians, and the president and vice-president of the College of Surgeons, should be *ex-officio* members of this Council.

Annual Subscriptions.—By direction of the committee the Honorary Secretary has drawn up a circular which will be sent to the members of this Association within a few days, requesting them to pay their subscriptions *now* for the current year. The custom of paying these subscriptions on the day of the annual general meeting not only prevents their appearing in the balance sheet for the year they are paid for, but causes much inconvenience and expense which it is hoped may be avoided.

Payments.—The Printers' bill for the half-year ending 31st December last, amounting to £10 5s. 6., and the current expenses of the Association, have been paid.

Honorary Treasurer's Statement.

1877.		*Dr.* £	s.	d.
Balance in hand on 20th December, 1876		138	5	9
Thirty-seven Subscriptions at 10s. 6d. One Subscription at 20s. ...		20	8	6
		£158	14	3

1877.	*Cr.* £	s.	d.
Paid by Cheques	24	1	0
Balance in hands	134	13	3
	£158	14	3

H. MINCHIN.

Correspondence.—The correspondence which occurred during the past quarter was very large, amounting to over 250 letters, received by the Honorary Secretary, all of

which requiring answers have been replied to, and the subjects referred to therein disposed of. Two letters from members of the Association complaining of unprofessional conduct on the part of other medical practitioners, were received by the committee, who, after investigation thereof, instructed the Honorary Secretary to reply that whilst the committee in behalf of the Council, deprecate any unprofessional conduct, the cases referred to them do not in their opinion demand their special interference.

The following resolutions were passed at this meeting :—

1. That the report and statement of accounts be adopted, printed and circulated (unanimously).
2. That Mr. Lloyd be instructed to proceed with the case of Appeal to the Court of Queen's Bench, *in re* payments to coroners' medical witnesses, Dublin (unanimously).
3. That the dispensary medical officer referred to in the report as having been called upon to resign his appointment in consequence of drunkenness, be called upon to show cause why his name should be retained on the list of members of this Association.
4. That the Irish Medical Association be registered as a company (limited) by guarantee, in pursuance of part 7 of the Companies' Act, 1862, and that it be so registered, without the addition of the word (limited) to its name, in pursuance of section 23 of the Companies Act, 1867, and for that purpose that Mr. Clifford Lloyd, the solicitor of the said Irish Medical Association, do make the necessary application to the Board of Trade, and do and take all other necessary requisite acts, and steps in relation thereto (passed unanimously).
5. That Mr. Hancock's report be referred to the committee to take such steps as they think advisable.
6. That the annual general meeting be requested to make the following new rule, viz. :—

That the president and vice-president of the College of Physicians, and the president and vice-president of the College of Surgeons, be *ex-officio* members of this Council.

[*Owing to an irregularity in the Postal Service, we are compelled to hold over the Report of the Council of the Irish Medical Association until our next issue.*]

SANITATION IN IRELAND.

The legislative powers for securing public health, says the *Globe*, which have worked so favourably in this country have been less successful in Ireland, and a deputation from the Irish Medical Association, headed by its chairman, Dr. Jacob, and including representatives of the medical profession and Colleges of Physicians and Surgeons, had an interview last week with the Secretary for Ireland. The occasion of the deputation arose from the second reading of the Public Health (Ireland) Bill, which will be taken immediately after the recess, and its representations show that sanitation in Ireland has hitherto proved a signal failure. The Act of 1874 confided the execution of its provisions to the board of guardians and constituted the dispensary medical officers the active workers of the system, and unfortunately it omitted to provide an adequate method of inspection or supervision. The interest of the members of these boards—most of them small proprietors and tenant farmers—was not likely to promote zeal in the pursuit of sanitary improvement. The boards were in fact in the majority of instances unwilling to act, and were confirmed in their reluctance by the first general order issued by the Irish Local Government Boards. The Act had left to the guardians the assessment of the salaries of the medical officers, and these, by an inexplicable method of computation, had been limited to one-fourth of the sum paid for medical duties of a wholly different character. The result was what might have been expected. The guardians voted salaries varying from £3 to £15, or about a seventh of what is allowed in this country. The salaries were received, and in many instances primitive neglect of sanitary regulations continued to remain unallayed in Ireland. There was no one to see that the duties were discharged, and the Government Board had no means of forming an opinion as to special efficacy or neglect. This state of things continued some time, and at last the medical sanitary officers have taken action. The means they suggest to correct the abuse seem to be at once practicable and just. They propose that adequate central inspection be provided for Ireland such as now exists in England, and also that the order be withdrawn which fixes the salaries of officers according to an absurd scale, and not proportioned either to their merits or their duties. Considering that the board of guardians have had eleven years' trial to educate them to voluntary action, it seems not unreasonable that the State should hesitate to leave them still practically uncontrolled.

FEES FOR VACCINATION PROSECUTIONS.

It will be recollected that some months ago the Irish Medical Association undertook to recover from the Boyle Guardians a fee due to Dr. Kisbey in respect to his attendance at a vaccination prosecution, which fee the Guardians refused to pay because it did not, in their view, come within the term "expenses" used in the Act, and because Dr. Kisbey had only a short distance to travel to the court-house. The case having been brought before the Chairman of Quarter Sessions he gave a decree against the Guardians at once, saying that as long as the doctor was employed by them to perform some function outside his official duty, he was entitled to his fee as a matter of simple contract, even though he had not asked the magistrates for any certificate for payment. In the same union a similar case has cropped up, in which, however, Dr. Drapes did not obtain any certificate from the magistrates. He was paid by the Board, but the auditor disallowed the payment, reserving the question whether such certificate was or was not necessary. The Local Government Board has decided—contrary to the view of the chairman of quarter sessions—that it is necessary.

The following is their letter :—

Local Government Board,
Dublin, 12th April, 1877.

Sir,—Adverting to the Minutes of Proceedings of the Board of Guardians of the Boyle Union of the 16th January last, containing a resolution relating to a payment made to Dr. Drapes, medical officer of the Keadue dispensary district, in respect of his attendance at petty sessions on the occasion of proceedings taken against defaulters under the Compulsory Vaccination Act, the Local Government Board for Ireland desire to state that their attention having been drawn to the Guardians' observations regarding a statement alleged to have been made by the Chairman of Quarter Sessions, to the effect that a certificate of the justices before whom the proceedings were had was not necessary in such cases, the Local Government Board communicated the correspondence for the information of his Grace the Lord-Lieutenant.

The Local Government Board have since received a communication from the Under-Secretary on the subject, and the Local Government Board desire to state that the payment of one guinea to Dr. Drapes may be allowed on the present occasion, but the Board are advised that a justice's order should be applied for and is necessary in every such case, and a similar payment cannot therefore be again allowed.

The Board are also advised that if any further process should be issued, and a decree made for expenses or remuneration without a justice's order, under section 13 of the Compulsory Vaccination Act (26 and 27 Vic., cap. 52), an appeal should be lodged, to obtain an authoritative decision of the question of the Guardians' liability.

The Local Government Board will communicate the above view to the auditor, who, it appears, has reserved his decision on the case.

By order of the Board,
B. Banks, Secretary.

To the Clerk, Boyle Union.

A REMEDY FOR THE ABUSE OF DISPENSARY RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read an article in a recent issue of the above paper, written by Dr. Ashe (Dublin), entitled "A Remedy for the Abuse of Dispensary Relief," he has opened up a subject of great importance to dispensary doctors in general. I agree with him entirely, as it would be the only remedy I can imagine which would eventually do good. There is no doubt whatever, if dispensary doctors were allowed mileage for duty through their districts it would improve their position greatly, also assist in maintaining their conveyance, which cuts off a great part of their salary; but chiefly, if established, would have the very desirable effect of putting a stop to the very unjust and frequent issuing of visiting tickets requiring the attendance of the doctor in cases in which there was not the slightest necessity for his presence, as a large number could get the necessary instructions and advice at the dispensary; also in a large district with a scattered population, for instance, extending eleven or twelve Irish miles, cases of a serious nature are constantly occurring, requiring no ordinary care and attention on the part of the medical man; and if he is constantly harassed by red tickets to all parts of his district on all sorts of trivial cases, he undeniably cannot give the proper attention to cases of gravity. The consequent result of mileage allowance would work changes, as the issuer of tickets would reluctantly distribute them to persons who were not strictly entitled to poor-law relief, and also, by inquiries, would find out if the ailment was of such a nature as to require the *immediate* attendance of the doctor. I have very often, through the long winter months, experienced great annoyance from the large number of visiting tickets received for cases of light complaints—as rheumatic pains in aged persons, and cases of dyspepsia of long standing, &c., &c.—where visiting was not at all necessary, and consequently had to neglect other patients who required care.

It would be a great pity if such an admirable law, given to the poor by a benevolent sovereign, should be allowed to be so extensively abused. It is with no mercenary motives I write in support of Dr. Ashe's proposal. It is to prevent, as far as possible, the abuse of visiting tickets; thus placing more time at my disposal to care for the really needy. The Irish Medical Association will, I hope, consider the proposal worthy of their attention.

I remain, yours truly,

HUGH A. DAVIS, M.D.

Newport, co. Mayo, June 2nd, 1877.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF APRIL AND MAY, 1877.

APRIL 1st.—Dickeray, John Alexander, 5 Usher's Island, Dublin, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1876, Lic. Apoth. Hall, Dub. 1876.

3rd.—Baxter, Richard Henry, 49 Lower Baggot Street, Dublin, Lic. R. Coll. Surg. Irel. 1876, Lic. Apoth. Hall Dub. 1876.

13th.—Finegan, Arthur Daniel O'Connell, Church View, Navan, co. Meath, Lic. 1877, and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

19th.—Mahon, Nicholas, William Street, Galway, Lic. Apoth Hall Dub. 1877.

19th.—O'Neill, Laurence Joseph, Kinsealy House, St. Donlough's, co. Dublin, Lic. R. Coll. Surg. Irel. 1876, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

26th.—Conolly, John Vincent Joseph. 5 Eden Park, Kingstown, co. Dublin, M.B. Univ. Dub. 1877.

26th.—Carroll, Wm. Joseph, 4 Upper Fitzwilliam Street, Dublin, Lic. R. Coll. Surg. Irel. 1876.

26th.—Bateman, Samuel, Feney, Moira, co. Down, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.

28th.—Butler, Mathias, Leigh, Lancashire, Lic. R. Coll. Surg. Irel. 1875.

30th.—Daniel, Henry George, 2 Anglesea Street, Cork, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

MAY 11th.—Frend, John Alfred, Boher Cahirconlish, co. Limerick, Lic. R. Coll. Surg. Irel. 1876, Lic. 1877, and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

14th.—Dundas, Richard Thomas, Enniskillin, co. Fermanagh, Lic. R. Coll. Surg. Irel. 1877.

17th.—Cox, Michael Francis, Hillsgrove Lodge, Kilmore, Drumsua, co. Leitrim, Lic. R. Coll. Surg. Irel, 1875, Lic. 1877 and Lic. Mid. 1877. K. Q. Coll. Phys. Irel.

25th.—Gordon, James Alexander, Ballymena, co. Antrim, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

The following have been restored to the Register, per order of the General Medical Council, viz.:—

(1862). May 21st.—Mullen, John Joseph, Fortitude Valley, Brisbane, Australia, Lic. R. Coll. Surg. Irel. 1860, Lic. K. Q. Coll. Phys. Irel. 1861.

(1867). June 6th.—Meehan, James, Bruff, co. Limerick, Lic. R. Coll. Phys. Edin. 1866, Lic. R. Coll. Surg. Edin. 1866.

(1869). June 21st.—Sheedy, Michael Manus, Kilmallock, co. Limerick, Lic. R. Coll. Surg. Edin. 1869, Lic. R. Coll. Phys. Edin. 1869.

ABBEYLEI UNION.

LUNACY CERTIFYING.

WITH reference to Dr. Hanrahan's application for a fee of two guineas for certifying in the case of a lunatic, and which was referred to the magistrates who made the order for the payment for reconsideration, the opinion of the Board being that a fee of one guinea was sufficient, letters were read from them to the effect that, in their opinion, two guineas was the least reasonable fee, considering that the medical officer had to travel about twenty miles.

Mr. Lodge—The usual fee is a guinea, but this case is exceptional, as Dr. Hanrahan had to go twice to the place.

An order for the payment of that sum to Dr. Hanrahan was made.

VACCINATION PROSECUTIONS.

The following letter was read at the previous meeting of the Board:—

"Local Government Board, Dublin,
26th Feb., 1877.

"SIR,—The Local Government Board for Ireland have received a resolution of the Board of Guardians of Abbeyleix union of the 23rd ult., in which they request to be informed whether it would be legal to pay a medical officer for attending at petty sessions as a witness in vaccination cases where the justices have not certified for the expense incurred in such proceedings; and in reply I am to state that where the amount is not certified for, and recommended by the justices, the guardians have no legal authority to remunerate the medical officer. By order.

"B. BANKS, Secretary."

The letter was marked read.

ATHY UNION.

DRUG CONTRACTS.

THE Clerk informed the Guardians that he had received the following letter from the apothecary to the workhouse:—

"Athy, April 17th, 1877.

"DEAR SIR,—I may take the liberty of calling your attention to an item in Mr. Leslie's invoice which I consider entirely too expensive at his price. The name is *Liquor Hydrargyri Perchloride*, which other druggists would sell at 1s. 4d. per lb., while he actually charges 18s. for the same quantity. Perhaps you would be serving the interests of the ratepayers by calling the attention of

the Board of Guardians to the matter, with a view of their asking an explanation.—I am, yours faithfully,

"F. J. MINCHIN.

"J. WALSH, Esq.

"The preparation referred to is not in Mr. Leslie's contract."

The Clerk was directed to communicate with the contractor on the subject, and at the following meeting of the Board he read the following letter from the contractor :—

"Dublin, 20th April, 1877.

"SIR,— In reply to your note I much regret my mistake, and it was mine solely. I priced the article alluded to in Mr. Minchin's letter as 12 lbs. at 1s. 6d. per lb., in place of one lb. as ordered and supplied. Please alter invoice, or say shall I send you another.—I am, &c.,

"CHARLES LESLIE.

"J. W. Walsh, Esq."

RATIO OF BIRTHS AND DEATHS TO EVERY 1,000 OF THE IRISH POPULATION FOR 1876.

REGISTRATION PROVINCES AND COUNTIES.	Annual Rate per 1,000 of the estimated Population, represented by Births.	Deaths.
IRELAND	26·4	17·4
PROVINCES.		
I. LEINSTER	25·5	20·1
II. MUNSTER	27·7	17·4
III. ULSTER	26·0	17·1
IV. CONNAUGHT	26·8	13·8
I. LEINSTER.		
Carlow	24·6	18·4
Dublin	27·6	24·0
Kildare	24·5	16·7
Kilkenny	25·3	20·1
King's	24·9	17·1
Longford	24·8	15·1
Louth	25·0	19·4
Meath	22·8	18·1
Queen's	23·4	19·6
Westmeath	24·2	17·7
Wexford	24·1	20·4
Wicklow	23·0	16·9

REGISTRATION PROVINCES AND COUNTIES.	Annual Rate per 1,000 of the estimated Population, represented by Births	Deaths.
II. MUNSTER.		
Clare	26·5	14·4
Cork	27·5	17·7
Kerry	31·9	15·3
Limerick	27·6	19·4
Tipperary	25·5	17·1
Waterford	26·7	19·7
III. ULSTER.		
Antrim	30·5	18·8
Armagh	25·0	17·3
Cavan	25·5	16·4
Donegal	24·0	15·2
Down	25·5	18·9
Fermanagh	24·4	14·4
Londonderry	24·9	16·9
Monaghan	22·7	15·6
Tyrone	24·0	15·7
IV. CONNAUGHT.		
Galway	27·1	15·6
Leitrim	26·5	13·5
Mayo	27·9	12·9
Roscommon	25·8	13·1
Sligo	25·8	12·8

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, June 2nd,* 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JUNE 2, 1877. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	31	149	189	36	60	1	10	1	...	1	9	4	3	2	67
BELFAST . .	20,687	182,082	24	133	84	11	13	...	4	1	...	2	7	1	...	...	12
CORK . .	13,816	91 965	14	56	24	3	5	...	...	...	...	...	1	3	...	2	3
LIMERICK .	8,509	44,209	35	23	30	5	9	...	...	...	...	...	...	1	...	1	14
LONDONDERRY	21,865	30,884	15	22	0	1	2	...	...	...	...	...	...	...	...	1	1
WATERFORD .	17,209	30,626	19	19	11	2	4	...	...	...	...	...	1	...	...	...	1
GALWAY	21,358	19,692	21	3	3	...	4	...	...	...	...	1	...	...	...	...	4
SLIGO . .	30,835	17,235	15	4	5	1	3	...	...	...	..	...	...	1	...	1	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 20, 1877.

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ON THE GRAVER ASPECTS OF OTORRHŒA.

By George P. Field,
Aural Surgeon to St Mary's Hospital.

Continued from page 447.)

It is one of suppurative meningitis, of a very localised nature, confined almost entirely to the under surface of the tentorium cerebelli, the membranes at the base of the brain being unimpaired.

M. A. C., æt. 19, servant, admitted into hospital, Dec. 4, under the care of Dr. H. Jones. Had had a discharge from the left ear since childhood; a fortnight before her entrance she had lost her senses, and would have fallen down, but for a fellow servant, who caught her. She had fainted, and had several rigors since. Had severe headache; talking, and especially looking at a bright light, gave her great pain. Her head throbbed; she saw double, and had pain over the second cervical vertebra, with intense pain below left ear, and confined bowels. The chest sounds were normal: temperature, 101·4. Double optic neuritis. Moved her limbs easily. The ear was syringed with a weak carbolic acid lotion, a blister applied behind it, and one grain of calomel and one-sixth of a grain of opium ordered every two hours.

On Dec. 5th the patient was wandering and slightly delirious all night. At 8 a.m., she talked rationally. Her tongue was brown, and coated with thick fur. At 8·30 a.m., the sister gave her some milk, which she drank, but almost immediately afterwards she died.

Post-mortem examination.—A well-made, well-formed and well-nourished body. Slight discharge visible in left external auditory meatus. The left lateral sinus, at the point nearest the mastoid cells, where it curves round, was distended by ante-mortem clot. This did not extend throughout the sinus, and this was the highest point to which it reached, and below it stopped at the posterior lateral foramen. No clot in internal jugular vein. On removing the dura mater, the bone corresponding to this portion of the sinus was found discoloured, and somewhat softened. On opening the ear, pus and cheesy-looking material were found in the middle ear, and extending backwards with the mastoid cells, where the bone was much softened. Pus was seen oozing over surface of base of the brain on raising it out of its bed. It was found to come from the under surface of the tentorium cerebelli, which was covered with pus. There was a layer of lymph (with extreme congestion of the surface of the brain immediately below it) on the upper surface of the lobes of the cerebellum, *i.e.*, that part in contact with the inflamed tentorium. The inflammation was very localised, and did not extend over base, where the membranes were normal. Brain tissue normal throughout, except a little softening about velum interpositum and septum lucidum, inflammation having apparently extended along the membranes from the adjacent spot of disease, and turned into the ventricle. The other organs were healthy.

This is only one of many instances of injury to the brain, which one meets with in practice. I could repeat many cases of cerebral abscess, but this of meningitis is enough. We have had several in St. Mary's during the last few years, consequent upon neglected ear disease.

9. If pus finds its way through the lower portion of the drum, it may injure the jugular vein, and lead to phlebitis and pyæmic abscess of the lung, liver, &c. A remarkable case of this kind was lately in one of the isolation wards of St. Mary's Hospital, under the care of Dr. Handfield Jones, having been admitted on Oct. 5, 1876, suffering from pyæmia, the result of long standing disease of the ears. Samuel Larner, æt. 17, baker, stated that twelve years ago he fell off some pipes on to his head, and that blood came from his nose and right ear, followed by discharge and deafness on that side. Eight years ago he fell again on his head from a height of thirty feet, was picked up insensible, and became deaf in both ears, followed by offensive discharge from them, which has continued ever since. Six years ago he had another fall, when he had a compound fracture of the right arm. There was perforation of both tympanic membranes.

He stated that he had a bad attack of rheumatic fever three years ago. Three weeks before he come into the

hospital, he suffered from frequent rigors, with high temperature, varying from time to time; also profuse sweating, with all the symptoms of pyæmia. A short time after admission a large abscess formed in his neck. For weeks he lay between life and death, but on Dec. 9, he was able to walk about.

I may mention that Dr. Handfield Jones is about to publish the case in full, so for further particulars as to treatment, I must refer you to his instructive pages. I think Larner's recovery was in a great measure due to the fact that Dr. Jones ordered the windows of the ward to be kept always open, thus keeping up a constant supply of fresh air.

He left the hospital on the 18th of December, when Dr. Handfield Jones kindly sent him on to see me. When I first saw him, his hearing distance was one inch on both sides, but by blowing out the thick pus, which had collected in the tympanum, through the perforations by Politzer's process, and by constant washings with warm astringent lotions, his ears rapidly improved in every way, and he could hear my watch about eighteen inches off each ear. This is altogether a remarkable case. The complete recovery from pyæmia, after so many months of suffering, teaches us the truth of the old adage, that "when there is life there is hope," and it also encourages us to persevere, however desperate the condition of a patient may seem to be.

A few words now as to—1. How chronic discharge from the ear may lead to abscess of the lung. 2. How it may cause abscess of the liver.

Disease of the petrous bone may produce abscesses in both organs. These may occur in two ways; either by embolism of a small artery in the organ affected, or by what is known as metastasis. Should the abscess occur in the lung as the result of embolism, it is usually brought about as follows: A thrombus occurs, say in the lateral sinus adjoining the diseased bone, the clot degenerates in the centre, and becomes changed into a yellow semi-fluid material, which is, indeed, pus, though some decline to call it so; a small vein entering the sinus just beyond the termination of the thrombus, washes away in its current small portions of it or its degenerate contents, carries them to the right heart, and so through the pulmonary artery to some of its small branches, when it becomes arrested and obstructs the onward flow of blood through the vessel; over-distention of and exudation from the branches of the plugged vessel next occurs, owing to their anastomosis with their neighbours, and the infarction, taking its character from the embolism of pus which caused it, rapidly undergoes purulent infiltration, and forms an abscess. Around this abscess thrombus of the veins of the lung may occur, as in the lateral sinus. Fragments of these may again be washed off, and pass to the left side of the heart; thence they are distributed by the systemic circulation, and may produce similar infarction and abscesses wherever they may lodge, whether in the liver, spleen, kidneys, muscles, &c., &c.

Again, it appears that occasionally small purulent flocculi may be washed from the thrombus in the lateral sinus, and pass through the pulmonary capillaries without plugging them, though they may afterwards effect a lodgment in the liver or elsewhere, and thus produce abscesses in the viscera and without an intermediate abscess in the lung. For our knowledge of this process we are indebted to the investigations of Virchow and Otto Weber. So far, the mode of origin of pyæmic abscesses have been made clear; it is not so, however, with those so-called metastatic abscesses. In their case, disease affecting certain organs produces abscesses in organs with which they have no apparent anatomical connection, and for which it is not easy to assign a cause. They can, however, be sometimes accounted for by slowing of the circulation in some parts, producing passive congestions, and so predisposing the part to an inflammation, which may be lit up by the irritating poison in the blood. Of such a character are the abscesses met with at the base of the lungs, which cannot be classed as the results of infarction of the arterioles by portions of a thrombus. But why the base of one lung especially should be affected—namely, that on the same side as the disease in the skull—we are at present, I think, unable to say. Various nervous symptoms frequently occur as the result of otorrhœa in cases in whom no gross lesions can be discovered in the brain. Among these may be classed epilepsy and auditory vertigo, or Meniere's disease.

10. Epilepsy occasionally follows chronic suppuration of the ears. It may be divided into two forms—first, that of ordinary epilepsy, as mentioned above, in which no gross lesion can be found; secondly, cases of epileptiform convulsions, limited to one muscle or group of muscles, often without loss of consciousness, and known as Jackson's epilepsy, occurring as a symptom of abscess of the surface of the brain connected with the membranes. In these latter cases, thanks to the experimental researches of Hitzig and Dr. Ferrier, to the no less valuable pathological observations of Dr. Hughlings Jackson and Professor Charcot, and the anatomical investigations of Dr. Broadbent and others, we may so accurately localise the disease that one may even venture to trephine the skull, to let out pus connected with the dura mater—an operation which was, indeed, successfully performed by Mr. James Lane by the advice of the latter accomplished physician, at St. Mary's Hospital, a few weeks ago.

11. With regard to Meniere's disease and auditory vertigo. These cases I believe to be more numerous than is generally admitted, from the fact that numberless patients with ear mischief giving rise to reeling, faintness, &c., are very frequently treated for derangements of the stomach. I will give, as shortly as possible, a case in point:—A gentleman had suffered for eight years with tinnitis aurium, occasional giddiness, and with a reeling to and fro whenever he went out, and so much so latterly that people in the street were constantly under the impression that he was drunk. He consulted a great many medical men, who all told him that his trouble arose either from derangements of the liver or stomach; until he came under Dr. Broadbent's care, who at once discovered ear mischief, and sent him on to me. He heard the watch three yards right ear, two yards left, and the tuning-fork very indistinctly and for a very short period. He had had a slight discharge from one ear once or twice during the eight years. Says he does not reel particularly to one side when he is out, thinks sometimes one way, sometimes the other, but is not certain. During these attacks he finds the only thing that at all steadies him is by stamping one foot repeatedly on the ground. The tympanic membrane looked perfectly healthy.

In nearly all these cases I have found that very considerable relief may be given from counter-irritation behind the ears, and by administering large doses of the bromide of potassium. Dr. Gowers suggests that this drug is useful in those cases where "any undue sensitiveness of the grey matter of the equilibrial centre must be lessened." In this case it had a remarkably good effect. The noises in this ear diminished, and he was able to get about without the continual dread of falling down.

Dr. Hughlings Jackson gave us the other night two sets of symptoms:—

(*a*) Vital (faintness, perspiration, irregularity of pulse, &c.)

(*b*) Locomotor (vertigo, with or without reeling).

He attributes the former to disturbance of, or actual disease in, the cochlea division; the latter to disease or disturbance of the semicircular canal divisions. The vital and locomotor symptoms were due to disturbance of the medulla oblongata and cerebellum respectively.

I saw the patient I have just mentioned recently, when he told me that he was so much better that he had quite got over his *bete noir*, which was crossing London Bridge. He said he could now get over with confidence and without dread of falling, which he had been previously unable for some years to attempt. During the last fortnight I have seen two very similar cases.

12. Lastly, before I leave the subject, I would just mention that insanity may occasionally result from ear disease, such as abscess of the mastoid process. A very good case in point has been recently described by Dr. W. Rhys Williams and Dr. Savage, of Bethlem Hospital, in which all symptoms of acute mania disappeared after the evacuation of pus from the mastoid cells.

A FEW REMARKS ON THE ANATOMY, PATHOLOGY, AND TREATMENT OF KNOCK-KNEE.

By Osman Vincent,
Surgeon to the National Orthopædic Hospital.

There are few subjects in surgery which occupy a larger share of general attention than affections of the knee-joint, and I propose this evening to consider one of the most common, and, at the same time, the most satisfactory as regards its treatment.

Genu valgum, or knock-knee, is the most frequent deformity of the lower extremities. It is always an acquired, as distinguished from a congenital, deformity. It is not dependent on, but is very frequently associated with, rickets. It may exist separately from, or conjointly with, other distortions, such as curved tibiæ, genu extrosum, flat foot, lateral curvature of the spine, and others.

It may show itself at as early an age as twelve or fifteen months, but we more constantly find it later, and should not relief then be sought and obtained, the deformity increases, gradually but surely, and, in time, renders locomotion impossible, or, at least, distressing.

Although poor children brought up in large towns are especially subject to this affection, yet the children of richer parents are not exempt—the more so if such infants are disproportionately large and heavy for their age.

In order the better to understand the deformity itself, and its cause, we will glance at the anatomy of the joint and its suroundings. The knee-joint is formed by the articulating surfaces of the femur and tibia, kept in apposition by external and internal ligaments. Those mostly involved in the deformity before us are, externally, the lateral, internally, the crucial—the former governing the extension and flexion of the joint, the latter to check what little rotation the healthy knee-joint is capable of—and it must be borne in mind that rotation cannot be made but in the flexed or semi-flexed condition of the limb, and consequently when the lateral ligaments are most relaxed.

This will account for the curious disappearance of the deformity, however severe, when, the patient lying on his back, flexes the leg on the thigh and the thigh on the pelvis. In this position the inner ankles can be brought into direct apposition, although previously, when in the extended position, they are several inches apart.

I must also call your attention, while considering the anatomy of the knee-joint to the greater length of the internal condyle, when compared with the external, of the femur, when that bone is held in a perpendicular position. Now, as the centre of motion is the centre of gravity, and the centre of gravity in man is a movable point limited in the variation of its position between the pubis and sacrum, it necessarily follows that when the balance is disturbed the above-mentioned fact operates largely in aggravating and continuing the deformity.

Genu valgum generally commences by the superincumbent weight of the body being too great a strain on the internal lateral ligaments or ligament, for it by no means follows that both knees should be affected. Indeed, I have seen cases where the deformity was so extreme that one leg was everted almost to a right angle, while the other remained quite straight.

These internal lateral ligaments slowly but surely give way until the knees touch each other or even cross, and the feet cannot be brought together without stooping and bending the knees. The internal condyle of the femur becomes in a parallel line prominent, the external often to a certain extent absorbed; at the same time the tendon of the biceps, as well as the lower edge of the vastus externus, become very distinct; in fact, the biceps by its action helps to increase the deformity after the leg has assumed a certain degree of angularity, and as a rule the arch of the foot yields to the superincumbent weight. This assemblage of malpositions, slow at first, increase in proportion as the feet diverge, for the strength of the column of support afforded by the lower extremities, passes away *pari passu* with the increasing obliquity in the direction of the femur and tibia.

There is pain, often to a considerable extent, but always a feeling of weakness, after a time becoming so great that the sufferer has to relinquish his usual employment and seek relief.

Whenever there is inequality in the length of the two limbs, or a strong irregularity in the gait, there will be either some degree of lateral curvature, or an unnatural flexibility of the vertebral column, or both combined, arising from the constant efforts made by the patient to preserve the proper balance; but as this lateral curvature is only compensatory, we must look for its cure, or at least its amelioration, when the cause is removed, and the inequality in the length of the limbs reduced.

We must ask, Are the changes which take place in the shape of the articulating surfaces (for change there certainly is produced by the prolonged displacement of the bones)—are these changes permanent?

I am disposed to think not.

Patients regain the proper amount of strength and comfort when the bones have been set straight, and I have known several cases of seventeen or eighteen years of age, able, after eighteen months' or two years' treatment, to dispense with supports, a circumstance which would have been impossible had the direction of the articular surfaces been altered.

We now come to the causes of genu valgum.

Beginning with the earliest and simplest cases that come under our notice; when the fond mother having had more confidence in the food that man has proposed rather than that which God has ordained, puts her child, aged twelve months, upon the ground and teaches him to walk with any amount of adipose deposit but little or no phosphate of lime,—what may be the result?

The next class of cases we meet with occur in boys and girls whose previous life and bringing up has been such as to fit them by their thoroughly unhealthy and debilitated state for the production of any deformity, and being allowed to be on their feet running about the street till eleven or twelve o'clock at night. Some kind of curvature of the legs will most certainly take place, and I am inclined to give the preference to knock-knee.

The next class of cases are those youths and girls employed in various ways in the shops and warehouses of this city, and who are often on their feet fourteen, sixteen, or even more hours at a stretch; this combined with the fact that very often the surroundings are most unhealthy in the way of bad ventilation, over-crowding, and inferior food, and also that the larger number of these cases come from the comparatively pure air of the country, are just at, or about the age of puberty, and after a few months exposure to these adverse circumstances the signs of impaired nutrition from imperfect assimilations become so evident, we can hardly wonder that from these external causes, combined with the constant superincumbent weight, the lower extremities suffer, and knock-knee or flat foot result.

Having considered the causes and effects of genu valgum, let us turn to the treatment.

This I propose to divide into three parts—

1st. The removal of the superincumbent weight of the body, which tends to increase the deformity.

2nd. The strengthening of that already existing.

3rd. The constitutional treatment.

1. The removal of the superincumbent weight:—

In the infant if the deformity is slight and discovered early this is all that need be done, and with children under twelve, who have no resources for the purpose of

amusement, this is best to be accomplished by keeping them in bed. And here I may remark that not only does it seem an accepted opinion of the great mass of the people, but also with the profession itself, that remaining in bed destroys health; but the prejudices against this treatment have arisen from the fact that patients are generally sent to bed with a wasting disease upon them, and when the period of convalescence approaches they attribute to bed that weakness and debility which is the consequence of the complaint for which they were consigned to it, and not the confinement to the bed itself.

Six weeks rest in bed, with friction and manipulations, is all that is required for this class of cases. But one word on the kind and mode of application of the manipulations: They can best be employed by making a fulcrum of your own knee placed between those of the patient, the power being your hands, holding his leg at the ankles, and the weight, the resistance of the contracted tissues. But even with this simple, though effectual method, great care must be taken that, during its application, the leg be kept straight and the toes looking directly upwards.

2. The mechanical treatment of the second class I mentioned consists, unless severe, of rest and the application of long outside splints, with or without a knee-cap of webbing, dependent on the severity of the case. And it must be borne in mind that it is next to useless, in cases of single knock-knee, to apply a single splint, as without the controlling power of the splint on the sound leg, by means of the back strap, that on the deformed one has a constant tendency to twist over or ride upon the anterior surface of the limb; but with this back strap properly adjusted, such riding is rendered impossible.

Together with the application of splints, the manipulations just now mentioned should be used in these cases, as in the former, and also frictions, to prevent as far as possible that loss of nutrition which is inseparable to a limb in a constant state of bandage.

3. In considering the treatment of the third class of cases, we will include those neglected ones which are allowed, from various causes, to assume the greatest possible degree of deformity.

Putting aside for a few minutes the question of the desirability or non-desirability of operative interference, and looking upon these cases as possible to be dealt with by mechanical means alone, we shall find that the best way of gaining our end is by what is called the trough-splint, which is, as you see, an apparatus of either tin or wood, designed to fix the femur and lower leg and foot, and then, by a rack and pinion acting upon a strong knee-cap, exercise sufficient force to gradually reduce the deformed leg to its normal condition This splint will require to be worn for from three to twelve months, according to the amount of deformity to be reduced, the age of the patient, and the consolidation of the bones—the elasticity and amount of contraction of the soft parts to be overcome.

Although slight cases may, when the leg shall have regained its normal straightness, be allowed to walk without mechanical supports, yet, as a rule, in severe cases they will be required for two years after the treatment by rest and splints has reduced the deformity to a proper degree of straightness, and until the articular surfaces have become adapted to the change in their relations, and until the muscles have regained their proper functions.

The constitutional treatment of knock-knees should be that of any debilitated state, combined with that usually needed for deficient earthy material in the bones —viz., iron, iodine, cod-liver oil, quinine, and sea air; and, as regards diet, restriction in the quantity of fluids, increase of animal food, and especially fatty materials.

The question of division of the hamstring tendons, or at least the biceps, has often been argued. I am of opinion that it is a step to which recourse should not be had, as being very rarely necessary, except in severe adult cases; and, thanks to the better knowledge of the nineteenth century and the stride orthopædy has made, these severe adult cases are now but seldom seen. And again, so great an authority as Dr. Little himself classes such division among the "unnecessary orthopædic operations."

Given sufficient time, I believe any tendon or structure contracted by malposition or *external* influences, and not by nervous irritation, will yield to mechanical extension gradually and constantly applied. Still, section of the biceps is a proceeding which may give important assistance with ordinary precautions, is free from risk, and saves the patient's time by a few weeks, which is often a consideration, especially in those cases which, by force of circumstances, are obliged to gain their own living or are dependent on precarious assistance.

HISTORICAL, PHYSIOLOGICAL, AND CLINICAL STUDY ON THE TRANSFUSION OF BLOOD. (a)

By Dr. Oré,

Laureate of the Institut, Doctor in Natural Sciences, Professor of Physiology, Laureate of the Bordeaux Medical School.

The transfusion of blood every day takes a more and more prominent place in the therapeutic art. Such progress is due, in a great measure, to the researches and labours of Dr. Oré. After a long period of painful growth the fruit has, at the present day, come to maturity. M. Oré devotes the above-mentioned work to the removal of the barriers wherein it was kept confined by the extreme timidity of modern practitioners.

His work is divided into four parts:

1. Physiological history.
2. Clinical history from the year 1820 to our day.
3. Indication, counter-indications, complications, accidents, &c.
4. Apparatus.

The physiological history of transfusion presents three periods. The first extends from the ages of antiquity to 1768 of the Christian era. The marvellous element is chiefly mingled to this period. In reality, scientific transfusion commenced only abont the time of the discovery of the circulation of the blood. The ancients appear, however, to have conceived the possibility of the transfusion of the blood.

With the middle of the seventeenth century begins the epoch of experiments—first on animals, and afterwards on men. The English, French, and Germans have ever since contended for the priority of this innovation. Richard Lower, an English doctor, was the first to make known a complete method of transfusion. After him, M. Denis gave the new method a vigorous impulse in France.

Edmund King and Thomas Coxe no longer perform transfusion from *artery to vein, but from vein to vein.* The experiments and operations were everywhere a complete success, but this did not prevent most violent opposition on all sides. The debate was carried on with great vigour, and protestations were made in the name of civilisation until the magistracy, through the organ of Antoine Daubray, issued a decree which put an end to the dispute by prohibiting "transfusion on human bodies under pains of imprisonment, till the proposition would be received and approved of by the Medical Faculty of Paris," 17th April, 1768.

The second period, called by the author the "period of oblivion," commences with this decree and ends in 1818. Then begins the period of *éclosion* with Blundell. This third epoch produces truly fruitful labours, from which Dr. Oré extracts and discusses, with the greatest care and prudence the following conclusions:—

(a) "Transfusion du Sang." Second edition, considerably enlarged, and illustrated by many figures and engravings. Paris: J. B. Bailliere et fils, libraires-éditeurs. Translated from *L'Union Medicale* for the Medical Press and Circular.

1. The therapeutic efficacy of transfusion.
2. The necessity of transfusing at least a small quantity of blood.
3. The physiological action of the arterial blood rendering the tissues capable of excitation, and the action of the blood of the veins imparting that excitation.
4. The necessity of transfusing between animals of the same species.
5. The revivifying action of the globules and the toxical action of the fibrine, whence results the necessity of defibrinating the blood which is to be transfused.
6. The delay caused by the cold to coagulation.

The experiments by Muller (Stockholm), J. Worm Muller (Christiania), Panum (Copenhagen), Lesser, Ponfick, and Landois, illustrate the contemporary period. In our opinion, those experiments are related at too great a length, M. Oré sums them up and draws the conclusion in very few words.

The pages wherein the learned author recapitulates the researches on transfusion between animals of different species, offer more interest, although they are not together devoid of a certain aridity. Landois, Panum, Worm Müller, Ponfick, Lesser, Jacowicki, &c., condemn this transfusion; and, for man, admit only the transfusion of human blood. On the other hand, Brown-Séquard, Frantz Glénard, Hasse, and Gésellius approve of it and recommend it.

Which of the two theories is the true one?

After explaining both, the author relates his own researches, and comes in substance to the following conclusions:—

1. Transfusion is susceptible of revivifying an animal rendered bloodless.
2. Cold retards the coagulation of the blood extracted from the vessels, and does not injure transfusion.
3. Hæmorrhages consequent on transfusion between animals of different species are due to the too great quantity of blood transfused, and to the too great rapidity of the operation.
4. The quantity of blood to be transfused must not be beyond the twentieth of the total mass of blood.
5. *The physical identity of blood in animals of the same class, but of different species is absolute.*

Such are the results of experiments. Let us see now what the clinical art says on the subject.

From 1667 to 1679, transfusion was performed 16 times, with blood from lambs, calves, and sheep; 10 have been successful, 2 cases without result, 3 with results unknown, 1 case of death.

In our days, the Italian and Russian doctors speak of a considerable number of observations; we give merely the figures: 154 cases of transfusion from divers animals into man have given as final results, 64 cures, 20 ameliorations, 43 stationary states, 1 doubtful case, 26 cases of death; *i.e.*, a mortality of 16 per 100. The greater number of the patients were subject to pellagrous insanity and hyperæmia, and most of them underwent operation several times; the doses of blood injected were always very small, varying from 8, 10, 12, 15, 30, and 60 grammes.

Armed with these eloquent statistics, the author refutes all the theoretical objections, and concludes with the innocuousness and the efficacy of the transfusion of animal blood into man. Does this mean that the transfusion of human blood is not preferable?

The second part of the book treats of the transfusion from man to man. The author examines all the cases that are known and arranges them into seven groups:—

1. Metrorrhages, before, during, or after *accouchement*.
2. Hæmorrhages in consequence of wounds or chirurgical operations.
3. Anæmies.
4. Cancer, phthisis, insanity.
5. Typhus fever, dysentery, cholera.
6. Poisoning cases, syphilis, *morve*, *rage*.
7. Cachexies, eruptive fevers, diphtherities, affections of the nervous system.

All the observations referring to each group are faithfully noted down.

The third part is, in abridgment, the conclusion of the second. Instead of entering at once on the study of the indications and counter-indications of transfusion, Dr. Oré treats of two accidents, the entry of air into the veins, and the formation of *embolisms*. From personal experiments, he concludes that the air can circulate in the veins, provided its quantity be not considerable; that the electrisation of pneumogastrics is the best therapeutic process to be opposed to the accidents which are caused by the introduction of the air.

Passing to the study of the formation of embolisms, he discusses the value of defibrination of the blood to be transfused. The arguments *pro.* and *con.* this practice are weighed and discussed with great care. The first arguments can be reduced to three:—

1. Fibrine is not an essential part of the blood; this is, in my opinion, an error.
2. Defibrination constitutes an absolute obstacle to the production of *embolisms*, and leaves to the surgeon all the time required, to operate with security; but the perfection of the apparatus gives a sufficient security.
3. Defibrination does not destroy the efficacy of the blood; nevertheless statistics by J. Gasse establish that transfusion with defibrinated blood has given a mortality of 69 per 100, and with complete blood, a mortality of 46 per 100.

(*To be continued.*)

Clinical Records.

THE REMOVAL OF ADHERENT PLACENTA FROM THE UTERINE CAVITY.

By Charles W. Hamilton, L.R.C.S.I.,
Medical Officer, and Admiralty Surgeon, at Achill, &c.

Adherent retained placenta is not generally a very difficult complication to deal with, even in cases where the hand and arm have to be passed into that tender viscus, the uterus. In rare cases the placenta may be so adherent that no means will cause its removal, but the above formidable procedure. Once the hand gets in contact with this friable mass, there is generally no difficulty in its removal. In rarer cases still, even this operation fails to effect its object from many causes. The following cases, taken from a large number of obstetrical ones, are principally intended to show "that in extremely dangerous cases, where the entire removal of the placenta would be followed by almost certain death to the patient, it may be left, and means taken to assist nature in its expulsion in due time, and that a good recovery may follow." True, in one of my cases fever ensued, but how more preferable that is, to death! I am of opinion that the hæmorrhage had had a good deal to say to the developing that fever (see Case III).

I need hardly add, that in Case II, a fatal issue nearly occurred through a portion of placenta remaining in utero:—

Case I.—In February, 1876, I was called on to see Mrs. M—, æt. 21, primipara. I learned on inquiry that she had been two days in labour. I found her extremely low; fast, weak pulse; clammy skin; dark rings under eye-lids, sunken eyes, &c.

I found a head presentation which so filled up the brim of the pelvis, that I could not introduce even one blade of the forceps.

I gave her a little wine, and at once proceeded with the operation of craniotomy; some difficulty was experienced in getting a sufficient purchase at the base of skull, otherwise the operation was easily performed, but I had to

desist several times during traction on account of the weak state of the patient. I was greatly afraid she would die before delivery would have been accomplished. After delivery, and a little brandy, I had a bandage applied. When an hour had elapsed, I made traction on the cord, but the placenta showed no sign of coming so easily. After another considerable period, and when I considered her something stronger, I passed my hand and arm into the uterine cavity; I was somewhat astonished at finding a small round cavity, without anything like that which I was then in search of; but by following the cord, it led me to a very small and contracted orifice, through which I gradually forced my way, and here I found the placenta. I then discovered it was extremely adherent to the wall. I was unable to detach it *en masse*, but succeeded in taking away, or rather scraping, the most part of the mass. My poor patient I now considered in *articulo mortis*, and removed my hand with the *débris*. I had now enough to do to restore my patient's strength and pulse, by brandy.

The next day I found her weak but cool, and had passed a fair night considering her state. I prescribed infus. ergot, c. sp. am. arom., and on the second day the remainder of placenta was expelled with little hæmorrhage. She progressed favourably from the first week, and I had the pleasure of seeing her take a long journey on horseback one month afterwards. I must add that the orifice, which had from one cavity of this hourglass-contracted uterus to the other, resembled *on first sight* a ruptured uterus, with placenta in abdominal cavity, the size, form and feel of this orifice would at once dispel the illusion.

Case II.—I was summoned at midnight, in the month of October, 1876, to attend Mrs. L., who, I was informed, was dying from hæmorrhage. She is the mother of a very heavy family, and never required a physician in any of her former confinements. I took with me my vaginal syringe and injection of iron:—

℞ Liq. ferri perch. fort. ℥j.;
Aqua, ℥ij. ss.

I found her kicking about in a pool of blood in bed, pulseless, wax-coloured, and praying in an inaudible voice. It struck me that I had the required relief for her, and at once proceeded to inject the cavity of the uterus with the above injection. I must add that the hæmorrhage continued more or less until the iron solution had touched the uterine-walls, and then it ceased in a very remarkably sudden manner. After this a small piece of placenta came away, and then it was apparent what caused such a flooding; the midwife had used too much force in traction on cord, and in pulling away the placenta had left this small central fraction attached to the uterine wall. This operation had been accomplished before I had been sent for. This poor woman slowly but steadily recovered, and is now quite well.

Case III.—Mrs. G. sent for me in the month of February, 1877. This was her first confinement. She was a very plethoric woman. Found her in tedious labour, os dilating; administered a few doses of ergot, which had no effect in strengthening her pains; after some time and patience, and as I was about to apply the forceps, smart pains set in, and the delivery of a female child was accomplished. Soon after alarming hæmorrhage set in; I was unable to find the uterus externally. With the view of extracting placenta, and more especially to cause the uterus to contract, I passed my hand and arm into that cavity. As I expected I found it enormously distended, and as in Case I., hour-glass contraction at the fundus of the uterus, I found the placenta, which I could hardly reach properly. However, by making pressure externally, I detached a considerable part of it; as the uterus did not show any sign of contraction, and as the hæmorrhage continued to an alarming extent, I contented myself with passively having my hand and arm in the cavity, but seeing the hæmorrhage still continued, I made another attempt to detach the remaining placenta, but from the alarming flooding and sinking state of the poor woman, I had to desist, determining, as in Case I., to allow nature to expel it; and now, having sent for the iron injection, I bandaged up the patient, also applying a compress. After this the hæmorrhage ceased, and therefore I did not inject with iron. She rallied considerably after this, and in the morning seemed pretty well. I now directed my attention to the removal of the remainder of placenta, not, of course, instrumentally. I prescribed ergotæ c sp. am. arom.; explained to the attendant how to apply the bandage, &c.; also that fatal hæmorrhage might set in during the next few days; also that a large clot had yet to come away. No bad symptoms, however, set in for some days; the remainder of the placenta came away in two days, with little hæmorrhage. Fever set in during the first week; relapses also occurred every three days, accompanied with shivering; latterly, however, these remissions do not occur, and I believe she will soon be convalescent, though this state has lasted for several weeks.

[I regret much that I have had to cease my attendance on this patient, as *her very intelligent* husband is of opinion that I have been the cause of this long puerperal fever! ! !]

(To be continued.)

LIVERPOOL SOUTHERN DISPENSARY.

Cases of Acute Rheumatism treated with Salicylate of Potash.

Under the care of Charles Woods, M.B. Dub.

No. I.—Edith K., æt. 24.

March 21.—Complains of intense pain and swelling in knees, ankles, wrists, and shoulders, profuse acid perspirations, great pain on movement. Cardiac sounds normal; diffuse bronchial rales; urine dark-coloured and deposits urates; temperature 103, pulse 112.

℞ Salicylic acid, gr. x.;
Potash bicarb., gr. xxx.

℔ To be taken in a glass of water in effervescence every hour. To be stopped after eight hours.

22th.—Temperature 102·6; pains very bad; passed a restless night.

23rd.—Temperature 101; slept very little.

25th.—Temperature 101; pain over cardiac region; friction sound over base of heart. ℞ Emplas. vesicat. (3 × 4), to be applied over cardiac region.

27th.—Cardiac sounds normal; no pains; temperature normal. Omit salicylic acid treatment.

April 1th.—Return of slight pains; temperature 99. Repeat salicylic.

11th.—Quite well; no pain; cardiac sounds normal.

No. II.—Robert M., æt. 4.

March 22nd.—Ankles and knees red and swollen; profuse acid sweats; mitral murmur; urine acid and dark-coloured; temperature 102.

℞ Salicylic acid, gr. iv.;
Potas. bicarb., gr. xij.

℔ One every hour for eight hours daily.

23rd.—Temperature 102; mitral murmur. ℞ Linseed and mustard poultice to chest every two hours.

24th.—Temperature 101; no murmur; seems in great pain.

26th.—Temperature normal. Omit salicyl. ℞ Mist. ferri et quin.

29th.—Return of pains. Repeat salicylic acid.

April 4.—Recovered; no pains; thirteenth day.

No. III.—Margaret P., æt. 23.

Two days before attack received a severe wetting, followed by rigors and febrile symptoms.

February 23rd.—Excessive pain in left knee; intense thirst; urine dark coloured and deposits urates; temperature 102. ℞ Emplasti vesicator (2 × 2) to inside of knee.

24th.—Temperature 103; pain in right knee, shoulders, ankles, and wrists.

℞ Acidi salicylici, gr. x.;
Potas. bicarb., gr. xxx.

℥ One every hour for eight hours daily.

25th.—Temperature 101; pains much lessened.

26th.—Temperature 99; no pain; omit salicylic treatment.

27th.—Temperature 101; very restless night. ℞ Pulv. ipecac. co. gr. x., to be taken at bed time.

28th.—Temperature 100; slept well. Repeat salicylic treatment.

29th.—Temperature normal; no pain.

March 2nd.—Erythematous eruption on the back; omit salicylic treatment. ℞ Mist. quinine.

5th.—Quite recovered. Eleventh day.

No. IV.—Chas. B., coach-painter, æt. 22.

February 6th.—Suffering from pains in ankles, hips, and elbows; urine and perspirations very acid; systolic murmur over base of heart from beginning to end. Never had rheumatism before. Temperature 103.

℞ Salicylic acid, gr. x.;
Potas. bicarb., gr. xxx.

℥ One every hour for eight hours daily.

7th.—Passed a restless night; pain in the wrists very bad; temperature 103·2. ℞ Emplastr. vesicator (3 × 2) to back of wrists.

8th.—Temperature 101; knees and shoulders very bad.

10th.—Temperature 100; pain back of neck.

12th.—Temperature 100; pain in neck worse. Omit salicylic treatment.

14th.—Temperature 100·4; no pain in neck. Repeat salicylic treatment.

16th.—No pain; temperature normal. Omit salicylic treatment.

20th.—Temperature 103; excessive pain in knees, ankles, and temporo-maxillary joints. Repeat salicylic treatment; liq. morphia hydrochlor, ℥ij. at bedtime.

22nd.—Temperature 101.

24th.—Temperature 100.

March 3rd.—Recovery. Twenty-sixth day.

No. V.—Sarah McCloud, æt. 15.

May 1st.—Severe pain in knees, ankles, and sole of left foot; urine dark-coloured, and deposits urates; profuse perspiration; temperature 102; pulse 100; cardiac sounds normal.

℞ Salicylic acid, gr. x.;
Potas. bicarb., gr. xxx.

℥ One every hour for eight hours daily.

3rd.—Temperature 100·2; pulse 99; pains better.

5th.—Temperature normal; pulse 72; pains gone; omit salicylic.

10th.—Temperature 102; mitral murmur; pain in chest increased by pressure. Emplast. vesicat. (4 × 3) over cardiac region.

12th.—Temperature 99·2; roughening at first sound.

14th.—Cardiac sounds normal.

16th.—Temperature 99·2; pains in wrists.

18th.—Temperature normal; pains in back and toes.

21st.—Temperature normal; slight pains.

24th.—Temperature normal; no pains; recovery. Twenty-four days.

No. VI.—Mary Gallagher, æt. 20.

May 20th.—Stated that on May 18th she suffered from intense pain in the epigastrium, for which she received no treatment. The breathing was greatly affected, and she felt as if a load was on her stomach, in addition to severe pains in ankles, wrists, knees, and shoulders. She also complained of vomiting and great thirst. The cardiac dulness was increased in area, transgressing the mesial line, and extending to second interspace on the left side.

℞ Salicylic acid, gr. x.;
Potas. bicarb., gr. xxx.

℥ One every hour for eight hours daily.

℞ Emplastr. vesicator (4 × 4) to cardiac region.

℞ Acetatis potas., ℥ss.;
Aqua ad. ℥ij.

℥ Two tablespoonfuls to be taken occasionally.

21st.—Great deal better. Temperature 99·6; pulse 96; pains not so bad in joints.

22nd.—Temperature 103·4; pulse 114; pains very severe; heart sounds very indistinct; delirious during night.

℞ Liq. morphia hydrochloratis, ℥ij;
Aqua ad. ℥j.

℥ H. S. S.

23rd.—Temperature 102·5; pulse 110; pains in left ankle, slight in knees; bad pains in wrists; pain in chest better; area of dulness diminished.

25th.—Temperature 100; pulse 90; wrists swollen and red; great pain over cardiac region. ℞ Emplastr. vesicator (4 × 4) to cardiac region.

28th.—Temperature normal; pulse 74; cardiac dulness normal in area; no pains.

℞ Mist. ferri. co., ℥j. T. D. S.

Remarks.—Salicylic acid and its congeners have more general value in rheumatic fever than any other remedies which have been hitherto tried. This has led to the trial of various forms of prescribing the drug, over most of which the above form has, I think, some advantages.

1st. In none of the above cases did it cause any vomiting, delirium, or any untoward symptoms observed when the other forms were prescribed.

2nd. It is a pleasant mode of exhibiting the drugs, most patients in any fever preferring effervescent draughts to any other kind.

THE ACTION OF ACONITINE ON THE HEART AND ITS USE IN FACIAL NEURALGIA. (*a*)

The curious effects of aconitine on the human organism are well known, and are described in our therapeutical works, as itching, and pricking of tongue, lips, and extremities, contraction of skin similar to that produced by cold, &c.; but the special cardiac disturbance accompanying simple aconitism is passed over, or, at least, our treatises do not mention this complication.

My clinique at the hospital Beaujon furnishes me with some facts bearing on this point. One of my patients suffering from an obscure nervous disorder was ordered aconitine—half-milligramme of the azotate in solution. This patient, who was a man of intelligence and observation, gave the following account of the effects he experienced:—

At the end of two hours, he felt some inconvenience in the precardial region; then it seemed as if the pulsations of his heart became abnormal, for when lying on his left side, in place of the regular "tic-tac," he heard in its place a *bruit de galop*, which lasted for two hours.

A circumstance of the same kind was observed by one of my former pupils, who had taken during the twenty-four hours one milligramme and a-half of amorphous aconitine.

A question of interest arises as to the cause of this complication. It may be assigned to a re-duplication of the second sound of the heart, and then comes the point whether aconitine is contra-indicated in heart affections?

The cardiac disease was so marked in a young woman with organic disease of the heart after a small dose of aconitine, in my *clientèle*, that she prayed to have the medicine stopped. Ligeois and Hottott have already established in aconitism paresis of the heart and paralysis, from the action of the alkaloid. Under whatever form we employ it, as the amorphous aconitine, or the crystallised azotate of Duquesnel, it is a medicine difficult to manage, and we should use it with care.

It is better to give it in solution than in granulæ, as the latter are often inactive, and we are tempted to increase the number, owing to the seeming insensibility of the patient to this medicament. By using the solution, owing to its certain absorption, we avoid the danger of the accumulation of the poison, and we should begin with half-milligramme, progres-

(*a*) M. Gubler in *Journal de Therapeutique*, Feb. 25th, 1877.

sively increasing the dose if necessary, as some patients bear even six milligrammes. I have never seen any bad results from its employment if it is given with care and in therapeutical doses.

Its disadvantages are nothing compared with its benefits.

In facial neuralgia its practical importance is very great, and it may almost be looked upon as a specific.

In neuralgia of the fifth pair, and even in tic-doloreux, I have never known it fail, and I may mention two severe cases of facial neuralgia which yielded completely to the use of the azotate in progressively increasing doses.

The alkaloid is principally recommended in the congestive form of facial neuralgia; its effects are curative when there is no nervous lesion—palliative when the lesion is established. I am of opinion that all neuroses end by giving place to nervous alterations.

Aconitine, when given at the beginning, will completely cure facial neuralgia, and in those cases where the disease is advanced it will immediately afford relief; but, unfortunately, this action does not extend to other forms of neuralgia.

ABUSE OF HYPODERMIC INJECTIONS OF MORPHIA.

Many accidents have already occurred from the abuse of subcutaneous injections of morphia, and the *Gazette Hebdomadaire*, 1876, swells the list by the following case:—

A physician suffering very much from traumatic periostitis had recourse in 1867 to injections of morphia to ease his pain.

Since that time he gradually increased the dose, until in 1873 he administered to himself two grains 50° of morphia per day.

He presented the appearance of a man suffering from alcoholism. He had fallen into a state of marasmus, with a large number of abscesses over the body, and contraction of the flexors of the leg.

To remedy these complications morphia was given internally, and chloroform by inhalations to overcome muscular contraction. Under these measures there was little amelioration, but the iodide of potassium afforded some relief.

Patients who abuse morphia, either by internal administration or by its subcutaneous injection, are difficult to cure of their pernicious habits, and it becomes a question whether they should not be treated like inveterate drunkards, and placed under restraint in a *Maison de Santé*.

KAVA.

This is a fermented drink of strange composition, used very much on the islands of Viti.

Dr. Messer (*Archives of Naval Medicine*, No. 5, 1876) has devoted his attention to its physiological action.

It is used both by the whites and natives of these islands, who regard it as a sovereign remedy, and equal to opium.

Its action is sedative, as may be seen from the *nonchalant*, depressed, heavy state of inveterate drinkers of this compound, and produces, when taken in excess, lethargy, coma, partial paralysis of the muscular system, and some of the evils consecutive to alcoholic intoxication.

EXPERIMENTAL RESEARCHES ON THE ORIGIN AND NATURE OF TYPHOID FEVER.

PROFESSOR GUERIN, in his interesting communication to the Paris Academie de Médicine, attributes to the emanations from privies a direct influence on the development of this malady; but before arriving at this conclusion he examined the following points:—

1. Whether the deposited matter, by the simple fact of its agglomeration, confined the morbid principles he attributed to it, or whether these principles resulted from some kind of alteration subsequent to its deposit.

2. Whether the morbid elements are of a general character or of a special nature.

3. Whether the emanations from the deposits possess this special, and even specific, property, in virtue of the matter emanating directly from the patient.

4. Whether the typhoid principle, of which the matter excreted by the patient was the vehiculum, is developed after coming from the body of the patient.

This simple enumeration of particular questions (springing from the general question of the pathogenic influence of emanations from privies) shows what a complex problem we have to solve; and, in order to escape the confusion inherent to this complexity, M. Guerin has examined, by the experimental method, whether the matter excreted by typhoid patients contains directly a well-characterised toxic principle, which we may consider as the principal agent of the malady. He has collected for this purpose alvine matter from characteristic typhoid patients, and experimentalised on many series of animals.

In the first series of experiments he introduced into the cellular tissue of twelve adult domestic rabbits, on both sides of the thoracic walls, subcutaneously, from four to five grammes of yellowish, very fœtid fæcal liquid matter, ejected by a patient on the twenty-third day of his illness. Out of these twelve rabbits, five died on the day of the operation; two after two days; two on the third day; one on the fourth day; one many months after the experiment; one completely resisted.

In a second series he employed five rabbits. One was experimented on with blood taken from the heart of one of the dead rabbits of the former series; it succumbed on the morning of the experiment. In two others he introduced fæcal matter furnished by two patients, one of whom was suffering from measles, the other from amygdalitis with fever. After some symptoms of *malaise*, these two rabbits completely recovered; and the other two also recovered, after being tested by matter furnished by a healthy subject.

A third series of twelve rabbits were experimentalised on with fæcal matter—blood from intestinal hæmorrhage, urine, mesenteric liquid, detritus of the mesenteric ganglions, and shreds of ulcerated intestine—obtained from a typhoid patient who had died. The results were still more marked, for all the rabbits died. The symptoms were almost the same—general *malaise*, convulsive movements, immobility, titulation, paralysis, disgust of food, &c., &c. The autopsy revealed nothing particular, unless venous arborisation at the seat of the operation, and general turgescence of the venous system. There was exceptional fluidity of the blood in two cases.

In a fourth series of experiments on six rabbits he used blood, urine, and fæcal matter which had been preserved for four months, the residue of what had been employed in the third series. All the rabbits died.

M. Guerin has drawn the following conclusions:—

1. The fæcal matter of typhoid patients contains, from the time of their evacuation from the body, a poisonous principle, capable of causing death to one class of animals, in a time varying from a few hours to a few days.

2. Other excrements from typhoid patients, as urine, blood, mesenteric fluid, &c., &c., have the same properties.

3. These poisonous properties are preserved after many months.

4. The fæcal matter of subjects in health, or suffering from some disease not typhoid, does not possess these toxic effects.

Continuation of the Discussion on the Etiology of Typhoid Fever. By M. JACCOUD.

WE have kept our readers *au courant* with the interesting discussion which has for some time occupied the attention of the Academy of Medicine of Paris, and we have pleasure in continuing our analysis of the opinions of the leading members of that learned body. M. Jaccoud has joined in the discussion, and his oration (according to *Le Paris Medical*) astonished his audience, and was received with "a thunder of applause."

M. Jaccoud agrees with M. Gueneau de Mussy, and considers the fæcal etiology of typhoid fever incontestible. In considering this question, he believes it necessary to eliminate the facts observed in countries where typhoid fever is endemic, and only regard observations made in localities where the malady does not habitually exist.

Supposing typhoid fever breaks out in a locality where it is not endemic, and an established inquiry does not reveal any unusual cause—except the emanations

from privies full to repletion, or the mixture of excrementitious matter with the water used; now, if the epidemic ceases on the removal of these accidental nuisances, we may fairly attribute the epidemic to its true cause.

In a village in Saxony, where for many years not a single case of typhoid fever had been observed, an epidemic of this disease broke out in July, 1868, and not a single house escaped its ravages. This village was inhabited by agriculturists, but the houses were very low, and near each of them existed a dung-heap and a fosse to receive fæcal matter. The summer heat, which was very excessive, increased the intensity of the emanations from the dung-heaps and the latrines, so that a general epidemic of typhoid fever followed, and did not cease until the rains of autumn came, and carried to a distance the putrefying matter which formed the focus of infection.

He quoted another fact, showing the influence of the pollution of drinking-water in causing typhoid. In a Norwegian village of forty-four houses, where typhoid fever was almost unknown, an epidemic of this malady appeared in 1870. The water supply was afforded by seven fountains, and on examination it was found that five of these were polluted by feculent matter, and that two only were pure. Now, in the thirty-six houses whose inhabitants (to the number of 294) used the contaminated water, *there were* 121 *cases of typhoid fever*, in the proportion of 41 to 100; whilst in the eight houses whose inhabitants (to the number of 32) used the water of the two non-infected fountains, *there was not a single case of typhoid fever.*

M. Jaccoud related 196 analogous facts, observed in an interval of a dozen years, and with such facts he asserts, in the most absolute manner, that the fæcal origin of typhoid fever must be considered amongst the number of best-established etiological truths.

When the debate is concluded we shall be in a better position to estimate the value of the evidence, on both sides, and to be able to give a critical review and summary of the whole discussion.

Obituary.

HENRY WILSON, F.R.C.S., OF DUBLIN.

It is our sad duty this week to record the death of Professor Wilson, the eminent oculist of Dublin, who after a short and painful illness, died at his residence in Merrion Square, on Wednesday last.

On the Saturday before his death Mr. Wilson seemed in his usual good health, and was unusually early at St. Mark's Hospital, an institution in which he always took a deep interest, and where for many years he worked with unparalleled success, and, by his kind and gentle manner to the poor under his care, won the love and admiration of all.

In the afternoon of Saturday, he, having finished his professional work for the day, went out riding, and afterwards entertained, with that hospitality for which he was so well known, many of his friends at dinner, but late in the evening symptoms of pleuro-pneumonia manifested themselves, which dread disease soon was to deprive the public of so useful a member of society, and his many intimate friends of their beloved companion.

Early on Sunday morning Dr. Cruise was called in, and with Drs. Hudson, Little, Foot, Stoker, and Rainsford remained in constant attendance, using unremitting, but, alas, vain endeavours to check the progress of the disease to which at last he succumbed late on Wednesday night.

Professor Wilson's professional career was a most brilliant one. Having taken out his degrees in Ireland, he travelled on the continent, and studied the specialty for which he afterwards became so famous, in the chief schools of Germany, Austria, and France.

On his return to Ireland he was appointed house surgeon to St. Mark's Ophthalmic Hospital, which post he held for some years, afterwards filling the position of assistant-surgeon up to 1868, when he was elected junior surgeon, in which capacity he continued to act, until the death of the late lamented Sir William Wilde, whom he succeeded as senior surgeon.

Professor Wilson was a clever operator, and a most scientific surgeon, and by his wondrous skill, soon earned a widespread reputation. In the year 1870 he was elected to the newly instituted chair of ophthalmic surgery in the Royal College of Surgeons, which he held up to the time of his premature death. At an early period of his career he acted as ophthalmic surgeon to the Richmond Hospital, and about the same time joined the City of Dublin Artillery as surgeon, which position he resigned but recently.

When, many years ago, the Board of the University of Dublin, with a laudable desire to raise the standard of medical education in Ireland, determined to have a special examination, at their surgical degree, in ophthalmic surgery, Professor Wilson was unanimously elected examiner in this special subject. His numerous public appointments and very extensive private practice, which for many years he enjoyed, left him little time for writing; nevertheless, his work on the use of the ophthalmoscope, published many years since, as well as several valuable papers in local and continental journals, sufficiently attest his capabilities as an author.

By his early and unexpected death Ireland has lost its leading ophthalmic surgeon, and the profession one of its ablest and most representative members.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 20, 1877.

CAPITAL PUNISHMENT.

The subject of capital punishment is one to which the medical profession cannot be wholly indifferent. There are, indeed, grounds on which they may feel more interest in the matter than the general public. In a medico-legal point of view the punishment of the criminal is a prospect that must often stare them in the face. Upon their evidence it often rests whether the prisoner is hanged, or set at liberty; while from a psychological stand-point the phy-

sical or moral nature of the criminal impulse, and the kind of punishment which is most just and the greatest protection to society, are problems which may well engage the attention of the physician. At the same time the fact that there is, and always has been, so much difference of opinion on the subject among the most eminent of our public men, men like Mr. John Bright and the late Mr. Stuart Mill, should forbid us to hazard our views, or to dogmatise too much upon this great question of the abolition, or not, of capital punishment.

We were surprised to see that during the debate which took place in the House of Commons last week, so little was said, and so few facts were adduced, that could warrant anyone in coming to a decision either one way or the other.

It appears to us that the question is not to be settled by any *à priori* considerations, nor by any pre-conceived opinions founded upon religious doctrines, nor by any psychological views we may entertain respecting the physical basis of crime, but upon a due appreciation of well-established facts, and of the great principles on which all penal codes have been founded. It is a question in the consideration of which we must appeal to facts, and not to theory or sentiment, for it is a question on which the experience of all civilised nations and the past history of society can furnish abundant data on which a correct judgment may be based, and the best policy pursued. The great object of all penal laws is the protection of society, individually or collectively. These laws are essentially preventive as well as punitive. They are, perhaps, more the former than the latter, inasmuch as they have more regard to the interests of those who have suffered than of those who have not suffered through criminal offences—more to the interests of society at large than for the satisfaction of the injured party or his friends. It is of far more consequence to prevent the occurrence of future crime, than to treat with the utmost severity that which has already been committed. But, if nothing short of the infliction of the severest punishment will attain the object in view, we should not, for the same reason, allow any humanitarian or religious prejudices to stand in the way of our inflicting such punishment. For virtually, and from a prospective point of view, this severity is the truest humanity: as for the few that are subjected to the most exemplary punishment, or who are even sacrificed to an almost Draconian code of laws, hundreds and thousands may be prevented by the *in terrorem* influence of the law from giving way to their criminal propensities, and from falling into that temptation from which we all pray to be preserved. Unfortunately, however, it is more easy to settle the principle than the practice of punishing for great crimes. It will be generally admitted that the treatment of the criminal should be severe, deterrent, and in proportion to the nature of his crime. That it should be deterrent and in proportion to the offence committed, will not be disputed for a moment, but some exception may be taken to the proposition that it should be also severe. Unless, however, we punish the criminal with a certain amount of severity, if we treat him too leniently, we put a premium upon his crime; we make venial what should be regarded as unpardonable; we lower the moral standard of public opinion; we encourage the very crimes which it is the object of all good laws to prevent; we throw out a temptation too strong for the criminal mind to resist.

But when we come to ask what punishment is, practically speaking, severe, what deterrent, and what proportional to the criminal offence, we enter upon a very different phase of the question. From a practical point of view, however, the consideration of this subject may be brought within a narrower compass. For it follows from what we have said above, that the great question before us is, What are, respectively, the most deterring forms of punishment for those great crimes which it is the interest of society to reduce to a minimum? Once this question is satisfactorily answered, the problem we are now considering is solved. That "prevention is better than cure" is a saying which holds good in political and social, as well as in medical, science; and whatever form of punishment will have the greatest influence in diminishing crime is certainly the most just and the most politic. Indeed, the force of this principle of deterrence has always been much insisted upon, as it was during the late debate in the House of Commons, by both those who would retain and those who would abolish the system of capital punishment.

There are, however, two or three considerations which appear to us to have escaped the attention of those who have given their minds to the subject, which put some difficulties in the way of perfect legislation, and which will always prevent the law nicely adapting itself to individual cases. For the preventive influence of different forms of punishment very much depends upon the nature of the crime, the character of the criminal, the state of society, and even the country in which they are enacted. A form of punishment which would deter one criminal from committing any particular crime would not deter another. The punishment that might be necessary, and even moderate in a barbarous age, would be intolerable and actually cruel in a more civilised state of society. What would be considered a sufficient punishment for a crime in one country—such as the crime of assassination—would certainly not be regarded as sufficient in a country or state of society in which that crime is held in the greatest abhorrence. The punishment that would be most dreaded by, and which would therefore most forcibly deter the Hindoo or the Mahometan criminal, might have little effect upon the Englishman or the Frenchman.

DOCTORS AND COUNTER-PRESCRIBERS—A CRISIS.

A GLANCE at the class journals of the chemists and druggists of England, is sufficient to show us that we have not over-valued the importance of the contest between the general practitioners and the druggist doctors which the introduction of Dr. Lush's Bill has precipitated. The chemists have, it would seem, taken advantage of Dr. Lush's concession, in withdrawing the clause of the Bill which forbids them to practise medicine and have at once announced their claim to carry on openly, and as a matter of right, the illicit medical trade which they have hitherto

managed *sub rosa*. Lest there might be any mistake as to the druggists' pretensions on this score, the *Chemist and Druggist* puts the matter very plainly. It says :—

"All sections of the trade are arriving at a perception of the fact which we have for so long insisted upon, that either the doctors or the druggists must abandon their pretensions respecting counter-prescribing. The legality of the practice must be definitely settled by other than *ex parte* declarations or ingenious syllogisms, and one side at least is prepared to fight the dispute out to its extreme limit. The question is not now how much or how little prescribing it is expedient that a druggist should undertake, it is not a question of locality, it is not a question of friendly relationship with the medical profession. The action of the medical profession towards us shuts off all consideration of courtesy in this matter. We have to make up our minds as to what is our RIGHT: we have to define our claim and struggle for it. The issue must soon come before one of the highest law courts in the land, and we hope the main point will be fairly raised and fairly met. The claim to which we must adhere is that a chemist is fully justified in standing in his own shop and advising all comers on medical matters so long as he makes no pretence whatever of being anything else than a chemist and druggist."

The claim thus set forth we characterise as monstrous, because it asserts the right of all persons to practice medicine without showing any evidence of competency whatever. The medical profession could not for a moment tolerate such a pretension, and we are sure that Parliament would scout it if the issue were put in these exact terms. The vapouring of individuals carries, of course, less weight than a pronouncement such as that we have quoted, but we give a couple of extracts from the speeches of druggists at defence meetings, in order to show that there is no hesitation on their part.

One speaker "considered it presumptive arrogance on the part of those who were now, by unjust legislation, attempting to interfere with the chemist. A medical man's education was now little more than a farce, and many a medical man knew little or nothing of the weapons with which he had to deal. He knew a man occupying an important position—a professor—who told him that after he had been licensed at one of the first universities to practise he was frightened to write a prescription, in case some intelligent chemist should have occasion to laugh at some inaccuracy. He (the speaker) maintained that that condition of things was pretty general."

Another said "he thought that those chemists who had been in practice any number of years were far better qualified to judge of the simple ailments of men, women, and children, than a parcel of boys and young men who had nothing but a diploma to show for their education. It was a question for the public, on whose behalf they must, if needs be, go to Parliament to prevent them from being dragooned into going to a medical man and paying 2s. 6d. or 3s., when for 2d. or 3d. the chemist could put their child right."

We have already expressed regret that Dr. Lush's Bill should have been introduced just now, and in such terms as to precipitate so hot a contest. Now, however, that the battle has begun, and the challenge given with such boldness, we think that the profession would act suicidally if it did not contest the encroachments of the druggist in any or every tribunal which is open to it. This can be done, and done successfully, for it seems undoubted that the existing law is all in our favour, and nothing but a bill in Parliament can establish the legality of counter-prescribing, and the medical profession will be well able to meet the druggists in St. Stephen's. But for the legal campaign money is wanted. The druggists have backed their pretensions with a lavish hand, as it was necessary for them to do, considering that much of the profits of the class who have contributed are made by counter-practice. The profession must do the same, and will need to give the Medical Defence Association its best help in the way of subscriptions. If the matter should go no further, the chemists will have scored an undoubted victory ; and will be able to boast that their position as medical men has been fully recognised.

CERTIFICATES OF VACCINATION AND OF DEATHS FROM SMALL-POX.

In reply to Mr. P. A. Taylor, Mr. Sclater-Booth said it was true that a boy named Thomas Taylor, who was certified by an Ipswich surgeon to have been successfully vaccinated by him in May, 1868, was returned by the Ipswich medical officers as having died of small-pox in the Borough Fever Hospital in April last unvaccinated. There were no vaccination marks on the arm ; and the boy's mother stated that three unsuccessful attempts had been made by the surgeon's assistant to vaccinate the child. He was unable to explain the inaccuracy in the surgeon's certificate ; but it should be borne in mind that the vaccination was performed before the Act of 1871 came into force, and when certificates were sometimes given with less care than was at present exercised.

The great laxity which too frequently obtains in the filling up of vaccination certificates and of certificates of death from small-pox is much to be regretted. For not only does it in the one case lead the vaccination registrars to believe that a child has been successfully vaccinated when it has not, and therefore prevents them from taking proper measures to insure the protection of the child from small-pox, but it leads to much confusion and many fallacies in the statistics that are from time to time published on the subject. Thus it is stated that the number of deaths from small-pox last week was 58. Of these 29 were certified as unvaccinated, 12 as vaccinated, and the remaining 17 not being certified by the returning officers. Now, the above statement in the House of Commons, coupled with various facts that frequently come to the knowledge of the profession and the local authorities, show that the above return is far from representing the true state of the case. Imperfect as such returns are, they speak volumes in favour of the preventive influence of vaccination ; but were they more perfect the evidence in favour of the prophylactic virtues of this operation would be sufficient to satisfy all but its most fanatical opponents. The above return is but a repetition of what we have had every week for the last nine months. Every week the proportion of deaths in vaccinated and in unvaccinated persons has been much the same, and when we take into consideration the probability that in many of the cases certified as vaccinated the operation was but imperfectly performed, and the certainty that a large proportion of the cases in which no returns were made were unvaccinated, it is seen at once how much reason we have to regret both that the operation is so often imperfectly done, and that in certificates of deaths from small-pox the state of the deceased

in respect of previous vaccination is not more frequently and correctly stated. With respect to the other point, the Registrar-General makes a very good suggestion in his last weekly return: "The word vaccinated," he remarks, "is ambiguous, for it is applied—(1) popularly to the operation of puncturing the skin and inserting vaccine lymph without reference to its effect; and (2) scientifically to vaccination that induces cow-pox. Two words are needed, and the word 'vaccinised' might be used with advantage in the second case where cow-pox is induced and distinct marks are left. Should the word vaccinised not be used a child must not be described in the medical certificate as 'vaccinated' unless it had distinct marks of cow-pox before the appearance of the small-pox eruption." This suggestion is a very good one, and we hope to see it soon carried out; but we must now hasten to recommend an alteration in the ordinary certificate of vaccination which has often suggested itself to us and which could not be proposed at a better time than now the Registrar-General has himself drawn attention to the subject: In the forms of vaccination certificates that have to be filled up by the vaccinators the words "successfully vaccinated" are used without any definition being given as to what the authorities consider a successful vaccination. Consequently, we have not the least doubt that hundreds of certificates of "successful" vaccination are returned in which the child so certified is but imperfectly protected from small-pox, especially if we consider the number of years that may elapse between the operation and its exposure to infection. Nor can the vaccinator be always blamed in the matter. The arm, for example, has "taken" in only one or two places, and perhaps those vesicles not very good ones. But he cannot say that the operation has been entirely unsuccessful, inasmuch as even under those circumstances the child may be protected for a time. Nor is he warranted in filling up a certificate to the effect that the vaccination has been successful. It would, therefore, be as well if a definition of the word "successfully" were given in the margin of the form to be filled in, or that it should be required of the vaccinator to state in each case the number of perfect vesicles which resulted from the operation. This might be done by inserting in brackets after the word "successfully" the words "Number of perfect vesicles," followed by a blank space to be filled up by the practitioner. Such a plan would not only make our statistics of vaccination much more reliable than they are at present, but would also make vaccinators more careful in the performance of the operation.

Notes on Current Topics.

"The Times" on Irish Sanitary Reform.

Rarity is the test of value. On this principle, we ought to be thankful when the Jupiter of literature—the *Times*—confers the distinction of its notice upon Irish sanitary affairs. To most of its readers, both Irish and sanitary matters are decidedly uninteresting, and the combination of both must, no doubt, prove an overwhelming bore. Nevertheless, the *Times* has spoken on the subject. It says:—

"We learn from a letter of our Irish correspondent that the 'stagnation' of Irish business in Parliament has given occasion for 'general comment,' and 'much anxiety' in Dublin. It is to the Government that Ireland must look for any practical measures of legislative reform. Public health, law reform, the drink traffic, are all subjects that ought to be dealt with promptly, and to most of them the present Government has for years been committed. Yet there is obviously little hope that Sir Michael Hicks Beach, energetic and industrious as he is, will be able at the close of the session to point to a single achievement in legislation.

"The Home Rule Party have no interest, either material or sentimental, in resisting the passage of the Public Health Bill. But, in spite of the seeming absence of obstacles, it is too true that, unless a sudden change of spirit be shown, the enactment of any one of the three measures above-mentioned is scarcely to be hoped for. It is not encouraging to observe that in the course of the session of 1876 the Public Health Bill, together with eight other Irish measures, were introduced by the Government and withdrawn, in all but two cases without even second reading. We are now close to the opening of the third and final act of the Parliamentary drama, and the three measures enumerated, constituting in substance the whole legislative business of the Irish Government this year, are rather less advanced than they were twelve months ago.

"The interest displayed by Irishmen generally in such subjects as sanitary reform or judicial reform is of the most languid kind. Our correspondent says that the fate of the Public Health Bill is looked upon with 'strong interest' in Dublin, but if this be so, the feelings of the community have been hitherto masked by a most extraordinary reticence. We readily grant that a strong interest ought to be felt in the matter by every intelligent Irishman, for the inquiries of the recent Commission which has reported upon the local government of the Irish towns have disclosed unsavoury and unwholesome horrors, even in considerable and fairly prosperous places, which surpass the worst abominations of an undrained English village. The state of the borough of Ennis, as described by the Commissioners, is the most cogent argument in favour of a strong Public Health Act, and from the smallest country town in Ireland up to the capital, the evils which reach their utmost pitch in Ennis exist, and defy the spasmodic, isolated, and ineffectual efforts of a few sanitary reformers. The Home Rulers would do a good stroke of work for their country, if they were to insist that the Public Health Bill should be passed this year. But, so far as we are aware, none of them have troubled their heads about the question. Perhaps they wish to reserve the glories of sanitary reform for the Parliament on College Green. Perhaps they consider that Home Rule includes the inalienable right of every man to feed his pigs in the bosom of his family. Whatever may be the reason of the apathy with which questions of public health are regarded in Ireland, the fact is incontestable."

The *Times* speaks with great truth and great force on the subject, but, perhaps, is hardly aware of the true state of affairs as regards the progress of the Public Health Bill. *Imprimis*, we believe that Sir Michael Beach and the Irish Attorney-General, whose names are on the Bill, are very anxious to carry it, and the more so, because it is the only Irish measure which has the least chance of passing this session, and, without it, the Irish Government will rest under the opprobrium of having done absolutely no legislative work. Sir Michael Beach is also far in advance of his colleagues in sanitary ambition, and, if the settlement of

the question lay with him, would make the future public health system of Ireland a credit to himself and his Government. But his aspirations in this direction are neutralised, partially by the fear of raising a pro-dirt agitation amongst the ratepayers, who might make themselves heard through the Home Rulers, but principally by the Irish Local Government Board and the Treasury.

The former of these departments is ruled by a gentleman who, though nominally the Chief Secretary's subordinate, and but one out of three Commissioners, is actually the dictator of the system. He, the Vice-President, has shown himself strongly antagonistic to sanitary progress in Ireland, and the Board has even gone the length of manipulating the Public Health Act, so as to defeat its object. He may, perhaps, have been mainly influenced in this policy of the Treasury, who made it distinctly understood that they would not grant a single shilling that they could help for the improvement of Irish public health, and who have resisted the appointment of sanitary inspectors, and curtailed the salaries of officials to a ridiculous limit, simply because they don't choose to contribute more than they must to these purposes in Ireland.

If the Public Health Bill of 1877 is to become law in any practicable form, Sir Michael Beach must accept the necessity of acting vigorously. He must exercise all his influence with the Treasury to obtain such grant for the payment of public health inspectors in Ireland as shall be reasonable and essential, and proportionate to the vote made for similar objects in England. He will have to make the authority of his Government and himself felt in the Irish Local Government Board, and to insist on a change of policy in that department from opposition to encouragement of sanitary progress. If Sir Michael Beach sees fit to take this course, he will have no difficulty in passing his Bill, for he will have the energetic and unanimous co-operation of the officers who work the system throughout Ireland, and the support of all reasonable men, and he will have no serious opposition to face. If, however, he is ruled by the counsels of his colleagues in the Irish Local Government Board, and persuaded to perpetuate the sanitary sham which now exists in Ireland, it will be better that the Bill shall be rejected and the system left to its primitive inefficiency, until some party is strong enough to reform it thoroughly.

Sanitation at Ipswich.

We have more than once noticed the progress of sanitation in all parts of the country, and now our attention is again drawn to another instance of the great and increasing interest that is taken in this subject.

Lately a meeting of engineers, surveyors, medical men, &c., in connection with the Association of Municipal and Sanitary Engineers and Surveyors of the Home and Eastern Counties districts was held in the Council Chambers, Town Hall, Ipswich. This association, by the way, extends all over England, and its business is carried on by meetings in various districts, and an annual meeting in London.

On this occasion, Mr. G. S. Elliston, medical officer of health for Ipswich, read an interesting paper on state medicine and sanitary engineering. In the course of his remarks, he noticed some of the defects of the Public Health Act. Although, as he said, the appointment of health officer and inspector is compulsory in most districts, there is no provision in this Act for securing the services of competent surveyors. The so-called parish surveyors are as a rule local tradesmen, and know nothing of sanitary engineering, or the common rules of drainage.

The town of Ipswich is in much the same position as other old English towns, that is to say, it is badly situated, badly built, and badly drained, with a population increasing out of all proportion to the means of their healthy accommodation. In 1801, the population was only 11,336; now it is 46,262; and it is full of narrow back streets, close courts, and ill-ventilated dwellings. Mr. Elliston estimates the number of back-to-back and unwholesome cottages to be upwards of 800. They are regular nurseries of infectious disease, and contribute a large share of the sickness and mortality of the borough. In one place called Long Lane, there are about eighty houses, most of which are constructed in such a manner as to block out light and air from each other. The same difficulties, however, in doing away with these rookeries are felt at Ipswich as in London and other large towns. It is easy to pull them down, but not so easy to provide suitable dwellings, within the means of those displaced by demolition. The building of artisans' cottages is all very well for those who can afford to live in them, but the rentals of these cottages are quite beyond the reach of the class that is turned out of the demolished districts. For this reason, Mr. Elliston advocates the erection of model block dwellings for the occupation of several families, and built something after the style lately recommended by Dr. Richardson, with staircases and passages external to the walls of the house. Some such plan as this might certainly be carried out, and at all events it would be putting to the test a method of sanitary architecture that has much to recommend it.

The above facts, taken in connection with similar movements in this metropolis, show that if our large cities, and especially the homes of the working classes, are in a sanitary point of view far below that standard of perfection which we may hope they will one day reach, a remarkable impulse has been given to the progress of sanitation in all parts of the country. And in the paper above mentioned we are reminded how much the country is indebted for this progress to the labours of such men as Simon, Parkes, and Rawlinson, whose devoted exertions eventually led to the passing of the Public Health Acts of 1872 and 1875.

Proposed Testimonial to Mr. John Simon.

We are sure the profession will be glad to hear that the long and laborious services which Mr. Simon has rendered to the State, as well as towards the advancement of sanitary science, are likely to meet with due recognition.

A few days ago Mr. Robert Lowe, M.P., presided at a meeting held in the Social Science Rooms, Adelphi, of the committee formed for the purpose of organising a testimonial to the late medical officer to the Privy Council and Local Government Board. It is proposed that the testimonial shall assume the form of a bust in marble of Mr. Simon for presentation to the Royal College of Sur

geons, agreeably to the wishes of the council of that body. Dr. Haviland, the secretary of the committee, presented a report, detailing the steps that had already been taken to promote the testimonial. The cost, together with the expenses, would probably amount to £500.

Mr. Lowe said he had much pleasure in moving the adoption of the report. It had been his good fortune to be brought much into contact with Mr. Simon, and he was bound to say that he thought no man who had deserved so well of his country had met on the whole with such scanty acknowledgment of his efforts (hear, hear).

The resolution having been carried, Sir Thos. Watson moved another resolution, affirming that Mr. Simon's services in the cause of sanitary reform entitled him to the mark of high appreciation suggested by the committee, and appealing to the public generally for support in aid of that object.

Dr. Farr seconded the resolution, which was adopted, and also another, pledging the meeting to support the testimonial.

There is no one who has done so much as Mr. Simon, either in the advancement of State medicine, or in practically carrying out those great reforms which have so greatly contributed to the improvement of the public health. If before many years have elapsed, we see whole populations living in comparative health and comfort, which were formerly decimated by misery and disease, and if we shall no longer dread the ravages of those terrible pestilences which have, from time to time, visited this and other countries, it will be because of that perfect state of sanitation and due observance of the laws of health, the importance of which Mr. Simon, Dr. Parkes, and others, were the first to press upon the attention of the State, the medical profession, and the whole community.

Coffee Taverns for the People.

The fifth of the series of lectures delivered under the auspices of the National Health Society was given last week in the rooms of the Society of Arts, John Street, Adelphi, under the presidency of Cardinal Manning, the subject chosen for the afternoon's paper being "Coffee Taverns for the People." The lecturer, (after referring to various facts and statistics in favour of the temperance and total abstinence movements), said the object of the Coffee Tavern Company was to supply to the working classes places of refreshment where intoxicants were not supplied, but which might compete in matters of comfort with the public-house. It was intended to offer all the attractions of a public-house, one innovation on the preconceived idea of coffee-taverns being that they should open on Sundays, when they were, perhaps, almost more needed than on any other day.

Cardinal Manning said there was one of these taverns in Glasgow, where thousands of working men habitually came to obtain their dinners during the hour of suspension of labour, and in that house there never was any alcohol or intoxicating drink. That was supported entirely by working men on strict commercial principles, and was most successful. The great object was, as far as possible, to check the ravages of drink throughout the three kingdoms, by offering to the working men the opportunity of getting their daily meals in a place that should be a substitute for the public-house. He wished, as far as possible, that working men might be saved from going into these places, where he believed it was almost nine chances to one they were drawn beyond their self-control. They must also make a greater effort to restore the homes of the working men to the real character of human habitations.

We certainly think this is a move in the right direction, and we hope it will receive all the encouragement it deserves. There can be no doubt that the only way to diminish the intemperance that exists among the working classes and to wean them from the gin-palace, which is at once their great temptation and their ruin, is to offer some such counter-attraction as that contemplated by the National Health Society. There is very little gained by limiting the number of public-houses, as that only creates a monopoly among those that are left. Improve the condition, the education, and the home of the working man, while at the same time he has the opportunity of frequenting places of refreshment and relaxation where he can enjoy all the advantages, without any of the disadvantages of the public-house; that is, indeed, the most rational method of dealing with an evil which, unless some check is put upon it, bids fair to grow worse instead of better.

The Germ Theory Controversy.

In our last we gave a *resumè* of Professor Tyndall's experiments and his lecture on the subject at the Royal Institution. Dr. Charlton Bastian has since addressed a letter to one of the daily papers, in which he questions the soundness of Tyndall's reasoning in his latest experiments on germs.

"In January of the present year," writes Dr. Bastian, "and now again in June, we are told by Professor Tyndall, that the conclusions drawn from his former experiments were hasty and erroneous. We are assured:—1. That guarded infusions, previously boiled, even for several hours, will frequently become corrupt and putrid. 2. That the germs of ferment organisms, instead of being uniformly killed by five minutes' boiling, will often resist the destructive process for several hours. But not at all discomfited, Professor Tyndall still bids his audience believe that there is not 'a shadow of evidence in favour of spontaneous generation.'

"I would in the first place point out," says Dr. Bastian, "that the great divergence as to fact between Professor Tyndall and other investigators, to which I was permitted to call the attention of your readers in January, 1876, now no longer exists. He is at one with us as to the frequent fertility of boiled infusions, so that the only question between us, at present, is one of interpretation. This, as I freely admitted, is a subject for discussion, on which there is room for some difference of opinion. I am far from wishing to paraphrase Professor Tyndall's expression and say there is not a shadow of evidence in favour of the germ theory, though I do strongly believe that it never can be supported on such partial evidence and arguments as those to which Professor Tyndall has had recourse.

"There are two important questions of fact amid many others, underlying the attempt now being made by Professor Tyndall to reconcile his earlier with his later experiments. They are these:—1. Have Bacteria and their germs or not a power of resisting prolonged dessication? 2. At what precise temperature are Bacteria and their germs killed when immersed in fluids? Professor Tyndall has never made known any decisive evidence bearing upon either of these questions. The former has,

however, been made the subject of investigation by Professor Burdon Sanderson, and the latter by myself. Neither of us committed the grave error of 'confounding the germ with the offspring.' Any of your readers may see in the 'Thirteenth Report of the Medical Officer of the Privy Council,' p. 61, that Professor Sanderson saw reason for concluding that both Bacteria and Bacteria germs were unable to resist the dessicating influence even of a temperature so low as 104 deg. Fahrenheit for two or three days; while the evidence which I adduced in 1874, to show that Bacteria were killed at about the temperature of 140 deg. Fahrenheit showed, as I then pointed out, just as conclusively that this temperature was destructive to Bacteria germs—that is, to all the reproductive particles, whether visible or invisible, by which these organisms multiply in suitable fluids.

"Much of the evidence by which Professor Tyndall seeks to support his present position, has no real cogency, because, while following, as he says, 'the plain indications of the germ theory,' he is, unfortunately, oblivious of the equally plain indications of the opposite theory. Results which can be equally well explained in accordance with two conflicting views, can never have any decisive value in establishing one of them."

Accidental Section of the Ureter during Ovariotomy.

Dr. Nussbaum gives some interesting details of this grave accident, in the *Aertlichs Intelligen. Halt*, 1876, and *Saget Meldon*, May 25th, 1877. He recalls the case of Simon of Heidelburg, who, in 1867, during an operation, destroyed part of the left ureter, and at the same time a part of the uterus. The urine escaped by the uterine orifice and the vagina, at the same time, by an abdominal fistula at the top of the incision.

Dr. Nussbaum's case is different. In this patient (who was the ninty-sixth on whom he performed ovariotomy) he found a considerable quantity of pus and urine, after making the abdominal incision. After recovery, there still remained an abdominal urinary fistula, to remedy which Dr. Nussbaum had three courses opened to him.

1. To obliterate the ureter, with the hope of obtaining atrophy of the corresponding kidney.
2. To form an artificial ureter.
3. To excise the kidney.

He decided on the second method, and, having chloroformed the patient, he incised the urethra, and penetrated into the vagina with a trocar carrying a drainage tube; and, having perforated the vesical walls, the tube was introduced into the artificial cavity where the urine accumulated. The drain was twenty centimetres in length, and opened out at the meatus urinarius. We must admire the wonderful recuperative power of Nature, especially towards the gentler sex; for in this case, we are informed, the artificial apparatus succeeded. The urine secreted and passed by the new ureter, the abdominal fistula healed, and the patient completely recovered.

Hospital Sunday in London.

At this early stage it would, of course, be impossible to estimate the probabilities of the collection last Sunday in aid of the Hospital Fund. In 1876 the amounts sent in on the first few days were so much in excess of previous years that it was anticipated a much larger aggregate would be the result. To the disgrace of wealthy London his was not realised, and no more than £27,000 was contributed by the congregations belonging to all sects in a population of nearly 4,000,000.

It is a serious reflection upon the classes who chiefly benefit by hospitals that they are the last to contribute towards their support, and it remains for the wealthy members of London congregations to assist so good a cause to their utmost. A table of statistics published by the council shows that during 1876 the hospitals and dispensaries within the metropolitan area relieved upwards of 165,808 in- and 838,593 out-patients. With such figures it may easily be imagined that this sum of £27,000, although useful, is a "mere flea-bite" towards the cost of over one million patients. Let us hope that Hospital Sunday, 1877, will show results worthy the cause—worthy of London.

The "Big Village."

The following particulars, taken from the *Students' Journal*, may interest our readers. London, the greatest city the world ever saw, covers, within a fifteen-mile radius of Charing Cross, nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself; more Jews than the whole of Palestine; more Irish than Dublin; more Scotchmen than Edinburgh; more Welshmen than Cardiff. Has a birth in it every five minutes, and a death in it every eight minutes; has seven accidents every day in its 7,000 miles of streets; has 123 persons every day, and 45,000 annually, added to its population; has 117,000 habitual criminals on its police register; has 23,000 prostitutes; has as many public-houses as would, if placed side by side, stretch from Charing Cross to Portsmouth; has 38,000 drunkards annually brought before its magistrates; has as many paupers as would more than fill every house in Brighton; has 60 miles of open shops every Sunday; and has an influence on the world represented by the yearly delivery in its postal districts of 238 millions of letters.

Success of Treatment of Lunatics in Ireland.

Analysing the results of treatment from the preceding data in district asylums, the cures whether estimated by the number admitted on the one hand, or on the other by the aggregate under supervision, bear a very favour-proportion, being in the first instance 46, and in the second 9·70 per cent., the recoveries in the abstract, and on the latter basis of comparative paucity, might seem to be very low if the cause was left unexplained, but it should be borne in mind that unfortunately the incurable are very largely in excess to hopeful cases, in every lunatic institution throughout Europe and America, but perhaps somewhat more elsewhere than in Ireland, in which latter they are fully as four to one. As indicative that the proportion of recoveries is dependent on the time when judicious treatment is speedily adopted, we have a particularly strong evidence in the statistical returns before us of last year of the certain benefits derivable therefrom, for out of the 960 absolute cures between both sexes recorded in it, 579 were placed in asylums within three months from the first show of delusions, while of the discharged 225 improved, 67 of the number were in asylums less than four months.

Vaccination.

Last Tuesday in the House of Commons, Mr. Sclater-Booth stated, that a person named Joseph Abel had been brought up eleven times during the past fourteen months by the local magistrates, upon the information of the board of guardians of the Farringdom Union, for refusing to have his child vaccinated; but, he had only been fined six times, merely paying on the other occasions the cost of the proceedings, which did not include fines.

We have so often called attention to the manner in which the Government is dealing with those who persist in infringing the Vaccination Acts, that we must apologise for again making any remarks on the subject. It is evident the anti-vaccinators are getting the better of the Government authorities. All they have to do is to persevere in their disobedience to the law, and to submit to a few prosecutions, knowing that not only will the costs of the proceedings be paid by the Society to which they belong, but that the magistrates will be tired of inflicting—are indeed advised not to inflict—any more fines upon them.

Something will have to be done to put a stop to this anomalous state of things. Either the frequent repetition of these petty prosecutions must be given up altogether, or else some more effectual means must be devised for dealing with these incorrigible opponents of the Vaccination Acts.

Prevention of Epileptic Fits.

Professor Nothnagel, of Jena (*All. Med. Central-Zeitung*, Feb. 3rd, 1877), reports the case of a woman, who has suffered from epilepsia gravior for eighteen years, and who is able to ward off the attacks by swallowing a handful of common salt. The attacks are always preceded by an aura, which lasts from fifteen to thirty minutes. It consists of a sensation of anxiety and oppression in the epigastrium, which ascends behind the sternum to the neck, causing a sighing and rapid respiration; the sensation then descends, and this may be repeated several times before it finally ascends to the head. When she finds this aura coming on, the patient puts a handful of salt into her mouth, and washes it down with some water; generally as the burning sensation in the œsophagus, caused by the salt, descends, the anxiety disappears. Should she be unable, however, to obtain the salt at this moment, the attack is sure to follow.

There is no need to direct particular attention to the analogy that exists between the current of the epileptic seizure in the above case, and, in those where the aura starts from one or other of the extremities, and in which the arrest is effected by the application of a ligature to the affected limb.

Lunacy in Ireland.

From the Report of the Inspectors of District Lunatic Asylums in Ireland, which has just been issued, it appears that on Dec. 31, 1876, there were altogether, and between both sexes, 346 patients in excess of the number resident in public institutions at the end of the preceding year. While on a like comparison, there were 37 more in poor-houses, and in private licensed houses 9 less at the same date.

Now as regards the reputed insane at large, a diminution would appear in 1876; the number then being 6,607 as against 6,848 in 1875, a difference of 241, so that virtually, making allowances for the fluctuation of the population of the country generally, little or no alteration, it may be said, has obtained in regard to its lunatic element—18,625 persons being reported to us as mentally affected in 1875, and 18,730 in 1876. The statistics with which we deal, collected at different times, and in some instances by different parties, warrant, from their similarity, a very presumable fidelity on their accuracy, so that we may set down 3·50 per thousand in proportion to the 5,314,000 inhabitants of Ireland as more or less mentally impaired.

An Execution at the Paris Academy of Medicine.

At the sitting of the Academy on May 1, it resolved itself into a secret committee, and finally adopted the following resolution:—"That M. J. J. Cazenave, a correspondent of the Academy since 1836, has published in the advertising sheet of the *Salut Publique* of Lyons, an article which has produced a painful impression on the medical profession.

"The Academy has perused with deep indignation, the scandalous appeal to publicity in which M. Cazenave advertises prominently his title of corresponding member of the Academy. The Academy therefore does not hesitate to inflict on him its public censure, and to erase his name from among those of its correspondents."

Novelty in Nostrums.

Of the multitudinous means invented for the gulling of foolish, uneducated, and credulous people, the most audacious is an article lately introduced into the druggists' shops and largely advertised. The unsavoury humbug is neither more nor less than paper for the water-closet, which is represented not only to be so carefully and scientifically constructed for its peculiar purpose as to leave nothing to be desired, but also to be a "positive prevention" of piles, which one advertiser has the ignorance and impudence to assert are the immediate result of the cloacine use of newspaper literature. A package which could be bought for twopence in any stationers sells,—and we hear sells largely—for two shillings. Can the competition of impudence for the money of idiocy be pushed further! We doubt it.

Lunatics in Irish Workhouses.

An encouraging feature connected with the idiotic community in workhouses is referable to the fact, stated in the recent Inspector's Report, that between simple and epileptic idiots under fourteen years of age, there are at present but 93, while between fourteen and thirty years, there are no less than 514, and above thirty, 1,180. The natural inference being, that idiocy in Ireland must unquestionably be on the decline, probably, too, as the result of increased union and asylum accommodation in the existing generation, and the checking thereby of the

propagation of so sad an infliction through wandering imbeciles and lunatics.

The Forthcoming Election at the College of Surgeons of England.

THERE can be little doubt that, of the three vacancies on the Council of the College of Surgeons caused by the death of Sir William Ferguson and the retirement of Mr. Erichsen and Mr. Gay, one at least will be filled up by the re-election of Mr. Erichsen, whose pre-eminent qualities as an author, a teacher, and a man of high professonal position, give him claims to the candidature of the Fellows which one may feel sure will not be overlooked. Mr. Gay's claims are not so strong, and his return or rejection will be decided mainly by personal considerations. Among the new candidates are Messrs. Savory and Holmes, both of whom are worthy of the honoured position they seek. The former, however, backed as he is by the Bartholomew contingent, may consider his election secure.

The Mortality of Foreign Cities.

THE annual rates of mortality, according to the most recent weekly official returns were—in Calcutta 26, Bombay 68, Madras 122; Paris 25; Geneva 29; Brussels 27; Amsterdam 19, Rotterdam 24; The Hague 23; Copenhagen 23; Stockholm 40; Christiana 17; Berlin 28, Hamburgh 29, Dresden 25; Breslau 26, Munich 42; Vienna 31, Buda-Pesth 40; Rome 21, Naples 30, Turin 26, Venice 26; Alexandria 53; New York 21, Brooklyn 20, Philadelphia 22, and Boston 17. Cholera caused 97 deaths in Bombay, 94 in Madras, and 28 in Calcutta, which shows a very satisfactory decline from the fearful mortality of the past few months.

English Practitioners Abroad.

DR. EDWARD I. SPARKS, M.D. Oxon., has, we learn from *Le Petit Marseillais*, recently passed the examination for Officier de Santé at Marseilles. Dr. Sparks, who was formerly on the staff of Charing Cross Hospital, intends to practise at Mentone.

BY the balance-sheet of one "Extract of Meat" Company in London, it appears that that company alone makes a profit of nearly £60,000 a year out of the preparation. The shareholders get 10 per cent., £10,000 is carried to reserve, and nearly £5,000 remains in hand.

THE meeting which is announced for the 27th inst., to inaugurate the movement for building hospitals for the well-to-do, promises to be a great success. Already many prominent names have been sent in, leading the promoters to anticipate a most influential gathering.

BY the lamented death of Mr. Wilson a vacancy is created in the Council of the Irish College of Surgeons, and as Dr. Jacob will probably seek to be elected to the Professorship of Ophthalmic Surgery in the College, his candidature for which will render necessary his resignation of his seat on the Council, the Fellows will be asked to select two new Councillors. We understand that Mr. William Stokes and Dr. Benjamin F. McDowell will present themselves to the electors. Mr. Stokes is senior surgeon to the Richmond Hospital, and Professor of Surgery to the College, and held a seat at the Council two years ago. Mr. McDowell is surgeon to Mercer's Hospital and Lecturer on Materia Medica in the Ledwich School, and was the favourite extra-Conciliate candidate at the last election on the 4th of June. Both of these gentlemen have strong claims on the electors, and would probably be accepted, unless some unexpected competitor of pre-eminent claims should offer himself for one of the vacancies.

Since the foregoing was written, we have learned that Mr. Corley, surgeon to the Richmond Hospital, and Dr. John Madden, deputy surgeon-general, have declared their candidature for a seat on the Council.

IT is stated by the Inspectors of Lunatic Asylums in Ireland that enlargements and interior improvements of the public asylums, of a structural character, commenced in 1875, have not only been effected, but others were undertaken in the course of the past year, involving an aggregate expenditure of nearly £100,000. Considerable additions, on urgent recommendations from the inspectors, have also been made to original farms in some instances, while in other the purchase of more land only awaits the sanction of the Lord Lieutenant in Council.

Increased means of comforts with a better and more suitable class of furniture have been gradually provided, so that not only has a general accommodation been actually obtained, or is about to be made available for 500 patients, but the asylums themselves, as great public institutions, rendered thereby more creditable to the country, and in character with the best regulated elsewhere.

A SAD instance of how poverty sometinmes reaches the upper classes was adduced at an inquest in London on Saturday. Deceased was formerly a captain in the army, and his wife the daughter of a clergyman of the Church of England. Some time since, seeing as he imagined, an opportunity of improving his position, he sold his commission for £1,000, and went to Canada. The undertaking failed; he returned to England and tried every means in his power to obtain employment, but without success. Unable to support his wife and three children, they entered St. George's workhouse, where he was employed in the regular way as a pauper. Last week he was seized with apoplexy, died, and an inquest was held, at which the wife, in pauper dress, appeared to tell the sad story. As is usually the case with those who have moved in good society, they had become so much reduced in circumstances as to feel too much pride to reveal their case to the world, or even to friends.

IN a case tried in London on Saturday, the judge decided that he could not legally compel the natural guardians of a lunatic to deliver the said lunatic up to any medical or parochial authority, provided such parents or natural guardians objected to the removal to a county asylum. The case would be different if a lunatic were confined in an unlicensed house for the sake of profit, but where the parents took proper care themselves of a lunatic child, the law could not compel its removal.

THE mortality last week in the four principal cities of the United Kingdom per 1,000 of the population was, 18 in Edinburgh, 21 in London, 26 in Glasgow, and 31 in Dublin. Measles showed exceptional fatality in Dublin. Of the large towns in the second category, Portsmouth was lowest with 16, and Oldham highest with 31 per 1,000 of the population.

THE deaths from small-pox still further declined in London last week to 58. Of these, 29 were certified as unvaccinated, 12 as vaccinated, the remaining 17 not being certified. Thirty-three of the deaths occurred in the metropolitan asylums, the other 25 fatal cases were in private dwellings.

WE regret to state that the condition of Dr. John Cronyn, Professor of Midwifery in the Irish College of Surgeons, is almost hopeless.

Literature.

DU DARWINISME, OU L'HOMME-SINGE. (a)

ANYTHING connected with the name of Darwin must be interesting from his established reputation, in the realms of natural history, attained by the devotion and study of almost a lifetime, and there is no doubt on certain points of natural history there is not a more competent or more accurate observer.

Of course, there are many who, though agreeing with a limited theory of evolution, still oppose the extreme inferences drawn by Darwin, and Dr. Constantin James, the author of the work we are examining, must be reckoned amongst that number.

It has been asserted that Darwin never laid down in any of his writings the theory that man was a descendant of the ape, and there are some who still persist in maintaining that no passage to that effect can be found in his works. Dr. Constantin James draws a different inference from the following words of Darwin, as expressed in his "Descent of Man" (Vol. I., chap. vi., p. 196), speaking of the Simiadæ :—

"This family is divided by almost all naturalists into the Catarhine group, or Old World Monkeys, all of which are characterised (as the name expresses) by the peculiar structure of their nostrils and by having four premolars in each jaw," . . . "Now man unquestionably belongs, in his dentition, in the structure of his nostrils, and some other respects, to the Catarhine or Old World division." "There can consequently be hardly a doubt that man is an offshoot from the Old World *Simian* stem, and that under a genealogical point of view he must be classed with the *Catarhine division*—and as man under a genealogical point of view belongs to the Catarhine or Old World stock, we must conclude, however much the conclusion may revolt our pride, that our early progenitors would have been properly thus designated."

Dr. James has entered into the arena to contest not only the progressive development theory, but the special deductions from these words, and he has undertaken the onerous, responsible, and ambitious task of endeavouring to reconcile man's origin with the scriptural account of it.

He disputes Darwin's facts and deductions, and asserts that Darwinism is the negation of science, philosophy, and of liberty.

(a) "Du Darwinisme, ou L'Homme-Singe." Par le Dr. Constantin James, ancien Collaborateur de Magendie. One volume in 18mo. Paris and London, Baillière.

Dr. James objects in the strongest language to our alleged consanguinity with the monkey, to the theory of progressive development, and to the supposed metamorphosis by which, after a series of graduated and successive links, the monkey modified his shape, dispensed with many of his habits, improved his personal appearance, and ultimately acquired the power of speaking, until he reached the full-blown perfection of a modern Parisian.

After a few preliminary chapters on the Mosaic creation, the Ovidian version of it, the deluge, tradition, free-thinkers, Dr. James defines what he understands by Darwinism, natural selection, the struggle for existence, the metamorphosis of man from lower animals, with a *resumé* of Darwinian general principles, and then commences his refutation.

He successively reviews the laws of generation, spontaneous generation, the stars, the atmosphere, the revolutions of the globe, genesis and geology, natural history and the methods of naturalists—as Cuvier—with the object of proving the wise and beneficent power of an Omnipotent Being—God, as evidenced in all the works of creation. He insists on the flexibility of *species* and the variability of *race*, contrasts the parallel between man and the monkey, concluding with his original proposition of the incompatibility of Darwinism with science, philosophy, and liberty. The work is the thoughtful and earnest production of a Christian who has strong religious feeling, and will commend itself to all who have defined religious views, though to those who deny the Mosaic account of the Creation the book will not have the same weight, as when they will not accept his first principles, they are not likely to recognise the conclusions drawn from them.

The tone of the work is temperate, the style pleasant and instructive, and it bears the evident impress of a cultivated and highly observant mind.

Correspondence.

MIDWIFERY FORCEPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the MEDICAL PRESS AND CIRCULAR, 9th May, there is given a description of an instrument called "Tarnier's New Forceps," or rather two forceps ; it is said of them that the operator can always use traction in the axis of the pelvis, and I believe that to be the case. But a far simpler instrument about which I have been thinking for some time past will do the same. Let us take Knight's forceps, for example (there is a picture of them in Maw and Son's illustrated list) ; they lock by a screw the handles of steel with a blunt hook at the end of each ; let us increase the curve of the blades three-quarters of an inch and curve the handles backwards as much as the blades are forwards, and let us fancy that this instrument is applied on the child's head and that it is at the brim of the pelvis, we find that the blades are in the axis of the inlet, the perinæum slightly touching the instrument at the lock, the ends of the handles in a line with the axis of the inlet of the pelvis, and any traction used there must be in that line ; as the labour advances, by letting the handles of the instrument go forward, traction must be in the axis of the pelvis all the time. This instrument is very simple, and will require very little force, because it can be always used in the right direction ; the lock will act very free, because the curve of the handle corrects the curve of the blade.

Yours, &c.,

DAVID CHRISTIE, L.R.C.P., &c.

Carrigart, co. Donegal.

P.S.—After having written the above I saw an account of Tarnier's forceps in which it says that the prehensile branches indicate always how traction must be made. I will now tell you something that is to be added to the instrument already described, and then let the profession show wherein it is deficient. Let a screw join the handles near their extremities

to make the instrument grasp the child's head with sufficient force; let two links an inch and a-half long be joined by a small one to which is attached a stem; this goes through a handle, like the handle of a stomach-pump, and acts in it like a swivel. I think it will be evident to any one that, after the instrument is applied, these links put on the hooks at the ends of the handles, traction by the cross-bar (or handle) will be attended with the following results: The operator can use traction in the axis of the pelvis, the child's head will rotate in the right direction independent to him, in fact, be almost as free as if the instrument was not on at all. I don't see anything more that is wanted, nor can it be accomplished by simpler means.

A DIFFICULTY IN PRIVATE PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I must thank "Medicus" for his opinion on this question of how to treat unqualified assistants in cases such as I have mentioned. His solution is an honourable and consistent one, and if such a course was always adopted the profession would benefit by it.

In my case the unqualified assistant assumed the offensive, and refused to meet me before there was any time for me to take any action, and saying, "that he never met junior practitioners, but would meet any older man! as he was always accustomed to do." He bowed himself out and rolled off in his barouche. I attended the case as my own patient and continued my attendance. I hope to allude to this subject again.

Yours,

June 11th, 1877. ACCOUCHEUR.

PRIVATE LUNATIC ASYLUMS AND PRIVATE PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the present age of rapid writing—when the press has become the teacher and the evangelist both of new and *old* ideas under new forms—it does not do to let the grass grow under your feet, else your views may be forestalled.

This has been my case, for your columns have already exposed the abuse of detaining curable cases of insanity in poor-houses, and have also showed other anomalies connected with the administration of the Lunacy Acts, whilst another medical journal has repeated the objections I raised, and was about to dilate on, in reference to private asylums, and it actually starts its leader with similar ideas to those already expressed in my letters as follows:—

"We promulgate no strange doctrine in expressing a strong persuasion that private asylums for the insane—establishments maintained by private enterprise and for gain—are a mistake."

The subject is far from being exhausted, however, and it is gratifying to find an awakening interest not only in the medical, but in the lay world on this great social problem, and that I am not solitary in the opinions I hold.

The letter of "Libertas" in your own columns further confirms me in my belief that some reformation is required in the present method of filling up certificates of insanity, and his views being stronger, and, perhaps, better expressed, prove the necessity of the profession taking the initiative without waiting for outside pressure.

The case he mentions is a strong one, and the patient was fortunate in falling into such intelligent hands, otherwise she would have been unjustly imprisoned, and would probably have ultimately become a confirmed lunatic. Many of your readers, I have no doubt, could give analogous instances and bear similar testimony to the inefficiency of the present system, now that you have opened your pages to the ventilation of this subject, and have allowed me some of your valuable space for my own impressions. I trust the subject may not be lost sight off, and that in the interests not only of the profession but the public, I may have the pleasure of reading some further correspondence, whether disagreeing or agreeing with the opinions of

Yours faithfully,

June 13, 1877. HUMANITARIAN.

The Irish Pharmaceutical Council has passed a resolution to write to the President of the British Pharmaceutical Conference, expressing a hope that the said conference will come to Dublin in 1878, at the time of the visit of the British Association.

Medical News.

Royal College of Surgeons of England.—The following gentlemen having passed the required examination for the Fellowship on May 31st, June 1st, 2nd, and 4th, were admitted Fellows of the College at a meeting of the Council held on Thursday last:—

Birch, E. A., L.R.C.P.Lond., Manchester.
Bennett, W. H., L.R.C.P.Lond., James Street, W.C.
Colgate, H., M.D., L.R.C.P.Lond., Eastbourne.
Duncan, A., M.D.Lond., Henrietta Street.
Edmunds, W., B.A., M.B.Cantab., Hampstead.
Gould, A. P., M.B., L.R.C.P.Lond., Gower Street, W.C.
Harris, T. D., L.R.C.P.Lond., Aberystwith.
Hobson, L. J., M.B.Lond., Bedford.
Ottley, W., M.B.Lond., Nottingham Place.
Pitts, B., Oundle, Northamptonshire.
Pratt, W., M.D.Liege, Newtown, Montgomery.
Ransohoff, J., M.D.Ohio, Cincinnati.
Rendall, J., L.R.C.P.Lond., Southampton.
Rogers, T. K., L.R.C.P.Lond., Southgate Road, N.
Southam, F. A., B.A.Oxon., Manchester.
Alexander, W., M.D.Queen's Univ. Irel., Liverpool.

Cambridge University.—The following gentleman received the degree of M.D. on June 14th:—Bushell Anningson, of Caius College. The following received the M.B. degree:—Edward Elsmere, E. M. G. Whittle, W. E. R. Wood, of Caius College, and W. C. Rockliff, of Jesus College. On the 16th inst. for the degree of Master in Surgery:—W. Edmunds, of St. John's College, and W. Pittes, of Jesus College.

Durham University.—On June 15th the following degrees were conferred: M.D.—J. L. Cassidy and G. P. Goldsmith. M.B.—J. B. Emmerson and B. Fenwick.

Westminster Hospital Enlargement.—The appeal for £12,000 made some few weeks since, to enable the committee to enlarge and improve old Westminster Hospital has been so far successful as to warrant the work being pushed forward. £3.000 has been already subscribed, and on Monday Sir Rutherford Alcock received an approving letter from Her Majesty the Queen, and a promised subscription to the fund.

Determination of Albumen in Urine.—According to J. Stolnikow, urine containing albumen is diluted with water, until a sample poured upon some nitric acid contained in a test-tube produces still a faint white ring at the point of contact, after a lapse of 40 seconds. The number of *volumes* of water, added to the volume of the urine (which may be taken as 1) is divided by 250, and the quotient will be the percentage of albumen in the urine. This relation has been established and confirmed by gravimetric determination.

Metallotherapy.—MM. Charcot and Berg recently performed some experiments at the Salpêtrière, in which three patients—one cataleptic, the others hysterical—were subjected to the application of different metals to anæsthetic surfaces. While the eyes of the patients were bandaged, pins were passed through the flesh of paralysed limbs without their becoming aware of it. Subsequently, plates of copper or gold being applied for a few minutes, sensibility returned, and the slightest prick caused them to scream.

An American Newspaper on American Diplomas.—A Philadelphia journal commenting on the regiment of doctors turned out from the medical colleges this winter, writes:—"When our most venerated institutions will certify to the medical proficiency of persons who have been but two sessions of four months each under their tuition, and who can neither speak nor write their own language correctly, they certainly do not elevate the standard of medical education. Competition between institutions prevents their requiring a sufficient preliminary course of instruction, and a longer and more thorough course in the medical college."

Gum Arabic Dressing.—A country doctor in Germany writes that he always carries with him on his rounds, "lots of powdered Gum Arabic for all wounds not healing by first intention, or where there is loss of substance, or for deep burns, ulcers," &c. The whole affected surface is covered with the dry powder, a compress saturated with warm water, then a dry compress, and then a bandage applied. It is soothing and absorbs all secretions, forming a bland, mucilaginous mass, which comes off easily without adhering. He claims that it is a preventive of septicæmia.

Ring-Sickness.—The *Philadelphia Reporter* publishes a note on this little-known annoyance to circus-riders. It is not dissimilar from sea-sickness; it requires long experience in a ring to overcome the nausea consequent upon going round and round in one direction. One of the most difficult things for a circus-rider to overcome is this sickness. Clowns and ring-masters suffer from it greatly—at first, from merely seeing the horses go round and round; but even after years of experience, a ring-master (whose principal business in the ring is to keep the horses up to a certain gait, and not merely to give cues to the clown), if a horse baulks or gets behind time, and he is obliged to keep close upon him, is very likely to suffer from a pronounced fit of sickness at the stomach after he leaves the ring.

Human Milk on Sale.—It strikes the European as a singular fact, that human milk can usually be obtained without difficulty in China. In the native city of Shanghai, it costs at present about twenty cents for half a pint. Dr. Mackenzie, of Ningpo, says that he has frequently seen the native women milking their breasts into small basins, in the streets of the native city and foreign settlement of Ningpo. It is esteemed by the Chinese as a nourishing food for old people and for consumptives.

The Metric System in New York.—In a Bill which has already passed one branch of the New York State Legislature, it is proposed to make it compulsory to have (1) a balance capable of carrying at least ten grams in each pan, and sensible to three milligrams when thus loaded; (2) a balance capable of carrying five hundred grams in each pan, and sensible to two centimetres when thus loaded; and (3) a set of metric weights, from two hundred grams to one centigram, which shall not vary from accuracy more than one per cent. in all weights under five grams, nor more than half per cent. for weights between five or fifty grams. It also provides that the only weights to be employed in compounding and dispensing of drugs and medicines shall be troy weights and metric weights.

Fecundity.—Dr. A. Pettit (New Orleans *Med. and Surg. Journal*) relates the case of a negro woman, whom he attended for convulsions coming on at the seventh month of gestation. Warm vaginal douches were used every hour, and cathartics and chloral administered. Both mother and child are now (ten months later) doing well. "A remarkable thing about this woman is, that being only thirty-five years of age, she has undergone the function of parturition nineteen times, giving birth to nineteen children at full term and one four-months fœtus. At one of her labours she bore twins. Of the nineteen, three were males and sixteen were females; six are living and ordinarily healthy." The woman has two distinct nipples on each breast; the supernumerary ones are rudimentary, and are situated above and to the outer side of the normal ones. When the child is nursing from the perfect ones, milk trickles from the rudimentary ones.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers—The Publishers will be glad to receive the subscriptions for the past year, 1876—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Mr. B. T. Sowne will lecture on "Teratology" at the Royal College of Surgeons of England to-day (Wednesday) at 4 p.m., and on Friday next at the same hour.

At the Levee.—At the list of members of the profession presented at Her Majesty's last levée we accidentally omitted the name of Assistant-Surgeon Richard Davy, F.R.C.S., 3rd Middlesex Artillery, presented by Lieut.-Col. Higginson.

H. S. W.—Your letter arrived as we were at press. It shall appear with answer in our next.

Mr. E. Marlett Boddy, F.R.C.S., desires to make the following correction in the communication which appeared in our last entitled, "Division of the Parotid Duct." Line 7, "would, without any interference on our part, naturally heal of itself," should read, "would, without *much* interference," &c.

Puck's letter on "The Homœopathic Schism" will appear in our next.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Sanitary Engineering. By J. Bailey Denton, F.G.S. London: Spon and Co.

Transactions of the American Gynæcological Society. Vol. I. Boston: Houghton and Co.

Diseases of Women. By Lawson Tait, F.R.C.S. London: Williams and Norgate.

On the Estimation of Urea by Means of Hypobromide. By A. Duprés, F.R.S.

Jahrs-Berich des Schwedischen. Institutes in Bremen. Von Prof. Dr. Sigfrid Ulrich.

Hospital Organisation. By Charles West, M.D. London: Macmillan and Co.

Lectures on Bright's Disease. By D. Campbell Black, M.D. London: Churchills.

Guy's Hospital Reports. Vol. XII. London: J. and A. Churchill.

The Glasgow Medical Journal. Australian Medical Record. Guy's Hospital Gazette. Clinic. Students' Journal. La Presse Medicale Belge. Louisville Medical Journal.

VACANCIES.

City Provident Dispensary.—Five Surgeons. Applications by letter to arrange for an interview to J. P. Cæsar, Esq., 160A Aldersgate Street, E.C. (See Advt.)

Macclesfield Infirmary.—Junior House Surgeon. Salary, £70, with board. Address the Clerk, at the Infirmary.

Royal Berks Hospital, Reading.—House Surgeon. Salary, £90, with board. Applications to the Secretary.

Tiverton Union.—Medical Officer for the Workhouse, and for four districts of the Union. Salary for Workhouse £35, and for the combined districts £182 per annum. Address the Clerk to the Guardians, Tiverton, Devon.

Wolverhampton General Hospital.—House Governor and Secretary. Remuneration, £200 a year, with board and residence. Applicants must be unmarried. Testimonials to be addressed to the Chairman of the Weekly Board.

Honiton Union.—Medical Officer for No. 7 District. Salary, £40, with usual extras. Address the Clerk to the Board, Honiton, Devon.

Salisbury Infirmary.—House Surgeon and Apothecary. Salary, £100, with board and residence. Applications to the Secretary.

APPOINTMENTS.

Collet, G. B., M.R.C.S.E., House Surgeon to the Western Ophthalmic Hospital, Marylebone Road.

Daniel, J., L.R.C.P.Ed., L.R.C.S.Ed., Assistant Medical Officer to the Derbyshire Lunatic Asylum, Mickleover.

Donovan, W., L.R.C.P., L.R.C.S.Ed., Medical Officer and Public Vaccinator to No. 4 District of the Ashby-de-la-Zouch Union.

Ford, A., L.R.C.P.Ed., L.F.P.S.G., Medical Officer and Public Vaccinator for the Harrogate District of the Knaresborough Union.

Gould, A. P., M.S., F.R.C.S., Lecturer on Anatomy at the Westminster Hospital.

Gowers, Dr. W. R., an Assistant Professor of Clinical Medicine to University College.

Jacob, D., L.R.C.P., L.R.C.S.Ed., Assistant Medical Officer to the Derby County Lunatic Asylum.

Lighton, Mr. H. A. H., a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

MacNulty, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the North Division No. 2 of the Castlebar Union, co. Mayo.

Molony, P. J., M.D., M.B., C.M., Medical Officer of Health for the Chesterton Rural Sanitary District.

Palmer, J. H., L.R.C.P.Ed., L.R.C.S.Ed., a Resident Surgeon to the Birmingham General Dispensary.

Roberts, Dr. F. T., B.Sc., F.R.C.P., an Assistant Professor of Clinical Medicine to University College.

Smith, W. R., M.B., Honorary Medical Officer to the Hospital for Sick Children, Sheffield.

Steedman, P. A., M.R.C.S.E., Resident Medical Officer to the Charing Cross Hospital.

Thane, G. D., M.R.C.S.E., Professor of Anatomy at University College, London.

Birth.

Greene.—On June 18, at 218 Old Kent Road, London, S., the wife of W. T. Greene, M.D., of a son (Arthur Wellington).

Deaths.

Allen.—On June 3, at Wellington House, St. John's Wood, Moyan Henry Laurence, M.R.C.S., eldest son of David J. Allen, M.D., aged 23.

Cruickshank.—On June 3, at Wardend, Forgue, Aberdeenshire, James Cruickshank, late Surgeon R.N., aged 85.

Macnamara.—On May 15, of acute dysentery, at Georgetown, Demerara, Bella, the dearly loved wife of Dr. Charles Edward Macnamara, L.R.C.S.I., and eldest daughter of the late Colonel Montgomery.

Peat.—On June 4, Anthony Peat, M.R.C.S.Eng., aged 57.

Ross.—On June 16, at Highbury, Daniel Ross, F.R.C.S., late of Shadwell, aged 64.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF COUNCIL FOR THE YEAR ENDING 31ST MAY, 1877.

DR. JAMES MARTIN, of Portlaw, in the Chair.

MR. PRESIDENT AND GENTLEMEN,—Your Council are gratified at being in a position to report that the condition of the Association is prosperous, and that the number of members has largely increased during the past year.

Your Council have held four ordinary and two special meetings; and the Committee of Council, upon whom most of the business devolves, have held forty-two meetings. At the first meeting of Council, held June 9th, Dr. A. H. Jacob was elected Chairman of Council; Dr. Minchin, Hon. Treasurer; Dr. Chapman, Hon. Secretary; Dr. Grimshaw, Hon. Sec. to Council; and Drs. Purcell, J. W. Moore, Pollock, Speedy, and Kenny, to be the other Members of the Committee of Council.

The attendances of the Members of Committee of Council were as follow (the total number of meetings being forty-two):—Dr. Jacob attended 33 meetings; Dr. Minchin 30; Dr. Chapman 42; Dr. Grimshaw 30; Dr. Purcell 39; Dr. Moore 26; Dr. Pollock 22; Dr. Speedy 32; Dr. Kenny 6. Your Council have appointed Mr. Clifford Lloyd, of 22 Lower Leeson Street, Dublin, Solicitor to the Association; Drs. Chaplin (ex-President) and Morrogh (late Member of Council) were appointed Auditors for the year just ended.

Although "The Coroners' (Dublin) Bill" had passed the House of Commons—it being still before the House of Lords—the Council sent a petition to the House of Lords, similar to the one presented to the House of Commons, against the Bill. The Earl of Donoughmore presented the petition, but wrote to say he regretted he could not be of much service, as the Bill had been endorsed by Sir Arthur Guinness, whose local knowledge gave his name great weight. The Council instructed the hon. sec. to communicate with Lord Redesdale, as a last resource, but, unfortunately, the communication was of no avail; however, it is satisfactory to know that every protest which could be offered by this Association, in the interests of the profession, as well as of the public, has been made, although the desired results were not obtained.

The Council having discussed the best course of action to be taken concerning the petition sent to the House of Commons in support of "The Coroners' (Dublin) Bill" by the Corporation of Dublin, which contained some false statements affecting the credit and status of this Association, caused a letter to be written in reply, and published in the Dublin daily newspapers of 21st June, signed by Dr. Jacob, Chairman of Council. The Lord Mayor immediately addressed a letter to each of the Dublin daily newspapers, disclaiming all knowledge of the slurs cast upon the Association by the Corporation; but the *Freeman's Journal* published (June 22nd) an article defending the corporation, and reflecting upon the Association, to which Dr. Jacob replied, challenging the *Freeman's Journal* to make the exposures threatened; but no notice was taken of his letter, and the subject was allowed to drop, the Council being satisfied that the character of the Association had been vindicated in the estimation of the public.

Coroner's Medical Witnesses.—A case was prepared by Mr. Lloyd, and submitted to Mr. Purcell, Q.C., for his opinion as to the legality of almost exclusively employing the same medical witness at all coroners' inquests, as to the legality of payment of such medical witness by fixed salary, and as to what course should be adopted with a view to the prevention of same. Mr. Purcell's opinion was to the effect that—inasmuch as the "presentments" now about to be made by the Corporation for such expenses were those for the ensuing year, not the past one—he considered it inadvisable to oppose the fiating of the presentments, as the fiating judge would hardly assume that the corporation would improperly disburse the sums presented for; but that when the corporation accounts the past year were being audited, such audit might be successfully opposed. Mr. Purcell is of opinion that the employment by the coroner of the same medical practitioner at all inquests, is a violation of the spirit and intention of the Act of Parliament, which, to his view, directs that the medical witness should be a registered practitioner, residing in the immediate locality of the place of death; and that the payment of a medical witness by salary, instead of by fees per inquest, is illegal. The Council accordingly instructed Mr. Lloyd to oppose the audit, which took place on the 5th March, 1877, when Mr. Lloyd objected to the coroners' medical witnesses being paid by salaries instead of by *fees per inquest*, as distinctly laid down in the Act of Parliament. Mr. Lloyd also objected to the same medical witness being employed in all cases, as the Act of Parliament directed that the medical witness should be "a duly qualified medical practitioner *in actual practice at or near the place of death*," which he contended no one individual could be in all cases of inquests. The auditor disallowed the objections because the amount paid as salaries did not exceed in the aggregate that which would have been payable if the prescribed fees per inquest had been paid, and stated that the qualification of the medical witness, as regards his being "in actual practice at or near the place," was a legal question not to be decided by him. Mr. Lloyd objected to the auditor's ruling, and lodged the necessary notice of appeal to the Court of Queen's Bench; and the Council instructed Mr. Lloyd to proceed with the appeal case, and employ Messrs. Purcell, Q.C., and Furlong as counsel. Upon the first hearing of the appeal the Court granted a conditional order, and directed that the auditor, the coroner, and the coroner's medical witness, should be noticed to show cause why that order should not be made absolute. This case has been set down for hearing to-morrow.

The balance of £116 19s. appearing to the credit of the Association, in Dr. Chapman's name, and the balance of £46 0s. 4d. in the late hon. treasurer's name, have been handed over to Dr. Minchin, hon. treasurer; the sum of £10, bequeathed to the Association by the late Sir William Wilde, has also been received by the hon. treasurer.

Incorporation of the Association.—Owing to the statement made by the Corporation of Dublin, to the effect that this Association was an "unknown body, comprising

only a *few dispensing medical attendants*," the Council thought it advisable to obtain information as to the expense and proceedings necessary to be incurred in having the Association made an Incorporated Society, under Act of Parliament, and are informed that the expenses would be about £40.

The following resolution was passed at the meeting of the full Council held 27th March last :—

"That the Irish Medical Association be registered a as Company (Limited) by guarantee, in pursuance of part 7 of the Companies' Act, 1862, and that it be so registered, without the addition of the word (Limited) to its name, in pursuance of section 23 of the Companies' Act, 1867, and for that purpose that Mr. Clifford Lloyd, the solicitor of the said Irish Medical Association, do make the necessary application to the Board of Trade, and do and take all other necessary requisite acts and steps in relation thereto Passed unanimously."

A further resolution on this subject will be submitted to this meeting, the Board of Trade, as at present advised, seeing no objection to the change.

Registration of Births and Deaths.—The Bill drawn up by Council to amend the "Registration of Births and Deaths (Ireland) Act" of 1863, having been favourably reported upon by the departments, has been introduced to Parliament by the Right Hon. the Earl of Donoughmore, at the instance of Sir Michael Hicks Beach, Chief Secretary for Ireland, and has been printed, by order of the House of Commons ; and your Council are informed that it now only awaits the convenience of Government to be taken up as a Government measure.

The Bill provides increased remuneration to the registrars, with less trouble and inconvenience in the discharge of their duties, as well as greater facilities to the public ; and, as far as desirable and convenient, will assimilate the law in Ireland to that in force in England. A *resumé* of of the changes proposed in the Bill has been circulated amongst the members of this Association.

Vaccination.—The Council have devoted considerable attention to the existing laws relating to vaccination in Ireland, and being of opinion that alterations were necessary, deputed Drs. Speedy and Pollock to investigate the the subject, and report upon the defects of the existing enactments. Their report was a new Bill to consolidate and amend such Acts of Parliament, which, having been examined and approved of, was printed and forwarded to the Chief Secretary for Ireland, whose adoption of it as a Government measure the Council hope for at no distant period. At present, however, the Bill is under the consideration of the public departments to which it has been referred by the Chief Secretary. The Council have also submitted a Bill simply to amend the vaccination laws. When forwarding these Bills to the Chief Secretary for Ireland, it was requested that he would receive a deputation from the Association to confer with him on the subject, but the Chief Secretary replied that he had forwarded the Bills to the Local Government Board for Ireland for their consideration, and that at present he did not consider it necessary to trouble a deputation to confer with him. The Council forthwith requested Dr. Speedy to write an explanatory statement concerning the Bills, and had same printed and forwarded to the Chief Secretary as soon as possible, in order that the deputation should to all intents and purposes have effect. When forwarding to the Chief Secretary a copy of Dr. Speedy's statement, the Honorary Secretary took the opportunity to state that the deputation proposed was intended to be a representative one, in which not only representatives of this Association, but those of the colleges of physicians and surgeons, members of Parliament, and delegates from country districts, would have been invited to take part. The provost and senior fellows of Trinity College, Dublin, the College of Physicians and the College of Surgeons have recommended the amendment Bill to the most favourable consideration of the Chief Secretary, and the leading professional journals of Ireland and England, as well as the non-professional press of Ireland, have warmly advocated the measure in leading articles. Copies of the two proposed Bills were sent to the vice-president of the Local Government Board, and also to Mr. Meldon, M.P., who has evinced much interest in the cause of vaccination in Ireland, as well as to many other members of Parliament.

The alterations in the existing laws regarding public vaccination in Ireland as recommended in this Bill, are assimilation, as far as possible and desirable, of the law in Ireland to that in force in England ; but, as the Council have reason to believe that the mileage allowances now paid for in England would not be approved by Parliament, they have suggested, as an equivalent, that a uniform fee of two shillings and sixpence should in future be paid to each public vaccinator in Ireland for each case of successful vaccination performed, instead of the fee of one shilling at present only allowed. The Council being further of opinion that perfect vaccination in each case is as essential as universal vaccination, have recommended that the English "Award System" be extended to Ireland, whereby public vaccinators are granted a gratuity—which is often very substantial in amount—for vaccinations approved of by the inspectors. Universal and perfect vaccination is a matter of great importance, not only to the public, but to the State, and can best be provided by proper remuneration to the officers who are intrusted with the carrying out of the provisions of the law. Observations on public vaccination, comprising reprints of articles which appeared in the professional and general Press, have been printed and circulated by the Council.

Sanitary.—"The Public Health (Ireland) Bill," still before Parliament, received the fullest attention of your Council and of the Committee of Council. The Dublin Sanitary Association proposed that a Conjoint Committee on Public Health should be formed, upon which the College of Physicians, the College of Surgeons, the Irish Medical Association, and the Dublin Sanitary Association, should be represented each by two delegates. The report of that Committee has been forwarded to the Government, and was published in the Report of Council for quarter ended 24th March.

Your Council have also pursued a course of independent action in this matter ; and Dr. J. W. Moore drew up a form of petition, which was approved and sent to every medical sanitary officer in Ireland for signature, with the following result : 624 medical sanitary officers of the total 803 districts signed the petition, which prayed that Government might provide efficient supervision and independent inspection, proper designation, and fair remuneration to the medical sanitary officers, compelled to undertake the onerous, responsible, and often invidious duties imposed upon them, or else that the acceptance of such appointments should, at least, be made optional. Only four of the medical sanitary officers refused to sign the petition and the remainder did not reply. The petition referred to was presented to the House of Commons by Mr. Maurice Brooks, M.P. A deputation from the Council waited upon the Attorney-General for Ireland, to advocate the views of this Association with regard to the Public Health Bill, and some correspondence on this subject ensued. Mr. Meldon, M.P., who kindly attended a meeting of the Committee, agreed to place a resolution on the notice paper of the House of Commons, which would embody the views of the Council, and in this matter the co-operation of Dr. O'Leary, M.P., was requested. Your Council, being advised that a deputation to wait upon the Chief Secretary for Ireland in London might have a good effect, instructed Drs. Jacob, Grimshaw, and Speedy to proceed to London, at the expense of the Association, and confer with Sir M. E. Hicks Beach, Chief Secretary for Ireland (whose consent was obtained) on the working of the Sanitary Acts and the position of the medical sanitary officers. With this deputation 14 Members of Parliament attended. The report of the proceedings at this conference will be found as an appendix to this Report when published.

Observations on the working of "The Public Health

(Ireland) Act" were printed and circulated by order of your Council, and deputations conferred with several Members of Parliament on the same subject.

The petition of the dispensary medical officers was supported warmly by the College of Physicians and also by the College of Surgeons.

In reply to the deputation, the chief secretary stated (but without making any promise), that he saw no reason why the sanitary officers should not be designated medical officers of health; that he would carefully consider the question of remuneration being allowed to the sanitary officers for their attendances at prosecutions; that, with regard to supervision and the scale of payment of the medical sanitary officers, he was much influenced by the report of the Commission on Local Government and Taxation, and would not say that more supervision was not required; that some scale of remuneration to the sanitary officers should be fixed, as that condition had been imposed by the Treasury; that the scale fixed was a tentative one; but he thought it very probable that the scale ought to be raised, and that he would be very willing to see it raised, but that the consent of the treasury should be obtained, and that that was a somewhat difficult matter; that all through the matter of public health, Parliament and the Government, often at the instance, and generally with the support, of the medical profession, have been endeavouring to improve sanitation.

Your Council are informed that the consulting sanitary officership at Carrickmacross has been accepted by a member of the profession (though not a member of this Association); that the person appointed had entered into and signed an agreement with his neighbouring professional brethren not to accept that appointment at a lower salary than £25 a year, and that, without giving any notice whatever of his change of intention to the co-signatories of that agreement, he has accepted the appointment at a salary of £10 a year.

Abuse of Dispensary Medical Relief.—In accordance with the resolution passed at last annual general meeting on this subject, your Council have drawn up and sent to each dispensary medical officer in Ireland a circular, asking certain queries, and offering many suggestions which were made by members with a view to remedying this defect. A very large number of replies have been received, but owing to the great pressure upon the time of the Committee the answers have not as yet been tabulated.

Widows and Orphans.—The subject of providing for the widows and orphans of poor law medical officers has also received attention, and the opinion of Mr. Hancock, F.I.A., has been obtained concerning the scheme proposed by Dr. Jacob.

Mr. Hancock's opinion (which is printed *in extenso* in the report for quarter ended 24th March last), is, that a scheme which shall be compulsory on new entrants into the poor law medical service, is the only one which in time will prove satisfactory, and effectually prevent constant appeals for pecuniary help being made in behalf of the widows and orphans of improvident members of the profession, and that unless the scheme adopted be *compulsory*, the case of the improvident officer will still have to be met. He sees no medium course between a compulsory scheme and a purely "Friendly Society." A resolution on this subject will be put to this meeting.

Alteration of Rule.—Your Council deem it desirable that the President and Vice-President (for the time being) of the College of Physicians, and the President and Vice-President (for the time being) of the College of Surgeons, should be members of the Council of this Association, and have accordingly prepared a resolution which shall be submitted to this meeting.

Superannuation.—The Council have had under consideration the important subject of superanuation of Poor-law medical officers, and with a view to promoting this this object addressed a letter to the chairman of each board of guardians in Ireland, requesting that he would bring the matter under the notice of the guardians of which he was chairman, and obtain their authority to add his name, as their representative, to the petition, a copy of which was enclosed, wherein the Council of this Association pray that Parliament will see fit to pay half the expenses of such superannuation allowances, in the same manner as half of the salaries of the medical officers in office are at present paid. Of the 163 boards of guardians in Ireland the petition was signed by 114: only 5 boards refused, and 44 did not reply. The petition has been presented to the House of Commons by Mr. Maurice Brooks, M.P.

Your Council consider that the payment of half the superannuation allowances out of the consolidated fund would be a most important and desirable step towards obtaining compulsory superannuation; but regret exceedingly that, in the present state of opinion of the Government and of the public, the Council cannot entertain any hope that their efforts in that direction would at present meet with success. The Council are, however, deeply impressed with the importance of this subject, and will not fail to keep it under their anxious consideration.

Medical Witnesses at Sessions.—The subject of fees paid to medical witnesses for their attendance and evidence at sessions courts received attention, and your Council waited upon the Attorney General for Ireland, and presented to him a memorial setting forth the grievances of these witnesses, and suggesting a new scale of fees and allowances (see report for quarter ended 21st December, 1876). After a short time, a letter from the Attorney-General was received, dated 5th January, 1877, stating that he had directed that in future a fee of two guineas should be paid to medical witnesses at sessions, who were detained in court longer than three hours, in the town in which they reside; and that two guineas should be paid to a medical witness for attendance at sessions court in any other town that in which he resided, *for each day* he was necessarily detained from home. The Attorney-General made no change in the rules of 1868 concerning hotel expenses. The honorary secretary, by direction, replied that whilst the Council was grateful for the concessions made by the Attorney-General, they hope that at no very distant time the prayers of their memorial would be fully granted. The new scale of fees is now in operation.

Civil Medical Practitioners in charge of Troops.—The subject of payment of civil medical practitioners in charge of troops in Ireland received the attention of the Council, who had the advantage of the assistance of several members holding such appointments, when it was decided that the insufficient rate of remuneration at present allowed should be brought under the notice of the Director-General of the Army Medical Department, to whom the Hon. Secretary addressed a letter, and in reply was informed that the subject was under the consideration of the under Secretary of State for War. But your Council regret to state that they received a letter from Lord Cadogan from the war office, stating that Mr. Secretary Hardy, who had considered the matter, had decided *not* to advise any change in the present rate of payment. Your Council have under consideration what further course can be pursued to advance the desired objects in this case.

Workhouse Medical Officers.—In reply to the letter addressed to the Local Government Board, Ireland, by the hon. sec. to the Council, on the subject of workhouse medical officer's grievances under existing regulations, the Local Government Board stated that they saw no reason to alter the existing rules, which were similar to those in force in England, and that any cases of hardship arising should be brought under their notice, when they would be attended to.

Dispensary Medical Officers.—The appeal case of "Woods *v.* Crumley" was heard before Judge Fitzgerald, who dismissed the case because it was not brought forward as one of *fraud*, with the observation that if it had been brought before him as a case of *fraud*, he would have given speedy judgment against Crumley. With this encouragement, Dr. Woods further appealed, and the

final case of appeal was heard before Judge Barry, who dismissed it because the charge was that of *fraud*. Although Dr. Woods has not actually obtained a decree against Crumley, yet he has in the principle been successful; and he considers that Crumley has been sufficiently punished already without having a new trial for negligence brought on, which might possibly be misconstrued as animus on his part. Under these circumstances the Committee (at whose meeting Dr. Woods attended), decided not to press him to take further action in this case, which has taught a good lesson to careless and malicious issuers of tickets for dispensary medical relief, and will doubtless be the means of preventing much of the persecution of the dispensary medical officers, which has heretofore been too frequent.

An application was received by the Committee for a sum of money to enable an apparently persecuted dispensary medical officer to defend himself in an action brought against him for libel by a member of his Dispensary Committee, as a cross action to one brought by the dispensary medical officer against the committee man for libels contained in charges made against him. The Committee, on behalf of the Council, agreed that whilst they were willing to afford to any member of this Association means to resist persecution, provided the matter was of a purely professional nature, they would strenuously oppose any kind of assistance being afforded towards *initiating* actions at law; and accordingly instructed the hon. secretary to apply to the applicant for a copy of the summons and plaint, and also of the pleadings, and directed that if the cause of action appeared to him to be of a purely professional nature, he was to convene a special meeting of the Council to consider the application. The documents applied for having been received by the hon. secretary, he consulted the chairman of your Council, who agreed with him in considering that the grounds of action in this case were *not* of a professional nature, and could therefore not be entertained by Council.

Prisons Medical Officers.—Your Council are glad to observe that the New Prisons (Ireland) Bill has been amended, as requested by your Council, and that the medical officers have been exempted from liability to be transferred from place to place, which in last year's Bill would have been the case even without compensation, and on pain of forfeiting either their prisons' appointments or their private practice, together with other public appointments.

Certifying Factory Surgeons.—Several communications from members having been received, referring to the report of the Commissioners appointed by Parliament to investigate and report on the state of the factory laws, wherein the interests of the certifying factory surgeons were involved, and requesting this Council to take such action in the matter as appeared to them right; the Council instructed the hon. secretary to communicate with the president and secretary of the Association of Certifying Factory Surgeons, as well as with such certifying factory surgeons as are members of this Association, with a view to eliciting suggestions and information upon which this Council might take action; the result of which is that the Council consider that the interests of the certifying factory surgeons should be supported, and that when the matter is brought before Parliament, a petition should be forwarded advocating their cause.

Medical Officers of Health under the Sale of Food and Drugs Act.—After the passing of "The Sale of Food and Drugs Act" of 1875, your Council became aware that certain duties concerning the detection of unsound food and the adulteration of food and drugs had been imposed upon "the medical officers of health;" but as no such officers, bearing officially that designation, existed in Ireland, it was considered advisable to await the course of events. The Local Government Board has lately, however, recognised the dispensary medical officers in this capacity, and has stated that it is their duty to assist in carrying into effect the provisions of the Act referred to, refraining at the same time from making any statement as to the remuneration to be given for such services. The nature of the duties appears, from the terms of the Act, to be such as no dispensary medical officer could undertake without proper remuneration being provided; but under any circumstances your Council emphatically object to the imposition of additional duties upon the dispensary medical officers without their consent, and until adequate remuneration for same has been provided. A resolution on this subject will therefore be submitted to this meeting.

Constabulary Medical Appointments.—A letter was received, in which the Council was requested to endeavour to have the local constabulary appointments opened up to workhouse medical officers; under the existing regulations these appointments can be held only by dispensary medical officers. The writer is under the erroneous impression that this Association is too partial to the interests of dispensary medical officers, and that it has hitherto neglected those of workhouse medical officers. Your Council are of opinion that it is not desirable to seek for any change in the existing regulations, because the dispensary medical officer, being a *district* officer, is (in their opinion), more suited, and has higher claims to an appointment requiring district visiting, than the workhouse medical officer, who is an hospital surgeon; and, independently of this consideration, they fear that competition for these appointments might possibly result in a smaller remuneration being offered by the authorities.

Obituary.—Your Council, with deep regret, have to announce the deaths of Drs. Nason, Forsyth, O'Rourke, and T. Scully, junior. For many years Dr. Scully, junior, acted as hon. secretary to the County Tipperary Medical Association, which was, under the former *regime*, a branch of this Association. He was also a member of the Council of this Association, and took a deep interest in its welfare.

The Annual Breakfast.—Hitherto, for some years, it has been the custom of the chairman of the Council to entertain the members of the Association at the annual breakfast; but in consequence of the very great increase in the number of members which has recently occurred, your Council deemed it expedient that that custom should cease, because they considered its continuance would be imposing too heavy a tax upon the private resources of any individual member; but, nevertheless, they think the annual breakfast an important institution, which should be continued, and at their last metting resolved that each member present at the annual breakfast should pay a sum not to exceed three shillings and sixpence.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JUNE 9, 1877.

Total registered deaths in Dublin and suburbs *		...	185
Ten years average of same week	...	...	151
Excess of mortality above average	...	...	34
Ratio of deaths, suburb of Rathmines	...	7·3	per 1,000
,, ,, ,, Donnybrook†		14·0	,,
,, ,, ,, Blackrock	...	28·9	,,
,, ,, ,, Kingstown	...	16·8	,,
,, ,, Entire Dublin district	...	30·6	,,
COMPARATIVE RATIOS—London	...	21·1	,,
,, ,, Glasgow	...	25·4	,,
,, ,, Edinburgh	...	18·1	,,

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The mortality from diseases of the respiratory organs continues high: 31 deaths were referred to bronchitis (being double the average number in the corresponding week of the previous ten years), 13 to pneumonia, or inflammation of the lungs, and 4 to lung disease unspecified.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 27, 1877.

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ABSTRACT OF CLINICAL LECTURES ON SYPHILIS FOR THE USE OF STUDENTS.

By S. Messenger Bradley, F.R.C.S.,

Surgeon to the Manchester Infirmary, and Lecturer on Practical Surgery, Owen's College.

Lecture I.—*Definition—Sketch of Periods—Varieties of Sore—Description of each—Chancres in Urethra—Chancres in Female—Inoculability—Period of Incubation—Unity of Syphilitic Poison.*

Definition.—Syphilis is an acquired, or hereditary, specific contagious disease, characterised by local manifestations at the seat of infection, and followed by general symptoms of a slow, inflammatory, progressive kind, invading first the skin and mucous membrane, and subsequently every tissue of the body.

The above may serve as a definition, but requires the amplification given in the annexed sketch of the periods of syphilis, which affords a sort of glance at the entire history of the disease.

Sketch of the Syphilitic Periods.—Syphilis is probably a zymotic disease, and like other zymotic diseases propagates itself by contagion; the contagium particles being only capable of transmission by direct inoculation from one animal to another. The poison (zymes, or germs) having penetrated beneath the cuticle, lies dormant for a varying period (*period of incubation*), before it gives rise to the local manifestations in the shape of an ulcer or papule (*period of primary symptoms*). This ulcer, unless suppurating so freely as to directly discharge the poison germs, communicates the contagion along the lymphatics to the nearest gland, which on the receipt becomes inflamed.

Here, again, a final arrest of the poison may take place by the gland suppurating, and thus throwing off the virus; or, after a time, during which the germs are travelling from one gland to another, the entire chain is traversed, and the germs, no longer impeded by gland structure, pour themselves along the thoracic duct into the blood current, their entrance being ushered in by pyrexia (*period of syphilitic fever*), and speedily followed by a cutaneous and mucous eruption (*period of secondary symptoms*). At this stage the disease may be eradicated, or it may proceed until the various fluids and tissues of the body are each in turn affected by the virus. After a time, greatly varying in duration, the virus becomes somewhat changed in character, no longer giving rise to distinctly inflammatory symptoms, but being poured out as a diffuse, or circumscribed, gummy exudation, into the various tissues, and viscera, the exudation showing little tendency to suppurate or undergo any organisation higher than that of cellular tissue (*period of tertiary symptoms*). At this stage, the disease may be finally arrested, or may continue with only trifling modifications for the rest of the patient's life.

Varieties of Sore.—1. Soft Chancre. 2. Dry Papule. 3. Chancrous Erosion. 4. Indurated Chancre. 5. Mixed Chancre.

Description of the various kinds of local sore :—

Soft Chancre—Synonyms—*Non-Infecting—Chancre—Local Contagious Sore—Suppurating Chancre.*

1. *The Soft Chancre* has a crescentic or circular outline, freely suppurates, and is more or less deeply excavated. If the chancre is extending, the edges are undermined; if stationary, the edges are clean cut. The base is always soft. This sore appears as a rule within a week after infection, and generally lasts about a month. It may heal more quickly or may resist treatment, either remaining stationary, or spread sometimes slowly, at others rapidly by phagedæna, until months and even years are occupied in fruitless efforts to heal the ulcer. The pus from a soft chancre is auto-inoculable. This sore is often followed by a bubo in the groin, as a rule only one gland being affected. This glandular affection is sometimes merely sympathetic, a simple adenitis ensuing which may or may not end in suppuration, and sometimes is due to direct conveyance of the virus along the lymphatics to the gland, in which case the gland nearly always suppurates, the resulting sore

resembling the primary ulcer, and being like it auto-inoculable. The soft chancre varies in size from a split pea to a broad bean, or larger ; it is often multiple, and is very rarely followed by secondary manifestations.

2. *The Dry Papule* is a rare form of primary lesion. It is a slightly raised brownish-red papule covered with fine scales, and very much resembles a secondary syphilitic tubercle. It has generally a lengthened incubation of from thirty to fifty days. This sore is associated with basal induration terminating abruptly in the surrounding tissues. The average duration of the dry papule is two months ; it is always single, and is almost invariably followed by constitutional infection.

3. *The Chancrous Erosion*—Synonyms—*Patchy excoriation—Superficial Primary Syphilis—Chancriform Erosion.*—This lesion, which is very common, appears in the form of an abraded sore either level into the surrounding surface, or slightly raised by exudation ; it is generally small and somewhat circular, at times, however, quite irregular ; it secretes a little serum but no pus, and after a few days the base becomes indurated, and the glands in one groin hard and rather tender to the touch. The average period of incubation is 21 days, but it may appear at any date from the tenth to the ninetieth day after infection. The chancrous erosion is rarely dual, and never multiple ; it heals in about a month, the basal induration lasting some two or three months longer, and is almost invariably followed by secondary symptoms.

4. *The Indurated Chancre*—Synonyms—*Hunterian Chancre—Infecting Chancre—Non-Suppurating Sore.*—This sore, which is about equally common with the chancrous erosion, is circular, elliptic, or irregular in shape, and varies in size from a split pea to a broad bean. It is perceptibly excavated, with hard edges, and has a cartilaginous base which extends beyond the area of the ulcer, and can be lifted up from the environing tissues. This typical syphilitic sore does not commence as an ulcer, but as a small papule, which subsequently ulcerates. The surface is glazed, or covered with a slight secretion of serum and tissue *débris*. The glands in one groin become enlarged before the basal induration disappears, and following this we almost always have secondary manifestations. It, like the former sore, has a widely varying period of incubation ; the average, however, is about three weeks. It lasts as a rule about three months, but the induration continues longer, the resulting cicatrix at times remaining perceptibly indurated throughout the rest of life. The indurated chancre is rarely dual, never multiple.

5. *Mixed Sore*—Synonyms—*Chancre first soft and subsequently indurated.*—This form of sore must not be overlooked ; commencing as a soft chancre, induration subsequently appears, often during the process of repair, and the subsequent local and general history is identical with that of the chancrous erosion.

These, then, are the various forms of primary lesion ; but before passing on it is necessary to say a word about chancres in the urethra and chancres in the female.

Chancres in the Urethra.—Although chancres may be met with in almost every part of the body—*e.g.*, I have seen one above the eyebrow—urethral chancres require special mention, because they are specially prone to be overlooked. Chancres in the urethra may be either of the soft or hard varieties, and generally occur within the first half inch of the passage, though they may be placed much lower down, even as far back as four inches from the meatus. The symptoms vary as the sore varies ; thus in case of the soft chancre, we have a puriform discharge, sometimes abundant enough to closely simulate a gonorrhœa ; while in case of the hard chancre, the discharge is scanty and sanious, at times being scarcely perceptible. Both sores are painful to a certain extent when pressed between the finger and thumb, and this means of examination should always be carefully employed in determining the cause and nature of a urethral discharge. If a soft chancre is present, the hollow ulcer and the ragged edges can generally be made out ; and if it be a hard sore, the diagnosis is even more easy and certain from the distinct nodule of indurated tissue around it. The endoscope might be useful in doubtful cases.

Chancres in the Female require more careful search than chancres in the male. Their common situation is the nymphæ and neighbourhood, but the vagina must always be thoroughly examined, as they not only lurk here at times, but are even met with upon and within the os uteri ; the lips and mouth too should be inspected in doubtful cases. It is almost certain that the female is liable to every form of sore which infects the male, but as yet, I believe, there is no recorded case of the dry papule having been met with as a distinct primary lesion.

Period of Incubation.—The period which elapses between the reception of the poison and the appearance of the local lesion is termed the period of incubation. As may be surmised from what has gone before, this period varies greatly, ranging from two to ninety days. The soft sore has a shorter period of incubation than any of the more generally infecting varieties of chancre. From five to ten days is the average period of incubation for the soft sore ; from seventeen to thirty—twenty-one being the mean—is the average for the hard sore.

There are, however, many well authenticated cases on record of much longer periods elapsing, histories being recorded of fifty, sixty, seventy, and even ninety days intervening between the date of infection and the appearance of the ulcer ; in these cases as a rule the constitutional symptoms are general and severe.

Inoculability.—The property of inoculability upon the same subject is common to all forms of the syphilitic sore, but in very different degrees ; the soft sore being invariably capable of auto-inoculation, while the other kinds of primary lesion are very rarely auto-inoculable. Successful attempts at auto-inoculation have been made, however, with the indurated chancre and with the chancrous erosion, and it now appears probable that the entire difference depends upon the presence or absence of pus. When pus is present, as is always the case with the soft sore, auto-inoculability is the rule ; when pus is absent, as is generally the case with the hard sores, auto-inoculability is the exception. Moreover, as we shall see in the next paragraph when we discuss the unity of the syphilitic virus, this question of auto-inoculation is no longer so important as it was deemed when the doctrine was held that the soft auto-inoculable sore was purely a local lesion quite distinct from syphilis, and that the use of the term, syphilis, should be confined to the non-auto-inoculable sores ; viz., to the dry papule, the chancrous erosion, and the hard chancre.

Unity of Poison.—With the exception of the mixed chancre, every form of syphilitic primary lesion as a rule propagates its kind ; this is especially so in the case of the soft and the hard chancres, the dry papule and the chancrous erosion, though often the direct offspring of similar lesions, are not unfrequently transmitted from certain secondary affections ; *e.g.*, condylomata.

This circumstance, coupled with the fact that the soft chancre rarely infects the system, while the hard sores are generally followed by secondary symptoms, led observers to doubt the unity of the poison, some even maintaining that there was a distinct virus for each kind of sore, while most went so far as to say that there were certainly two distinct poisons ; the one giving rise to the soft chancre, which was not a poison which invaded the system beyond the first inguinal gland, the other the parent of the various indurated sores which always infected the constitution at large. As knowledge ripened and syphilographers multiplied, this doctrine proved difficult to hold, if not untenable ; cases occurred where sores pronounced soft chancres by competent judges were followed by constitutional symptoms ; instances of the auto-inoculability of the hard sore were from time to time reported, and in spite of ingenious theories that in such cases as these we had a dual poison to deal with, grave

doubts were thrown upon the validity of the doctrine of duality, doubts which became clearly manifest in the evidence given before the Admiralty Commission in 1870.

It was, I believe, my lot to reduce this vexed question to a demonstration, and prove that there is an essential unity in the syphilitic poison; for in some experiments, published in the year 1872, I succeeded in producing an auto-inoculable sore from a typical indurated chancre, and again in obtaining constitutional infection by inoculation from a freely suppurating non-indurated sore. Still though "duality is dead," it yet speaks, and furnishes us with useful hints in both prognosis and treatment. It is the very general rule for the syphilitic primary sores to breed true; the soft sore produces the soft sore, and as the virus is wholly thrown off in pus, requires no mercurial treatment from first to last; the hard sore gives rise to the hard sore which infects the entire economy, and requires a lengthened mercurial treatment to remove its eradication from the system. A fuller discussion and explanation of these facts will be attempted when we come to speak of the pathology of syphilis.

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,
Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page 466.*)

Tenotomy of the Tensor Tympani.

Having in my last paper referred to the operation of incision of the membrana tympani, it may be well to take this opportunity to say a word regarding tenotomy of the tensor tympani. I may here remark that this is an operation the utility of which I have myself no practical experience of. I have hesitated to practice tenotomy until more definite results are obtained from its performance, and the cases in which it is indicated are more clearly defined. It may be of interest however to describe the steps of the operation, and to give some of the most recent views regarding the benefit derived from its performance and the pathological states which indicate the adoption of this plan of treatment.

Aural surgery is mainly indebted to Weber-Liel for the introduction of this operation, and to Hyrtl for maintaining that, in spasmodic contraction of the tensor tympani, its performance would be attended by useful results. I make no apology for quoting from the translation by Prof. Alex. Loos and Laurence Turnbull, of Weber-Liel's paper in the *Monatsschrift für Ohrenheilkunde*, which translation appeared in the "Half-Yearly Compendium of Medical Science" of 1873. Dr. Weber-Liel says:—

The consideration which caused me to adopt the operation of tenotomy of the tensor tympani muscle, as one that offered important therapeutic chances, was decided by the following considerations:—

First. (*a.*) That according to the experiments of distinguished investigators, it seems established that the musculus tensor tympani, under a normal condition of things, keeps not only the membrana tympani and the series of bones with the apparatus connecting them, but also the labyrinth by means of the stapedial bones, under a certain degree of permanent tension; and that accordingly it is also correct that an anomalously strong tension of the muscle brings not only the membrana tympani into a hypertension which hinders the normal reception of sound waves, but likewise places the bones of the ear in too high a degree of tension, which does not promote the transmission of sound waves, and also at the same time subjects the intra-labyrinthine phenomena to an increased pressure.

(*b.*) That it may be assumed (see my argument for this assumption in the dissertation "On Secretions" in No. 11, 1870, and No. 1, 1871, of this monthly) (*a*) that a permanently increased tympanal and intratympanal tension (especially with a frequently occurring simultaneous disturbance or interruption of the ventilation of the Eustachian tubes, *i.e.*, with an obstructed access of air into the cavity of the tympanum, with the unavailability of respiratory and motory forces for the intra-tympanal circulation of the blood, on account of limited vibrations of the membrana tympani, &c.), may also furnish the first and continued cause, even without this concurrence of vasomotor disturbances or obstructions in large vessels, for an alteration of the intra-tympanal circulation, and thereby for disturbances of the tympanal and intra-tympanal sustentation, for the superinducing of hyperæmia and secondary catarrh, and in consequence of this for the thickening and induration of the living membrane of the intra-tympanal structures.

(*c.*) That likewise an increased pressure within the labyrinth, transferred and sustained by the tensor tympani, may finally not only lead to alterations of the circulation and oscillations within the labyrinth, especially when the possibility for a compensatory or collateral yielding to the excessive pressure is made difficult by other disturbances (such as intracranial excess of pressure, hyperæmia in the brain, &c.), but also by the very same cause the reception of sound waves and the oscillatory capacity of the intralabyrinthal apparatus must necessarily be lessened.

(*d.*) That it may be admitted that by the concurrence of all these causes a very great decrease in the faculty of hearing must gradually be developed, while at the same time, in consequence of the irritations by intralabyrinthal pressure and of the obstruction of circulation, subjective noises in the ear, and symptoms of dizziness are noticed. This may, *e.g.*, be illustrated by cases in which the cavity of the tympanum is exposed and only the stapes is preserved; if a pressure is exerted upon the head of the stapes by means of a blunt probe, the patients immediately complain of noises in the ear which previously did not exist, and also in some cases of considerable congestion or dizziness.

(*e.*) That, finally, it is probable that an immovableness of the bones of the ear which is permanently sustained by an active or passive tension or shortening of the tensor tympani, may furnish the only or accessory cause not only for the anchylosis of the articular connections of the bones of the ear, but also on account of the simultaneous permanent pressure of the stapes into the fenestra ovalis, on account of the continuous, locally sustained irritation of pressure and of a superinduced sectional afflux of fluids and obstructed communications, for the vascular anastomoses, mediated by the membrane of the fenestra ovalis, for the development of a synostosis (synosteosis) in the connection between the stapes and vestibule (especially with predisposed gouty or rheumatic individuals).

Secondly. That on the other hand the observation of patients, especially those submitted to *post-mortem* examination, shows that the tensor tympani muscle may be completely inactive, atrophied, or in a state of fatty degeneration, and that with the ulcerative destruction of the membrana tympani and of the bones of the ear, even its tendinous termination may be completely lost, and yet, provided the stapes only exists and is movable, the function of hearing may be preserved in a degree sufficient for intercourse (the hearing being preserved for two inches, the normal hearing distance being forty).

This would show that the principal perceptible functions of the tensor tympani commence only at a certain "quale et quantum" of the requisition made upon the organ of hearing: and experience further shows that even in spite of an accidental single injury and destruction, produced by the penetration of foreign bodies into the tympanum, a subsequent appropriate treatment may prevent the occurrence of dangerous inflammatory symptoms of reaction principally by the prophylactic inner application of oleum terebinthinæ.

That, finally, the preliminary experiments in the performance of tenotomy of the musculus tensor tympani on a dead body enables us to find a *modus operandi* by means of which the cutting of the tendon of the tensor can be done without touching other important formations of the tympanum, without luxation of the bones of the ear, especially without tearing the stapes from the fenestra ovalis.

Hence he considers that tenotomy of the tensor tympanum is indicated in (*a*) those cases of "progressive disturbances" of hearing accompanied by subjective phenomena "with and without additional symptoms of dizzi-

(*a*) *Monatsschrift für Ohrenheilkunde.*

ness," or tinnitus aurium, and where all other therapeutic means had failed ;

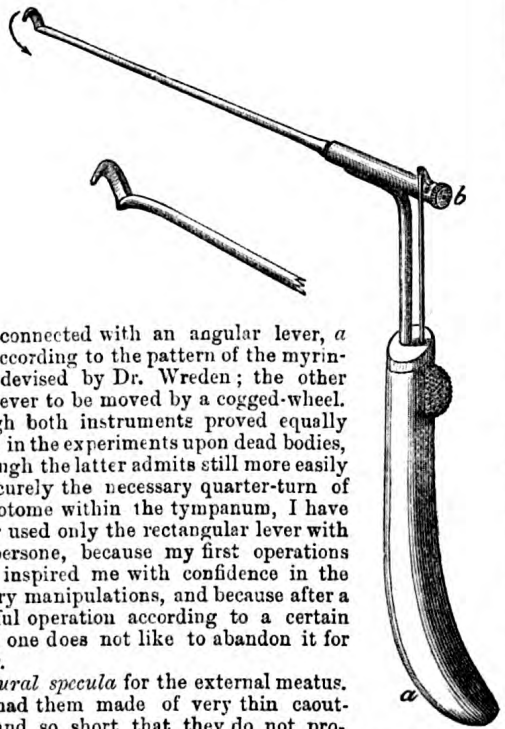
(*b*) those cases in which objective symptoms such as contraction of the membrana tympani ; fixation and retraction of the malleus, and where "the anterior portion of the membrana tympani stands back from the sharply projecting edge of the handle of the malleus and is immovable." In these cases he points out that the state of tympanal and intra-auricular hypertension before referred to exists, and that in removing the tension caused by the retraction of the tendon of the tensor tympani, we at least remove one factor, and that a powerful one, which increases the pressure on the labyrinth.

The most favourable cases for tenotomy he considered would be such as were only partially relieved by the air douche, and in which a temporary, but not a permanent, improvement was effected. The following, quoting from the same translation of Drs. Loos and Turnbull, is the description of the operation as originally performed by Dr. Weber-Liel :—

This operation requires,

1. *A tenotome*, constructed in such a manner that the manipulations and excursions necessary for securely holding and cutting the tendon of the tensor can be transferred and performed outside of the "meatus," which does not well admit of any other procedure on account of its narrow and tortuous construction. After many preliminary experiments upon the dead subject, I had two tenotomes made (an illustration of one of which is figured in the drawing).

Fig. 32.



It is connected with an angular lever, *a* and *b*, according to the pattern of the myringotome devised by Dr. Wreden ; the other with a lever to be moved by a cogged-wheel. Although both instruments proved equally efficient in the experiments upon dead bodies, and though the latter admits still more easily and securely the necessary quarter-turn of the tenotome within the tympanum, I have thus far used only the rectangular lever with living persone, because my first operations with it inspired me with confidence in the necessary manipulations, and because after a successful operation according to a certain method one does not like to abandon it for another.

2. *Aural specula* for the external meatus. I have had them made of very thin caoutchouc, and so short that they do not protrude beyond the level of the meatus, else they hinder the necessary manipulations to be made with the tenotome outside of the meatus.

3. An apparatus by means of which the patient's head is secured in the position most favourable for the operation in such a manner as to prevent any motion on their part which might endanger its success while the knife enters the cavity of the tympanum and performs the cut.

Connected with this apparatus is a tongue-shaped clamp which holds the external ear from behind, and for the sake of straightening as much as possible the meatus, which is otherwise angular, keeps it drawn backward, outward, and upward.

Connected with this head-rest is an aural mirror by means of which an observer can follow the steps of the operation.

After fastening the patient's head, by means of the head-trap, obliquely into the head-rest (secured to a table which, if possible, is itself securely fastened) in such a position that at the same time the patient's shoulder, which must be as low as possible, does not hinder the motions of the operator or of the instrument, and so that the daylight of a sunny sky can enter the meatus and clearly illuminate the membrana tympani, in toto, the operator seizes the tenotome, which is adjusted straight, as shown in the illustration, at the handle in such a manner that the thumb of the corresponding hand rests upon the head of the lever-slide. For the tenotomy in the left ear I use the left hand ; for that in the right ear the right ; it seems necessary to me that the physician, in order to be able to perform this delicate operation in every case elegantly and securely, should be ambidextrous.

The tenotomy is performed in four steps :—

First step.—Introduction of the tenotome, its handle, behind and outside, in a position more or less approaching the horizontal, into the meatus, and piercing the membrana tympani with the upper sharpened edge of the hooked knife about one and a-half millimetres in front of the handle of the malleus, somewhat below and to the side of the short process.

Second step.—Pushing through of the hooked knife into the tympanum. While the handle of the instrument is lowered and inclined forward, the hooked knife, conducted by most accurate knowledge of the anatomical relations, forthwith extends over the tendon of tensor, controlling it from the front ; while the operator accurately "feels his way to ascertain whether the tendon is indeed under the control and within reach of the hook, he must see that the hooked knife comes neither too near the insertions of the tendon at the handle of the malleus (so as not to injure the chorda tympani), nor too near the wall of the tympanum. In neither of these two cases can the operation be successfully performed, since at the subsequent quarter turn of the hooked knife, although edge and point are made so as to turn somewhat outwardly, it is either entangled in the lower back part of the membrana tympani, which is umbilically drawn inward, or pushes against the wall of the labyrinth and the stapes.

Third step.—While the hooked knife is firmly adjusted upon the tendon of the tensor, the operator exerts a light, drawing pressure upon it, and while the handle of the tenotome is directed forward (toward the patient's face), the bottom of the lever (in the groove of the handle) is pressed downward ; this causes the hooked knife to make a quarter turn forward, and the tendon of the muscle is cut still more securely by the lower edge of the knife, so that it cannot well escape. In the moment of the succesful cutting of the muscle a distinct cracking noise is usually heard.

Fourth step.—While the operator must endeavour to keep the little knife intra-tympanal as much as possible in the anterior part of the cavern tympani (in order not to strike the connection between the incus and stapes, or the stapes itself), the lever button at the handle of the instrument is pressed somewhat backward so as to restore the hooked knife to its former position, and to make its removal from the slit-shaped wound of the membrana tympani easier.

The operation is performed without anæsthesia ; even very sensitive patients assert that it is not particularly painful.

In the *Philadelphia Medical and Surgical Reporter*, of January, 1877, Dr. Turnbull contributes a valuable article on this subject. Dr. H. Schwartze, he says, attributes the good results rather to the incision of the membrane than to the division of the muscle, but in this he (Dr. Turnbull) does not agree with him, inasmuch as he had previously incised the membrane, in the cases published by him, without a good effect. He refers to Dr. Kessell's experiments on the lower animals, in which considerable injury was done to the ossicula, without any bad results, and in which the endo-lymph escaped, to prove that there is not the danger attending division of the tensor tympani that we might imagine.

Dr. Schwartze's results have not, however, been favourable ; quite the contrary : "he has never, in any case operated on by him, been able to bring about a permanently favourable result." On the other hand, cases have been recorded in which "violent inflammation, extending itself from middle corto-labyrinth, with extensive impairment of the hearing, and an aggravation of the subjective noises," has taken place. Dr. Schwartze uses a very simple tenotome. (Fig. 33.)

"A separate instrument is required for each side. He first makes an incision, with the paracentesis needle, behind the upper end of the handle of the hammer and short process, and then introduces the tenotome into the cavity of the tympanum, with the bent point upward, and in a direction toward the tegmen tympani, and afterwards turns it at right angles, so that the edge lies over the tendon. This is then divided, by a sawing motion, without, however, the exertion of much pressure."

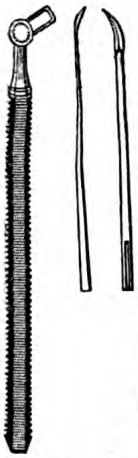
Fig. 33.

He does not use chloroform, or fix the head.

"Immediately after the cutting, he can generally see (unless the membrana tympani is very opaque) the accumulation of blood behind the membrane; this, however, becoming absorbed in a few weeks."

In the same paper, Dr. Turnbull gives the experience of Dr. Hartmann on this operation. From a series of experiments Dr. Hartmann concludes that the disrepute into which the operation has fallen, depends on the non-division of the tendon, or its incomplete division. He lays stress on the following points:—The incision must be made through the posterior segment; the tenotome must have a curve to reach the tendon, which lies high, 1 mm. above the upper edge, the cause of failure in many cases arising from making the incision too low. He thinks Weber-Liel's instrument too complicated, and with it there is risk of injuring the malleus and malleo-incus joint.

Fig. 34.



Taking these points into consideration, he operated on a patient given him by Politzer, from the posterior segment, with an instrument curved slightly on the flat surface, 2 mm. wide, and so sabre-like curved that, holding it in the position for operation, the point will rise above the upper edge about 1 mm. An instrument is required for each side and fitted in a handle. (Fig. 34.)

For the operation, puncture, 1-1½ mm. behind the handle of the hammer, just below the level of the short process; push the instrument, with the handle slightly elevated, to the middle of the cutting part of the blade, at the same time keeping the handle close to the posterior wall of the canal. Now the handle is lowered, the instrument slowly drawn back, and at the close the handle is again elevated. In this way the tendon is cut from below, in a direction from front to back, avoiding the inner extremity of the upper wall of the passage, and the neck of the hammer which lies close to it. In performing this operation, we have to avoid puncturing too close to the hammer, for fear of striking it on the other side of the membrane. After passing the knife about 3 mm. into the tympanum, the handle is moved to the posterior wall of the canal, to avoid the promontory; the chorda tympani was, in several cases, not touched, nor was the long leg of the incus.

He claims the following advantages:—

1. Simplicity and ease of performance, owing to the very slight change in the position of the knife after entering.
2. The instrument having a gradual curve, is not so liable to injure the parts, in case of sudden inadvertent motions, as those with sharp angles.
3. The operation can be done without confining the head, and thus rids patients of their greatest dread.
4. As the cutting is done by a drawing motion, and not by pressure, lacerations of the membrana tympani and ossiculi are more easily avoided.

He is of the opinion that we can only judge of the importance of tenotomy by excluding the influence of other factors which come into play in the performance of the operation. He refers here particularly to the paracentesis of the membrana tympani, and, in the posterior operation, to the division of the posterior fold. He thinks, before tenotomy is attempted in any case, the paracentesis, or division of the posterior fold, should be tried.

DISEASES IN WHICH THE EMPLOYMENT OF GALVANISM IS LIKELY TO BE SUCCESSFUL.

By Carey Coombs, M.D.Lond.

Some four years ago the apparatus used for the application of electricity in the treatment of disease at hospitals in the metropolis consisted of a pint Smee cell, a primary coil, and a vertical glass-tube for graduating the strength of the current. With such scanty apparatus (often out of order) it could not be said that galvanism was much employed. No doubt there were institutions in which better instruments were used, and there were physicians, notably Dr. Golding Bird, who carefully and successfully practised both faradisation and the use of frictional electricity. But while the profession allowed this valuable agent to remain unused; quacks and irregular practitioners made good use of it, often successfully treating the patient—still oftener benefiting themselves; they practised electro-metallurgy, in fact. The history of electro- as of hydropathy is instructive, as showing how good therapeutic agents neglected by the orthodox had comforted and sustained the heterodox.

I think that there is a tendency on the part of medical men generally to treat patients by means of remedies not capable of being put in a graduated bottle. Are not physicians disposed to employ increasingly such agents as baths, mineral waters, external applications (including hypodermic injection), and medication by capsules, coated pills, lozenges, anything rather than bottles of medicine, in fact?

Electricity is one of those therapeutic agents which appeal almost directly to the part affected—like astringent lotions to ophthalmia, and hypodermic morphia to brachialgia, &c.; it is, therefore, likely to be employed more and more.

The purpose of the present paper is, by pointing to the results which have attended faradisation and galvanisation in various diseases, to show the cases in which they are likely to be successful.

Probably electricity in some form or other has been applied to more cases of *hemiplegia* than of any other disease, and very likely has been employed too early in many instances, leading to tremors in the muscles involved, or even to graver evils. Some electricians recommend that an interval of six months should elapse after the attack before beginning regular faradisation. Let it be borne in mind that electricity cannot remove a clot or cicatrix which is intervening between the nervous centre and the paralysed part.

The function of faradisation in cases of central paralysis "is to maintain or restore the conductivity of the nerves and the contractility of the muscles of the paralysed regions which are apt to be impaired by long disease, so that as the nerve centre recovers its function, a path may be open for the first feeble impulses it is capable of issuing. When, therefore, after a proper interval, the reaction of the muscles to electrical stimulation is normal, and the paralysis still persists, further electrical treatment will be useless, as the cause is to be found in the lesion of the nervous centre."

We may, therefore, conclude that, valuable as faradisation is, in some cases of hemiplegia, its period of usefulness is as defined above.

Supposing then that a case of this kind is to be treated by means of a faradic apparatus, the current is tested by passing it through the muscles of the ball of your thumb, placing one sponge-holder on the skin of the arm and one at the root of the thumb; let the current cause decided contraction, *free from pain*, and then apply the sponges to the paralysed regions of the patient's body from five to fifteen minutes daily, or every other day.

The best faradic apparatus yet presented to the profes-

sion is Stöhrer's double-celled one; it is rather large, but it is capable of exact graduation, and it can be used, I believe, with large Leclanche cells, an arrangement which would make its action very little liable to variation. The small cost, the simplicity, and other virtues of electro-magnetic machines will preserve their popularity both with patients and with such medical men as seldom resort to electrical treatment.

Lead paralysis will not yield to faradisation after a certain period has elapsed, though the continuous current (from a many-celled battery) will stimulate muscles to contraction when the interrupted (faradic) current fails; and after the use of the continuous current for a time the faradic current may be used successfully.

In this disease, and in *infantile paralysis*, success may be expected if the treatment is *begun early*. No time must be lost.

Rheumatic and *hysterical* paralysis are often speedily cured by faradism, but cases of the latter kind will sometimes disappoint the physician by the liability to recurrence of the symptoms; of course moral and medical treatment will be added.

Constipation, when dependent on deficient nervous power and paralysis of the bladder, *sometimes* yields to the faradic current.

Amenorrhœa has been most successfully treated by many physicians by electricity of great tension, obtained either from a frictional machine (Golding Bird) or from a faradic apparatus.

It is stated that just as the interrupted current stimulates the menstrual functions, so the continuous current will check *menorrhagia*. (There is difference of opinion on this point.)

Ergot of rye is so sure and speedy an exciter of uterine contraction that electricity has not been tried by many men. In a case of accidental hæmorrhage in my own practice some ergot had been given, but the contraction of the uterus not appearing strong, I used faradism with the effect of the immediate expulsion of fœtus and placenta, and shortly after of a very large clot.

With a small pocket apparatus, such as Gaiffé's, and two electrodes one flat (carried with wash-leather) for the abdomen, and the other shaped like a rectum-bougie for the uterus, it would be most easy to accelerate a tedious labour if ergot had failed, or if there were any reason for withholding it.

Several spasmodic diseases have been treated by electricity with excellent results, and especially in the case with *writer's cramp*, which requires the use of a continuous current applied to the muscles affected. Which muscles are affected the operator must first discern by carefully observing the limb while the patient makes efforts to write.

Observations made by Dr. Poore and others show the increase of power in muscles while a galvanic current is being passed through them.

Shaking palsy is said to be improved by Radcliffe's positive charge if used in the earliest stages.

Electricity should be tried in *asphyxia*, as it has been relieved so many times by the employment of a faradic current passed through the scaleni and the diaphragm. The upper electrode should be small (a brass ball covered with moistened wash-leather is best); and if it is branched with two terminals the current can be applied to both sides of the neck at once—a moistened sponge connected with the other end of the battery being applied to the epigastrium.

Anæsthesia of hysterical origin has lately been relieved by Prof. Charcot by placing plates of metal over the parts affected. Cases of this kind may be benefited by faradisation. But it is scarcely necessary to add that local treatment alone is not likely to be of permanent use.

The results of galvanisation of the seat of pain in *neuralgia* have been very encouraging. Ten to twenty cells of a Daniell or Leclanché battery are employed, and the sponges are applied so as to include the painful spots between them. The application should be made daily.

It is true that the interrupted current has been successfully employed in the treatment of neuralgia, but most physicians prefer the use of the continuous current now.

Electricity in the treatment of *aortic aneurism* has not proved so beneficial as was at first expected, and a summary of recent cases in Dr. Poore's text-book is not at all favourable. On the other hand, the results of galvano-puncture in vascular *nævi* are very encouraging: one or more gilt needles are inserted into the tumour and connected with the negative pole of the battery, while a wet sponge (the positive pole) is placed on the skin somewhere near.

Dr. Althaus and others have obtained absorption of tumours by electrolysis. A modification of this treatment has been lately recommended by Dr. Golding Bird for removing indolent scrofulous tumours of the neck. A plate of silver, on a raw surface obtained by blistering, forms one pole of a battery consisting of one element, the other pole being a small zinc plate inserted in the softened gland.

For surgical purposes Stöhrer's continuous battery will be found best, but physicians prefer the various forms of Leclanché's battery, which are portable, and the element is very constant in action. Daniell's battery is usually preferred when the apparatus is to be a fixture.

There is reason to hope that when the continuous current is more generally employed its value will appear more clearly; many of the cases applying to those physicians who specially use this mode of treatment are past the curable stage.

Yet it is natural that general practitioners should hesitate to expend large sums of money in the purchase of apparatus for the application of a remedy in which they have not much faith; I am alluding now to the continuous current batteries, and until some inexpensive form of apparatus can be produced which shall be simple in management and constant in operation; justice cannot be done to the powers of galvanisation.

Clinical Records.

ST. MARY'S HOSPITAL.

Case of Calculus in Bladder removed by Lithotomy.

Under the care of Mr. NORTON.

Reported by J. S. SCRIVEN, L.S.A.

CHARLES P., æt. 2 years, who had been treated in the out-patient department for some time, was admitted Feb. 12, suffering from stone in the bladder, which could be distinctly made out with a sound. The child was well nourished, and on admission was ordered:—Infus. buchu, ʒij; sodæ bicarb., gr. iij. quater die. Diet, simple milk.

Feb. 13th.—Temp. 103·4.

14th.—Temp. a.m. 101·8; p.m. 104.

15th.—Temp. a.m. 100·6; p.m. 101·8. Does not sleep well, starts up at night screaming; passes water pretty well, but evidently suffers pain during micturition.

16th.—Passed very little water last night. Temp. a.m. 101·4; 3 p.m. 100. At 3 p.m. the bladder being very full, a No. 4 catheter was passed, and urine escaped freely and forcibly through the instrument, and along urethra outside it. On the left side of the glans penis was an adhesion to the prepuce by a fibrous band.

Omit prescription of Feb. 12th.

℞ Infus. buchu, ʒij.; sodæ bicarb. gr. iij.; pot. nit. gr. v.; quater die. He was also ordered a warm bath this morning, and when in it passed a little urine.

17th.—Has not slept well. Passes water frequently, but the act gives pain. Temp. 11 a.m. 104·4; 10 p.m. 103·4.

Omit yesterday's prescription.

℞ Pot. bicarb, gr. v.; decoc. uva ursi, ʒij. quat. die. Add to diet one egg.

18th.—Temp. 11 a.m. 101·6; 10 p.m. 103.

19th.—Restless last night; passed a good deal of water. Temp. 11. a.m. 101·4; 8 p.m. 102·4.

20th.—Slept well, and passed water freely. Temp. 11 a.m. 99·6; 8 p.m. 100·6.

21st.—No sleep; passed but little urine. Temp. morn. 100; even. 100·6; midnight 100·4.

22nd.—Temp. 10 a.m. 101; 9 p.m. 99·6.

23rd.—Temp. morn. 100·6; even. 100·8.

24th.—Pulse 116, fair force; passes water readily; sleeps well. Temp. even. 100·4.

25th.—Temp. morn. 98·6; even. 99·2.

26th.—Temp. even. 99·6.

27th.—℞ Ol. ricini, ℥j., which slightly opened his bowels.

28th.—An enema simple was administered this morning, and at two o'clock patient was placed under chloroform, and a calculus removed by the lateral operation; its shape was a somewhat rounded oval, and weighed 53 grains 48 hours after removal, being then dry. Patient was not sick after the operation. Temp. 11 a.m. 98·4; 10 p.m. 99·6.

March 1st.—Slept well last night. Temp. 11 a.m. 97·4; 10 p.m. 101·2.

2nd.—Temp. 11 a.m. 97·8; 10 p.m. 99·4.

3rd.—Temp. 11 a.m. 97·4; 10 p.m. 99.

4th.—Temp. 10 p.m. 98·4.

5th.—Doing well; has good nights; wound healthy.

Patient continued to progress favourably, the wound beginning to heal on March 13, the fourteenth day from the operation. On March 14 he began to retain the urine better, two hours passing between times of voiding it; and on the evening of March 17 he passed water per urethra, and none by the wound. On March 27 he had a slight attack of diarrhœa, and appetite failed, but recovered. March 28, was ordered ℞ Quiniæ sulph. gr. ¼; tinc. aurantii m v.; aq. ad. ℥ij. t.d.s. On April 2 the wound was quite healed, and he was discharged cured on April 4.

The interest attached to the case consisted in the state of fever which continued for several days after the admission of the patient into the hospital. The temperature was persistently over 103 deg., and the pulse and other symptoms denoted a somewhat acute catarrhal cystitis. Under the treatment adopted, and by the administration of a diet of milk only, with one egg, together with complete rest in the form of confinement to bed for a fortnight, the symptoms were subdued, and the patient was submitted to the operation.

During the early days after admission, the temperature continued to rise, and it became a question whether the symptoms could be reduced, or whether they were entirely due to the foreign body in the bladder, the irritation produced by which was increasing in severity. Had such been the case, it would have been necessary not to delay the operation, notwithstanding the greatly increased risk incurred by an operation whilst such severe symptoms were present. It was, however, thought well to delay operating for a few days, to ascertain the result of the treatment, and it was found that the temperature gradually subsided, until about thirteen days after admission it became normal.

M.A.O.—DUB. UNIV.

The University of Dublin has decided to distinguish its inauguration of the new midwifery degree of M.A.O. (Magister Artis Obstetricæ) by conferring the degree, *honoris causa*, on Drs. Sinclair and M'Clintock. Dr. Sinclair is, it will be remembered, King's Professor of Midwifery in the School of Physic, and has charge of the obstetric department of Sir Patrick Dun's—being also the medical superintendent of the vaccine system, under the Local Government Board. Dr. M'Clintock is the Examiner in Midwifery in the University, the author of the well-known "Clinical Memoirs," and editor of the Sydenham Society's edition of "Smellie's Midwifery," of which the second volume has just been issued. The first capping of an M.A.O. Dub. Univ. is an event of some importance, inasmuch as it is the first public recognition by the University of midwifery as a distinct medical science. There are some who deprecate the individualising of specialties, and consider that a licence to practise should encircle every conceivable specialty, but experience makes plain the necessity for giving special prominence to obstetrics, and the University has properly recognised that necessity.

The Governors of Mercer's Hospital, Dublin, have almost completed the new addition to the hospital, which they have been enabled to build by the generosity of Sir Joseph Napier. Unfortunately they found—a not unusual case when buildings are in progress—that one of the walls of the original building should come down, and they now appeal for subscriptions to cover the additional expense. No charitable institution in Ireland does more or better work with its funds than Mercer's. It is in favour with the sick poor, and deserves public support, and we hope the required money will be quickly provided.

The International Congress of the Medical Sciences will be held at Geneva from the 9th to the 15th of September next. In connection with the Congress an exhibition of *newly devised* surgical instruments will be opened. They may be sent free of carriage to the secretaries, and should reach them before the 1st of September.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 27, 1877.

"THE FRUITS OF PHILOSOPHY."

It is rarely within our province to comment on such a case as that which has for several days occupied the attention of the Court of Queen's Bench, or on a book the deceptive title of which conveys but a poor idea of the nature of its contents. The book, however, was originally written by an American doctor, and obscene and immoral as it has been pronounced to be by a British jury, it deals with subjects on which the profession are sure to be asked to pass their opinion. The trial was certainly a very extraordinary one, as were also the doctrines which Mr. Bradlaugh and Mrs. Besant would sow broadcast among the people.

The question before the jury was whether the book was obscene, or immoral, or both, for the obscenity or immorality of a work are two distinct questions. With regard to the meaning of the word "obscene," it is to be

regretted that there has been, as Mrs. Besant remarked in her defence, no statutory declaration, and no judicial definition. By the common consent, however, of both public opinion and of the legal profession, a book is regarded as obscene which has a tendency to corrupt the morals or shock the feelings of its readers, whatever may have been the motive of the author. On the other hand, a book may be immoral without being obscene. As the Lord Chief Justice pointed out, if a book recommended assassination, it could not be called "obscene," but the publisher would be liable to the charge of corrupting public morals. It follows, therefore, that a book may be immoral without being obscene, but it cannot be obscene without being immoral. The verdict of the jury was that the book tended to corrupt the morals of the people, but they did not directly express any opinion respecting its obscenity. This, however, was one of the questions they had to consider. "Were there," said the Lord Chief Justice, "in the publication, details inconsistent with decency? Independently of the object and scope of the work, were the details given calculated to inflame the passions and corrupt the morals?" It was contended by the defendants that there was nothing in the book that might not be found in works on physiology and medicine, and the judgment of the Lord Chief Justice seemed to favour this line of defence when he said that if the details of this publication were the same as those contained in medical works, and were calculated to excite the passions, then "those other works were open to the same condemnation." But the obscenity or not of a book much depends upon the class of readers for whom it is written. What would not be obscene to a medical man or a student in physiology, would undoubtedly be obscene to the youth who read it to gratify a prurient curiosity. What is perfectly unobjectionable when written to instruct a *bonâ fide* student becomes unpardonable when written with a view of advocating practices that may seriously corrupt the morals of society. The obscenity of the book therefore lay in the fact that it had no pretentions to be a scientific work, and that all the anatomical and physiological details were written to acquaint the masses with certain facts, and to show them what use might be made of those facts.

With regard to the general scope and purpose of the book, we are sure that every one will be glad that both the judge and the jury exonerated the defendants from any intention of doing aught to corrupt the morals of the people; and we are surprised that the Solicitor-General should have weakened his case by bringing a charge against them which had not the slightest foundation. Not only were they evidently innocent of the motives imputed to them by the prosecution, but the purpose of their publication involved a question which has engaged the attention of some eminent political economists, and had the defendants published their views in such a form as would have first tested public opinion on the subject, and such as was addressed to the few instead of to the multitude, little could have been said against them or their book. There are many who will admit, as Malthus, and more recently, Mr. Mill, and others have contended, that the over-population question is one that may one day engage the serious attention of the political economist, and even from some such standpoint as that taken by Mr. Bradlaugh and Mrs. Besant. The time may come when the population of all the inhabitable parts of the globe may be out of all proportion to the means of subsistence. But that time has not yet arrived, and with regard to our own country and our colonies a long period will elapse before poverty, misery, destitution, and crime can be imputed to over-population to such an extent as to warrant the general adoption of the checks upon population that have been advocated by some writers. It may be, as the Lord Chief Justice remarked, that the evils of over-population are real, and not imaginary. But these evils have been much exaggerated, and imputed to a wrong cause. Much of the want and misery that we see around us is not so much due to over-population, as to intemperance, to the improvident habits of the lower classes, to their waste and extravagance. Encourage temperance, encourage thrift and social economy, promote education, and encourage emigration, and we shall suffer little from the effects of over-population. Even now what signs are there that our population is increasing faster than the means of subsistence? Pauperism is on the decrease, wages are higher than they have ever been before, the farmer finds it difficult to supply himself with labourers, and mistresses are offering exorbitant wages for general servants and plain cooks. The skilled mechanic or artisan can afford to live and work like a gentleman; and it is difficult to find recruits enough to keep up the full complement of our very small army. But granting that this country is getting over-populated, and granting that the evils of this over-population are as great as they have been represented, it has still to be shown that there is no other remedy than that of diminishing the number of births, and that neither temperance, nor thrift and providence, nor emigration, are alone sufficient to keep down the excessive population. And when it becomes obvious that some kind of artificial restraint or check must be put upon over-population, the question will arise what check is most consistent with the health and morals of the public; whether by late marriages as recommended by Malthus, or by continence after marriage as advised by John Stuart Mill, or by the artificial checks upon conception the obscene and immoral advocacy of which led to the recent trial. Those questions, however, were not for the consideration of the jury. The point they had to settle was whether the book tended to corrupt the morals of society. Undoubtedly it did. The very title of the work was objectionable, and was calculated to attract the attention of those whose morals would be most affected by its perusal. The book itself was published for indiscriminate circulation, and advocated practices the general knowledge or adoption of which would be attended by the most disastrous results, even so far as loosening the very bonds of society. For there was, as the Lord Chief Justice remarked, one point on which the Solicitor-General very properly laid great stress, namely, that assuming the book was one fit for the perusal of married people, its wide and indiscriminate publication showed the unmarried of both sexes how they might safely indulge their passions, and that, therefore, it had the effect of corrupting public morals.

Although, however, the population question was not one the jury had anything to do with, we may here take

the opportunity of remarking that whenever it comes to be seriously discussed, there are certain considerations of a medical nature that must not be lost sight of. With regard to the encouragement of late marriages, it would be our duty to show that such a practice, if generally adopted, would add largely to the amount of prostitution and disease already existing. Nor could we approve of the practice enjoined by Stuart Mill, that of continence after marriage. Continence cannot in some cases be long persevered in without injuring the health, or leading to vices far worse than those condemned in the "Fruits of Philosophy." And if it is difficult to observe in the unmarried state, it is still more impracticable in the case of those that are married. For as the natural impulse and temptation to gratify the passions are much stronger in married men than those who have resolved to remain single, so would continence be a far greater tax upon the moral courage as well as upon the health of the individual in the former case than it would be in the latter. It could not, indeed, ever be practised to such an extent as to effect in the least degree the population of a country. Nature is too strong to admit of any such evasion of her laws. The sexual instinct is too strong to admit of its being burked in the married state, however much it may be kept in abeyance in a state of celibacy.

Lastly, as respects those artificial checks to conception which have recently excited so much attention, it would be incumbent upon us to show that most of them are either INJURIOUS TO HEALTH OR UNRELIABLE.

In the above remarks, nothing has been said about what seems to us one of the most remarkable features of this trial. We allude to the fact of Mrs. Besant defending herself, and not placing her case either in the hands of counsel, or in the hands of her friend and coadjutor, Mr. Bradlaugh. Was there no gallant champion of the other sex to persuade her to place her cause in more becoming hands? It was a strange sight that—to see an Englishwoman stand up in a public court of justice and defend a book, the morals of which have been denounced in the strongest terms by the lay press—a book the teachings of which have been described in one leading paper as "abominable, degrading, and detestable," a book which, however pure the motives of its authors and publishers may have been (and we believe their motives were good), has been found by a British jury to be subversive of public morals. In saying this, we do not, of course, cast the slightest reflection upon the character of the defendant; we merely would express our astonishment and our regret that she appeared so prominently before the public in defence of this miserable publication.

HOW IS QUACKERY TO BE REMEDIED?

THIS is an ever-recurring question; one which has for the past fifty years occupied the attention of medical reformers; but in spite of legislative attempts to remedy it, the subject is still as fresh as ever, the evil seems unabated, and another association—the latest development of professional dissatisfaction with the existing state of things—has started into life to grapple with the malady.

We allude to the Medical Defence Association, the annual general meeting of which is about to be held, on Friday next, at the rooms of the Medical Society of London.

This Association has, perhaps, been the most successful of all that have ever been formed for the object of controlling practice by unqualified persons, a duty which our Chartered Bodies, like the Colleges of Physicians and Surgeons, with ample powers for the protection of the profession, should have undertaken, whilst the Medical Council, with equal apathy, has simply contented itself with platitudes, regretting the existence of this evil, without giving any assistance to check it.

It is a noteworthy fact, that we are indebted principally to the general practitioner for professional reform; the explanation is an easy one.

We might almost say that the general practitioner occupies the most important place in the profession; the majority of the public employ him as their medical attendant, and their health is watched by him almost from the cradle to the grave.

Engaged in the practice of medicine in all its branches, he watches over the parturient during the period of pregnancy, and the child almost necessarily in all the phases of disease through which it passes, comes under his care, until it reaches manhood or womanhood, and he thereby acquires a confidential and responsible relationship with the majority of the population. He is the family friend, physician, surgeon, and as his education has advanced with the requirements of modern medicine, he has even obtained a greater power over the public health, so that it is still more true at the present day, "that upon the skill and judgment of the general practitioners depend mainly the health of the community."

He is more thoroughly acquainted with the general wants of the profession; he knows where the shoe pinches; belonging to the rank and file, he has a more extended sympathy for his working brothers, which, unfortunately, is not displayed—perhaps through ignorance of facts—by those in the highest and wealthiest ranks of the profession.

Combinations in the past have been of service in ameliorating his condition, and as he has learnt that he must rely on himself, the Defence Association is another indication of his determination to advance with the banner of progress.

This Association has the great merit of consistency; in their proceedings they have distributed justice with an equal hand; those inside the profession, and those outside, who have offended against our medical laws, have had an equal measure of justice dealt to them. We feel pleased that the executive, whilst seeking to redress our grievances, have recognised the importance of internal reform, that quackery and mercenary dealing within the profession have been unsparingly condemned by them, for thus they can take a higher stand on their platform before public opinion, and can present themselves with clean hands before any minister disposed to deal with measures of medical reform.

The object of this society is a very natural one, but it is a matter of wonder that the question has not long since been definitely settled, for, *per se*, it seems so very simple.

For the protection of the public health, it has been

deemed wise to institute examinations for testing the efficiency of those who aspire to practice medicine or surgery, and for that purpose we have universities, colleges, and schools of medicine to supply the means of education, and also to confer the necessary degrees or licenses to practise. Various legislative enactments have conferred privileges on those who comply with the regulations, and penalties have been entailed upon those who pretend to be registered practitioners, or who assume the names or titles by which regular practitioners are distinguished.

We should imagine that nothing could be more clear or decisive, and not unnaturally expect that these laws would have had a most salutary influence, and that few would dispute the benefits to be derived from being thus able to discriminate to whom the health and lives of the public might be entrusted; but such has not been the case. Illiterate and ignorant aspirants have encroached on the province of the physician and surgeon, and, to complicate the difficulty, a body of men—who themselves are indebted to the legislature for their own privileges, and who have been elevated thereby—have swelled the lists of unlicensed practitioners, and have even the assurance, as we stated in our last issue, to claim the power of prescribing as a *right*.

The questions, then, naturally suggest themselves: Is there no means of abating this evil? Can we not prevent such illiterate and boastful pretenders to medical skill from tampering with the public health?

Is it not our duty, as custodians of powers temporarily entrusted to us, to protect the poor and ignorant from persons of this stamp? We regret that the chemist and druggist have declared war *à l'outrance*, and that they compel us in self-defence to clearly establish our proper position.

We believed that the leading members of the Pharmaceutical Society were in favour of the chemist and druggist strictly confining himself to the duties of his calling—viz., the preparing, compounding, and dispensing of physic, and we regret that we have to be in antagonism with this class.

We have now no other resort, but to appeal to laws which have been framed alike both for the protection of the public, the profession, and the chemist; for it is quite certain that some means must be put in force to restrain unqualified practitioners from officiating in the treatment of disease.

The Medical Defence Association is only the instrument of putting into effect penal enactments, which they have not themselves created. The cases they have already dealt with are typical ones, and fully illustrate the necessity of action in this matter. We do not believe that the Executive are disposed to pervert or misapply their powers against nominal or technical irregularities, or to strain the law. What has been done has been done *bona fide*, and their consistency is shown by their attitude towards unqualified assistants. We would suggest to the Committee the two following additions to their bye-laws:—

1. No one should be allowed to be a member of the Medical Defence Association who employs an unqualified assistant, as he is thereby violating the very laws which he is anxious that others should not violate.

2. The Medical Defence Association should not give its support to any medical journal which inserts advertisements for unqualified assistants, or makes itself the medium of communication thereon.

We hold that it is inconsistent to write *paragraphs condemning* their employment on one side of the page, and on the other side to *encourage them* by wholesale announcements because they are paid for. We have on former occasions fairly considered the position of the unqualified assistant, and it is for his own interest we advocate such stringent measures. We desire to raise him from a life of drudgery and toil, to elevate him from a false and anomalous position, and to give him a stimulus to qualify and raise himself. We know of men who, having all their lectures out, hospital attendance, &c., have been unqualified assistants for years; they have remained so through their own fault, content with the paltry pittance they receive and their humble lot, lost to all feelings of ambition, a source of dissappointment to their family and their friends, and of pity even to their employers and former fellow students.

We are doing them good service even by our seeming severity.

There are others who have crept into the profession without any training, and who should never have been professionally employed; they cannot reasonably complain of losing privileges to which they were never entitled. They have our sympathy and regret for their unfortunate condition, but it will be even better for them to have their chains broken, as they can thereby transfer their abilities to other more legitimate and more lucrative fields of usefulness.

THE IRISH LOCAL GOVERNMENT BOARD AND THE FREEDOM OF THE PRESS.

It has come to our knowledge that a dispensary medical officer was recently called upon by the Irish Local Government Board to resign his office because—in answer to a request from us—he had furnished to the Medical Press and Circular copies of three letters addressed by the Local Government Board to the Board of Guardians of his union, the hon. sec. of his committee, and to himself. These communications were official and public documents, had reference to a legal decision of the Board on a matter of public interest, were read at the Board of Guardians, and would have appeared in the local newspapers if a reporter had happened to be present. They were forwarded to us by the medical officer without comment, and without a word which could possibly be tortured into disrespect to the Local Government Board, and they were printed by us in full and commented on in such terms of disapproval as we thought fit. *En revanche* for our criticism the medical officer was required to deliver up his office, but this demand has, we understand, been since withdrawn, on the explanation and protest of the officer in question.

We are restrained by regard for the interests of the medical officer from entering into the details of the matter, but we cannot permit such an audacious attempt

to terrorise Poor-law medical officers, to silence the press, and to crush public criticism to pass without protest. We pledge ourselves that the facts are as we have stated them, and that disrespect to the department was neither implied nor expressed, nor, as far as we know, intended by the medical officer, and we are, therefore, forced to the astonishing conclusion that the Irish Local Government Board assumes the publication of an official document to be insubordinate and pretends to a right to dismiss an officer for such an act.

A more audacious and more grossly illegal assumption of authority never entered the minds of a public body, and we certainly regret that the circumstances do not afford the Poor-law medical officers of Ireland and the press an opportunity to appeal to the masters of the Local Government Board against a despotism which has no parallel even in the *regime* of the strictest martinet in the army. The official letters of the Irish Local Government Board have been published in the exercise of our undoubted right, for a long series of years in the MEDICAL PRESS, and we have every intention of continuing to submit both them and all acts of the Board to a wholesome and, as it appears, a most necessary criticism.

We await with anxiety a fitting occasion to submit to a proper tribunal the question whether the Act gives to the Board any such power over their officers as they assume.

The 8th section of the Medical Charities Act—the only law which confers power of dismissal, says :—

And the committee shall appoint from time to time, subject to the approval of the said commissioners, one or more medical officers for the said district, with such qualifications as the said commissioners shall determine, and with such salaries as the guardians, subject to the approval of the said commissioners, shall determine; and the said commissioners may, and they are herein empowered, when they may see occasion, from time to time to regulate the amount of salaries or allowances payable to such officers respectively, and the time and mode of payment thereof; *and it shall be lawful for the said commissioners to remove any such medical officer on sufficient grounds*, and to direct the said committee of management to appoint another medical officer in his stead.

We remind the board that it may yet be for a jury to revise and correct their peculiar idea as to what are the "sufficient grounds" upon which they are authorised to expel a medical officer against whom no suspicion of dereliction of duty has been breathed.

This episode signally illustrates the fact referred to by us last week—that the administration of the Irish Local Government Board has fallen into a state in which rashness and arrogance are more plainly to be recognised than calmness and judgment. Its public acts are not those of a department which has justice for its policy, efficiency for its object, or calm consideration for its method, but are rather the flighty proceedings of an institution which attempts to rule by the vagaries of an individual instead of the authority of the law. It is quite evident that Sir Michael Beach, who is nominally President of the board, will shortly find himself obliged to disentangle himself from his Parliamentary responsibility for the acts of the board. No minister could venture to defend in the House of Commons an act of despotism such as that to which we have referred, and it may be that the board feels this, and has, therefore, reinstated the dismissed officer.

Notes on Current Topics.

Transfusion of Blood in the Seventeenth Century.

THE operation for the transfusion of blood made at the present time, recalls to mind certain curious particulars which signalised the appearance of this operation in the seventeenth century. The idea dates from this epoch, or at least the first experiment was then made. Certain authors have endeavoured to trace it back to the most remote periods, but it seems more logical to assign it to the age which witnessed the discoveries of Harvey and Pecquet.

Is it not rational to think that the discovery of transfusion was the corollary of the discovery of the circulation of the blood?

Was it likely that the ancients would have practised such an operation with their limited knowledge of anatomy and physiology?

However it may be, there are few discoveries which have raised more storms, caused more discussion than this.

In the seventeenth century, when the idea was put in operation, all the metaphors and forms of speech of that age were put in force to criticise and destroy it; Minerva, Mercury, Cupid, Apollo, &c., poured on it torrents of bile and abuse. Two or three medical men especially formed secret intrigues to rouse the faculty against those who engaged in the novelty; the names of Laury and La Martinere remain celebrated in the history of transfusion by the fury with which they sought to destroy it in the minds of their fellow citizens. The promoter of the new operation, remained for a long time deaf to the attacks of his enemies; who not content with publishing libels, endeavoured to corrupt the parents or friends of those on whom the operation had been performed, and engaged them to accuse M. Denis and his colleagues of having killed their patients.

A man named Mauroy had the blood of a calf transfused into his veins on two occasions, to cure him of insanity. At the instance of his wife, it was tried a third time; the following night the patient died. As soon as the news of this death was published, the enemies of M. Denis tried to turn it to their own base purposes, and three medical men solicited the wife to complain, and lay the blame on transfusion, as the cause of her husband's death.

M. Denis broke the silence which he had so long preserved in the face of these malevolent attempts to injure him, and with a nobleness of a more advanced age, took steps for an inquiry; as he said, "not because it affected his own interest, but that of the public, to make known the illustrious physicians whose minds were so black and base as to engage in intrigues unworthy of men of letters."

La France Medicale, June 6, 1877, gives the decision of the Court, which we regret is too long to transcribe in full.

How history repeats itself! We might almost fancy, reading this old document, the affair had only occurred in our own time.

The result was to a certain extent satisfactory to

M. Denis, though it must have caused him much anxiety and mental trouble, for it clearly established the success of his first two operations, and cleared him of all blame.

It brought out all the bad phases of human nature, as he woman was bribed by some medical men to lay the charge, and an attempt was also made to extort money from those who had performed the operation ; the price of silence being to support her for the rest of her days, else she would comply with the request of the base miscreants and conspirators against science. The result was, as we have said, only partly satisfactory ; for it was forbidden to perform transfusion on any human body under penalty of prison, as the proposition had not been received and approved by the Faculty of Paris. We must thank M. Ambroise Dubois for reviving this memory of the past.

The Treatment of Diphtheria.

THE epidemic of diphtheria, which has prevailed for some time in Paris with such intensity and tenacity, has given rise to an interesting discussion at the Therapeutical Society, on the best medical treatment in cases of croup and membranous sore throat.

M. Cadet de Gassicourt compared the therapeutical value of the four principal recognised medicaments against diphtheria (chlorate of potass, cubebs, perchloride of iron, and salicylic acid), and gave the result of his observations during the years 1874, 1875, 1876, and 1877. In 1874 he treated thirteen cases of diphtheritic sore throat, with the result of ten recoveries and three deaths. Of the ten cured, five had taken chlorate of potass ; three, cubebs (after the formula of Trideau) ; and two, tonic remedies. In 1875 almost all the patients were treated by chlorate of potass—viz., eight cases of sore throat and four of croup, of whom all recovered. These results, in appearance satisfactory, have not the importance the statistics give them ; for the type of the disease in 1874 and 1875 had not a malignant character, and the sufferers were only slightly attacked. In 1876 there were seven recoveries and four deaths, out of eleven patients ; the four children who died were not treated, as they were moribund on admission to hospital. Of the seven cured, three had taken chlorate of potass, two cubebs, and two tonics. In 1877 five children suffering from membranous sore throat were treated with the salicylate of soda, three of whom recovered and two died ; and out of three cases of croup treated with salicylic acid and salicylate of soda, there were two recoveries.

M. Cadet de Gassicourt thinks that chlorate of potass is far from being a very efficacious agent against diphtheria, in spite of its evident superiority over all other medicines, as shown by the preceding statistics. He has a certain preference for it, because it is more inoffensive than cubebs or perchloride of iron ; though he also believes that tonics are necessary to sustain the vital powers. Caustics he believes to be dangerous.

M. René Blanche declared himself as no longer a partizan of cauterisation, as it fatigued the patient and prolonged the disease. Chlorate of potass was the least injurious medicament, and tonic remedies were also necessary.

M. Dujardin Beaumetz said he had received, from a German physician, a *memoire* in which the virtues of chlorate of potass were highly lauded and declared as an almost infallible remedy.

M. Edouard Labbé pronounced himself a partisan for chlorate of potass, and was of opinion that this medicine possessed real tonic properties, besides its topical effects on the buccal and laryngeal mucous membrane.

M. Sanné, after having tried, without great success, chlorate of potass, cubebs, salicylic acid, &c., was convinced that there was not any efficacious medicine against this disease. He was, however, disposed to recognise the tonic properties of chlorate of potass.

We learn this significant fact from this discussion—that our Materia Medica only contains doubtful resources against diphtheria. In the presence of a case of croup or diphtheria, the powers of the patient must be supported by all the means in our power, in order to allow time for the elimination of the poison, and thus more easily to sustain its action.

The Care of Lunatics.

A CASE was recently brought before the court in Worship Street, which shows the difficulties that have to be contended with under the present Lunacy Acts. It was that of a woman, æt. 29, who was stated to be a lunatic "not under proper care and control," and the relieving officer of her parish, accompanied by two medical men, asked for an order for her removal to a county lunatic asylum. It was said that she was kept in the house of her parents, who, though they might do all that they could for her comfort, were, according to what was alleged, unable to do what was necessary. The relieving officer deposed to having visited the place, and found that the apartments to which the young woman was confined were the kitchens, in which, beyond a bed and two chairs, there was no furniture. The place was unwholesome and dirty, the young woman nearly naked, sometimes quite so, and she was in the habit of sitting in a corner af the room untended. The evidence of Dr. Male, of Victoria Park Square, and of Mr. Richards, M.D., Medical Officer of the parish, was to the effect that the removal of the woman was desirable on sanitary and other grounds. On the other hand, Mr. Abbot, the solicitor for the defendants, said that the parents of the unfortunate young woman did all they could for her, and felt that they ought not to be compelled to part with her.

After some further evidence had been given, the magistrate remarked that the point to be considered was the construction to be put upon the words "not under proper care and control." It was quite clear that the woman was a lunatic, and that she was under the care of her natural guardians. He did not see that there was any power except by application to the Court of Chancery to visit lunatics privately kept. To order the removal of the patient in question was a responsibility he did not feel justified in undertaking, and therefore the father was at liberty to take her home. Her natural guardians were liable for her proper care, and if they neglected her the parish could report the matter to the proper authorities, whoever they might be.

It is quite evident that although this unfortunate woman was not subject to any actual neglect or ill-treatment, she

was not under such care and control as her state required. Lunatics are with difficulty managed by their own relatives, and they very rarely improve under their own roof so fast as they would in the house of a stranger, or in an asylum. It is a case to which in all probability the Commissioners in Lunacy will direct their attention. They have, unless we are mistaken, authority to see that she is properly attended to, although they may not be able to remove her.

The Provident Dispensary Question.

In our last we mentioned that a meeting of considerable interest to the profession, convened by the Committee of the Hospital Saturday Fund, was to be held in the board-room of Charing Cross Hospital, for the purpose of discussing the question as to whether provident dispensaries should receive pecuniary aid from the Fund. The meeting was held on Tuesday, over which Mr. Samuel Morley, M.P., presided, who was supported by Sir Charles Trevelyan, Mr. Alsager Hay Hill, Mr. Hughes, Mr. Jabez Hogg, Dr. Ford Anderson, Dr. Edmunds, Mr. B. Carter, Mr. Nelson Hardy, and a large number of working men interested in the Hospital Saturday Fund.

The Chairman, in opening the proceedings, said it gave him much pleasure to find working men taking so much interest in promoting the welfare of hospitals. The question proposed was an interesting one; but, as they would not be expected to commit themselves to any decided view, they might the more freely enter into the discussion. All now asked for was information to enable the Committee to decide upon an equitable distribution at the proper time.

A discussion ensued, during which differences of opinion naturally arose on the question; but, on the whole, it was certainly favourable to the action previously taken—that of making an award to provident dispensaries. It was thought to be desirable, in every way, to give encouragement to a healthy spirit of independence, forethought, and thrift, and thus to prevent the abuse of hospital charity. Since the Fund is subscribed for purposes of medical relief generally, dispensaries of all classes came within the scope of its action, and, at all events, for the present it is quite right to assist in founding and extending those properly conducted on the provident system.

A vote of thanks to the Chairman, and to the Governors of the hospital for the use of the board-room, concluded the business of the meeting.

Hospital Registers.

Recently there appeared in the London *Echo* a letter which cast some reflection upon the system of registering the cause of death adopted in our hospitals. From the evidence that was adduced respecting the "Penge Mystery," it appears that a man and woman took a child about a year old to Guy's Hospital, which died the next day. Dr. Colley having made a post-mortem examination, stated the child died from want of nourishment. "Sister Mary" says that the woman who brought the child made no reply to her request that "she should not leave, as the child was then nearly dead"!—that Patrick Staunton afterwards called, and upon being told the child was dead, plied "he had nothing to do with it." And yet (says the writer) this poor baby was allowed to be taken away by the undertaker not only without an inquest being held, but a passport to the grave was furnished by the hospital register recording "died from inanition."

Another case is also cited, in which the body of a man who died at King's College Hospital from a fractured skull was allowed to be removed from the hospital and buried without any inquest having been held. With regard to this latter incident we may say that it is quite an exceptional one. In all cases of sudden death from accidents, or from death that has occurred under suspicious circumstances, a coroner's inquest is held at the hospital; but as respects the deaths of infants and children from inanition induced by criminal agencies, it is quite possible for the criminal to escape the penalty the law. It is often impossible to distinguish inanition artificially produced from that arising from natural causes, and it is only where suspicion is aroused that a coroner's inquest would be held, and even then it might be difficult to prove that a child died from wilful neglect and starvation. In the case of the "Penge Mystery" there were certainly circumstances attending the death of the child which ought to have created some suspicions and led to a coroner's inquest. At all events, those facts show that our hospital authorities cannot be too careful in dealing with a class of people among whom imposture and crime are only too prevalent.

The Conversazione at the Royal College of Physicians.

This conversazione is one of those gatherings of the *élite* of the profession and their friends which is every year looked forward to with no little pleasure. Old friends meet whom various circumstances have separated for years; the "great guns" are introduced, and create a little emulation in the breasts of those just rising into fame; some "lion" of the season, or some illustrious foreigner graces the company with his presence; and all receive a hearty welcome. The conversazione last Wednesday evening did not in its attractions yield to any that have been held on former occasions. The assemblage of medical men and visitors was as numerous and as brilliant as we recollect it to have ever been before. We noticed his Majesty the Emperor of Brazil and suite; the Chinese Ambassador, accompanied by two or three other members of the embassy; the Dean of Lincoln, Mr. George Cruikshank, Sir James Paget, and many other eminent members of the profession. The Chinese ambassador was a great attraction, considering that the establishment of a Chinese embassy in this country is one of the most remarkable and promising events of the nineteenth century. He appeared to take great interest in the various works of art and scientific instruments, which we need scarcely say were, as usual, well represented on this occasion. An interesting series of etchings by Cruikshank, from 1803 to the present time, were shown in a room by themselves. Galton's whistle, for testing the limits of auditory sound, was exhibited by Messrs. Tinsley and Spiller. A case of fine jewellery, illuminated by the lime light, was exhibited by Mr. Flower; while microscopes, philosophical instruments, and other apparatus were to be seen in endless profusion.

The Premier on Healthy Homes.

Last Saturday Earl Beaconsfield was present at the opening of some model mansions for the working classes, at Battersea. Few statesmen have paid more attention to questions of public health than the noble Earl, whose speech will be read with interest. He said:—

"I need not impress upon you that the home is the unit of civilisation; from it spring all those influences which give a character to society, either for good or for evil, either of a beneficent or of a disturbing character. The man who feels that his home is 'Home, sweet Home' is proud of the community in which he dwells; but the man who feels that his home is a den of misery and crime immediately assails that society of which he believes that he is the unjust victim. I refrain, as a general rule, on an occasion like the present from entering upon statistics, which are sometimes wearisome, and not always clear; but the statistics in this case are so remarkable, that I must for a moment advert to them. We have been told that actuaries, with ample and adequate facts before them, have come to the conclusion that the average death-rate in this great city is from 22 to 25 per 1,000. But statistics are nothing unless they are critical. It is very true that the average death-rate in this city may be only 22 or 25 per 1,000; but the fact is, that if you go to St. Giles's, or if you go to any of those portions of the metropolis which are infamous for their insalubrity, you will find that the death-rate instantly rises from 40 to 60 per 1,000. That alone is a conclusive proof how, if you are really anxious to increase and cherish the health of the people, you must strike at the great sources of disease among the population, and at their insufficient and inadequate dwellings. Some experiments have already been made, and upon no mean scale, for the object; therefore, we can consider it with the advantage of experience. What is now ascertained to be the death-rate in dwellings raised by other societies, but similar in character to those which, by your favour and assistance, we inaugurate to-day? The death-rate is only 14 in 1,000. I think these are results which ought to encourage you in those exertions which we have met this day to stimulate and celebrate. The health of the people is really the foundation upon which all their happiness, and all their power as a state, depend. It is quite possible for a kingdom to be inhabited by an able and active population. You may have skilful manufacturers, you may have a productive agriculture, the arts may flourish, architecture may cover your land with palaces and temples, you may have even material power to defend and support all these acquisitions, you may have arms of precision and fleets of fish torpedoes; but if the population of that country is stationary, or yearly diminishes—if, while it diminishes in number it diminishes also in stature and in strength—that country is ultimately doomed. And, speaking to those who, I hope, are not ashamed to say that they are proud of the Empire to which they belong (loud applause) and which their ancestors created, I recommend to them, by all means in their power, to assist the movement which is now prevalent in this country for improving the condition of the people and ameliorating the dwellings in which they live. The health of the people is, in my opinion, therefore, the first duty of a statesman. Impressed with that consideration, I have endeavoured, however humbly, at all times to assist the movements of this character, and I am confident that there is no object of higher importance to engage the interests of society."

Notwithstanding the various rumours of deaths from sun-stroke during the past few days, none have been verified. Several deaths, however, directly attributable to excessive heat have actually taken place in London, two cases necessitating inquests occurring on Saturday last.

Medical Council "Recommendations."

The columns of our contemporaries are occupied at considerable length by a reprint of the recommendations of the General Medical Council in reference to education and examination. We don't think it desirable to fill our pages with the document, simply because it has little or no effect upon either the education or the examinations adopted by individual licensing bodies. It is, in fact, a collection of medico-educational wise-saws, which anyone who chooses may quote to garnish an argument, but which everyone disregards as completely as it pleases him to do so. One of the recommendations which appears this year for the first time, is, indeed, such as the Council itself could not expect to be acted on, and which, we may assert, will be a subject of derision by licensing corporations. It recommends "that the examination in general education be left to the universities and such other bodies engaged in general education and examination as may from time to time be approved by this Council."

The Council does not seem to be conscious that, at least in Ireland, compliance with this recommendation would mean the handing over of the students of the colleges to the universities, and, as in that country the universities are teaching as well as qualifying bodies, and engaged in active competition for the patronage of students, the Council must be very sanguine if it entertains the hope that the extra-university schools will consent to subject the pupil—just at the moment of his indecision as to the school which he will select—to the blandishments of the university touters. Another pronouncement of the Council is as follows:—

That it is undesirable that any teaching or licensing body should insist on the student taking more than one course of lectures on any one subject.

This suggestion will seem rather amusing when it is remembered that licensing bodies are usually under the complete control of lecturers, and that fees are paid to lecturers at so much per course, and, therefore, the more courses the merrier. Surely the Medical Council might be better employed than in proclaiming theorems the practical application of which is utterly hopeless.

Epidemic Paralysis.

In the last part of the *Journal of Psychological Medicine* there is an interesting translation from the *Annales Med. Psychol.*, in which we have a description of a peculiar form of epidemic paralysis. It occurred in the village of Aryannon, on the Tage, in the Spanish province of Guadelayara, and in other localities, attacking all ages and both sexes, but chiefly those of robust constitution. The lower limbs become first feeble, and then paralysed, with formications, cramps, tremor, and pain. The paralysis is never complete, and the flexor muscles are more affected than the extensors. The paralysis includes the sphincter of the bladder, but not that of the rectum. Muscular coordination and contractility, as tested by electricity, remain intact; and cutaneous sensibility is normal. The progress of the disease may be acute or chronic. The nature of this extraordinary form of paralysis is still obscure. The Spanish physicians think it is owing to an alteration in the anterior columns of the spinal marrow, while others regard it as similar to the acrodynia, which appeared in

Paris in 1828, in Belgium in 1845, and at Constantinople during the Crimean war. The symptoms, however, closely resemble chronic epidemic cerebro-spinal meningitis; the difference chiefly consisting in the fact that the latter affection attacks principally the medulla oblongata and the upper part of the spinal cord, while the Aryannon epidemic is limited, except in rare cases, to the lower part of the cord, paraplegia being therefore the most characteristic feature. It appears, moreover, to be as incurable as the cerebro-spinal disease.

Anæsthetic Mischances.

A DEATH from bichloride of methylene took place last week at the Ipswich Hospital which affords a remarkable illustration of the relative safety of that drug and of ether. The patient was 56 years of age, and was to have had a necrosed bone removed from his leg. He was first given the methylene, which was changed for ether for some cause, which is not stated, but which may have been some alarming symptom produced by the methylene. Having taken the ether with safety until anæsthesia was obtained, the operation was proceded with, but, the patient being allowed to wake too soon, the methylene was again resorted to. In fifteen seconds he was dead. No *post-mortem* examination was made, but some ingenious person hazarded a guess that there had been unobserved apoplexy, and the jury, happy at any alternative except condemnation, adopted the hint, and voted the death accidental, and the medical officers free of all blame. A most unsatisfactory case in all its aspects, and one which should please the medical officers inculpated less than anyone else. Such a fatality may be hidden away by such a verdict, but no one can be satisfied, without evidence, that the case was not one of anæsthetic manslaughter.

A "SOCIETY for the Preservation of the Irish Language," has been established under the auspices of many well known Irish philologists in Ireland. Amongst its vice-presidents stand the Rev. Dr. Haughton, Mr. Butt, M.P., and the O'Connor Don, M.P., while its council is composed of professors and *literateurs* of the Irish tongue.

The object of the Society being the preservation and extension of the Irish as a spoken language, the following are means proposed for that end :—

1. To encourage a familiar use of the language by those who know how to speak it, and to offer premiums for proficiency in the study of it.
2. To promote the formation of classes wherever facilities exist.
3. To encourage the establishment of parochial or other associations.
4. To procure that the Irish language shall be taught in the schools of Ireland, especially in the Irish-speaking districts.
5. To publish cheap elementary works, from which the language can easily be learned, and to furnish same at reduced prices to classes and associations in connection with the Society.
6. To encourage the production of a modern Irish Literature—original or translated.

In addition to the foregoing, the Society hopes soon to be in a position to publish a journal, partly in the Irish tongue, for the cultivation of the language and literature of Ireland.

Results of Hospital Sunday.

THE Hospital Sunday Fund is, we hear, progressing satisfactorily. It is quite up to the mark of former years; indeed, up to the present time, nearly £20,000 have been received at the Mansion House, which rather exceeds the amount received within the same time in previous years. Many churches are, we are glad to see, sending in larger sums than they did last year.

THE mortality in the large European cities is still very high in some cases, of which Munich is the highest on the list with 42 per 1,000 of the population, whilst London is the most healthy, with a death-rate of only 19. The principal American cities are also in a favourable state, the death-rate in New York being 23, and Philadelphia 21 per 1,000 last week.

THE mortality last week in the four principal cities of the United Kingdom per 1,000 of the population was 19 in London, 21 in Edinburgh, 23 in Glasgow, and 25 in Dublin. Of the large towns in the second category, Brighton was lowest with 13, and Manchester highest with 29 per 1,000 of the population.

THE deaths from small-pox still further declined in London last week to 55. Of these, 25 were certified as unvaccinated, 8 as vaccinated, the remaining 22 not being certified. Thirty-three of the deaths occurred in the metropolitan asylums, the other 22 fatal cases were in private dwellings.

WITHIN the metropolitan area last week there were 15 deaths from drowning and 24 from fractures and contusions, in all these cases inquests were held.

TEACHERS OF THE DEAF-MUTE.

LAST week, a public meeting in aid of a Training College for teachers of the deaf-mute, was held at the Mansion House. The Bishop of Gloucester and Bristol occupied the chair. Mrs. Ward Howe, who was present, gave a most interesting account of the cure of Laura Bridgman, by her late husband, and many others.

The necessity for an improved system of education for the deaf-mute in this country has led to extensive inquiries being made into the systems pursued on the Continent, in America, Canada, and elsewhere; and the information obtained conclusively proves that the German system of "lip reading" and articulation is by far the best, especially for the poor, since it enables them to make their way in the world so much better than those who have been educated in the "sign method."

The benefits derived from this system have only to be known, to be thoroughly appreciated by the public. It is a terrible thing to think that there are numbers of people in our midst speechless for no other reason than that the power of speech which exists in all, even in those who are born deaf and dumb, has never been developed, simply allowed to be lost through want of cultivation. Any system then which will restore speech where it has been lost through disuse in consequence of deafness, and create speech where it has not before existed, and gives to the deaf the faculty of reading and conversing with other persons, certainly deserves to secure public recognition and support.

In order to provide for a more general extension of such a system of education for this unhappy class, it is of the

utmost importance that a training college, or institution of some kind should be at once established for many reasons. First, that new schools for the afflicted are continually being called for and opened, and the education afforded in them is based upon an inferior signs and manual system, because qualified teachers are not to be found to instruct them in a better one; second, an increasing demand is made every few months upon the school boards to admit children of the deaf-mute class and instruct them by the lip method, but the cry is teachers are not to be had for love or money, and even private families who are willing to pay a high rate of remuneration, cannot obtain what they so much want. It must be apparent then that the support and interest of the public is alone needed to make this philanthropic scheme a perfect success. The meeting pledged itself to this in the following resolution, which was moved by the Rev. Canon Fleming, B.D., Chaplain in Ordinary to Her Majesty, and seconded by Mr. Jabez Hogg :—

"That this meeting urges the necessity of educating all the 'deaf and dumb' in this country, and considers that save in a few exceptional cases such education should for the future be given on the 'German' system as being the most beneficial."

THE ROYAL SOCIETY.

ON THE MINUTE STRUCTURE AND RELATIONSHIPS OF THE LYMPHATICS OF THE MAMMALIAN SKIN, AND ON THE ULTIMATE DISTRIBUTION OF NERVES TO THE EPIDERMIS AND SUBEPIDERMIC LYMPHATICS.

By G. HOGGAN, M.B., and FRANCES E. HOGGAN, M.D.

Communicated by DR. WILLIAM FARR, F.R.S.

Abstract of the paper read before the Royal Society, June 14th, 1877.

THE authors state that, by means of certain modifications in known methods of histological research, a full description of which they offer, they have been enabled to show the minute structure and relationships of the lymphatics of the skin in mammals.

For the purpose of anatomical description they divide these lymphatics into three categories, named, from their position, the subhypodermic, the dermic, and the subepidermic. Only the first and third can be described as layers; the second consists of horizontal and vertical sets of vessels, extending through the whole thickness of the dermis, and connecting the other two distinct layers together.

All the lymphatics of the hypodermis, and most of those of the dermis are valved efferent vessels, without any collecting channels that would entitle them to claim any absorbing function in these portions of the skin, through which they merely pass.

The subepidermic lymphatics are narrow parallel collecting channels, destitute of valves, lying, as their name implies, immediately under the epidermic cells in young animals, although separated from them, as adult life is reached, by bundles of gelatinous tissue. These are the only radicles of the lymphatics of the skin.

Upon the subepidermic lymphatics they find a rich plexus, formed by multipolar nerve-cells and non-medullated nerve-fibres, the distribution of which to the epidermis has been made evident by the same process. As no acknowledged contractile elements enter into the walls of these lymphatics, the function of the nerves found upon them cannot be affirmed by the authors.

Neither sweat glands, sebaceous glands, hair muscles, fat cells, or nerve bundles, possess any lymphatics, and the papillæ in the human skin are equally destitute of them. Functionally, the lymphatics of the skin are to be considered as forming two classes—the valved efferent vessels, with independent walls, formed only of crenated endothelium cells, and the valveless collecting channels of the subepidermis, lined by those crenated cells.

Upon the facts accumulated in this and their former paper the authors are led entirely to reject the theory of vasa serosa or radicles of the lymphatics, formed by chains of connective tissue cells, or the cavities in which they lie. In the human skin, especially, these cells of the connective tissue are numerous and in intimate relationship with the superficial blood-vessels, but prominently absent from the collecting lymphatic channels lying alongside of these vessels, thus supporting the hypothesis they formerly emitted, that these cells were merely links in a nutritive chain, not radicles of the lymphatics, even when, as in tendon, the cornea, &c., they are connected with the lymphatics. The paper is illustrated by about a dozen and a half of camera lucida drawings of microscopical specimens in their possession.

Correspondence.

THE LONDON TEMPERANCE HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 6th inst., there is an article on the London Temperance Hospital, which calls for some reply. As the writer of the article would be glad to hear that alcoholic stimulants are not even necessary in cases of sickness, and severe illness, I venture to draw your attention to the fourth annual report of the London Temperance Hospital, which I send by this post. I would also say that I have been a frequent visitor to the said hospital, and can testify abundantly to the fact that low types of disease, and cases of hæmorrhage, have been successfully treated without the administration of a single minim of alcohol. This, at first, was much to my astonishment; but latterly, since I have studied more carefully the action of wine, &c., in the treatment of disease, both acute and chronic, I cease to wonder that patients do well without anything of the sort; and, from personal observation, I have come to the conclusion that alcohol, in the shape of wine, beer, or spirits, is not at all a necessary adjunct in the successful treatment of disease, and that often it does much mischief. One case (No. 420) made a great impression on me, viz., one of typhoid fever, which was admitted into the hospital in the fifth week; patient was, to use a homely phrase, as bad as bad could be; diarrhœa very frequent and severe, pulse 140, temperature 103·4, tongue dry as a chip, delirium, with other symptoms of alarming prostration. A dozen other medical men, besides myself, were visitors at the hospital, and as we stood around this particular bed, we said well! if ever there was a case for port wine and brandy, here it is. But nothing of the sort was administered; and though the patient also had serious congestion of the lungs, yet he made a rapid and complete recovery. Again, the writer speaks of feeling humiliated should the treatment pursued at the Temperance Hospital be found a success: why should he be? surely if a factor hitherto employed in the treatment of disease be found unnecessary, why not omit it? there can be no harm in so doing, and we ought to rejoice that the practice at the London Temperance Hospital teaches us that disease can be successfully combatted without the aid of alcohol. It is always a grand thing to have reason for the faith that is in us; and, bearing in mind the case of typhoid mentioned above, I was encouraged to treat a case of typhus on the same principle. Not a drop of stimulant was given until the twelfth day, when the patient was so extremely feeble and delirious (sordes on the teeth and mouth, kicking the bed-clothes, slipping down into the bed, and showing every symptom of fast sinking) that, to be even with the world—at least, with that portion of the faculty and the laity who believe in the strength and the supporting qualities of wine and brandy—I ordered a teaspoonful of brandy to be added to the warm milk which formed the chief of my patient's diet, and repeated every two hours if patient became calmer or seemed better for the stimulant, but not without. She did not, and it was never repeated. I am happy to say the invalid turned the corner safely, and is now in her usual health. I may add here that she was a moderate drinker, and previous to her attack of fever she had been an out-patient at the Brompton Hospital for Consumption. The medical officers of the London Temperance Hospital are not prohibited from prescribing alcohol if they see fit, and I beg to state that I would never enter a sick room again if I could not order wine or brandy if I thought proper. I mention this, merely to show that temperance medical men are not the bigoted fanatics that some people think.

I am, sir, yours faithfully and obediently,

HENRY W. WILLIAMS, M.D.

168 Fulham Road, S.W., June 23rd, 1877.

THE HOMŒOPATHIC SCHISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The age of gold must be about to return. The wolf and the lamb shall lie down together, the fields overrun with milk and honey, Corydon and Phyllis shall bask in the sunshine, Una shall lead the lion to the accompanying music of Pan and Apollo, and universal harmony shall reign.

What a pretty pastoral! what a Virgilian eclogue! Talk about a transformation scene at Astley's; it is a mere bagatelle to the Richardsonian contrivance. Harlequin's wand shall wave, and lo! in place of war, we shall have peace; in place of jealousy, love; instead of the bickerings, the misunderstandings, the antagonism between so-called Allopaths and Homœopaths, we shall have a grand amalgamation, a universal brotherhood, the calumet of peace shall pass round, and Allopaths and Homœopaths shall join in a lasting, indissoluble and eternal friendship. Nay, more.

Ring out the wedding-bells, for the marriage of the Montagues and the Capulets; the prodigal son has returned, kill the fatted calf; the atonement is made, and Mother Church must receive the penitent sinner with honour, and as the *Deus ex machinâ* Hygeia descends with a "blessing my children," all the differences of the past shall vanish in a blaze of red light.

Is this not a fitting consummation to the ideal picture of a city without disease, where doctors shall be unknown, and deaths shall be only a memory of the past; as a preliminary to which we have a juggler's performance, like the Indian snake-trick, where the animal swallows itself—Homœopathy absorbed in Allopathy, or Allopathy swallowed by Homœopathy.

American literature has furnished us with many wonderful inventions, theories, and speculations, and we now make them a return to show that the Old Country is not wanting in imaginative power, and that we are still capable of holding our own in chimerical aspirations.

St. Gregory, of Naziansen, says, "That it is lawful to be merry on a merry subject," and though it is a pity that all this beautiful sympathy and generous enthusiasm of one who has in his time benefited our profession, should be lost, this seems a case to be met only by laughter and ridicule.

The undue prominence given to the farce in which the *dramatis personæ* are Drs. Wyld, Richardson, Dyce Brown, and Pope, must be my excuse for troubling you, in the hope of inducing you to bring down your editorial ferule on the naughty schoolboys who seem to have forgotten their first principles.

Every general practitioner, at least in the provinces, has known for years that the so-called Homœopaths have been "Eclectics," and that their system has been most comprehensive. Their Pharmacopœia embraced similars and dissimilars; they accommodated themselves to the requirements of their patients, and prescribed either hot-baths, cold-baths, electricity, globules, dilutions, mother tinctures, Cockle's pills, castor oil, &c., to suit the views of their *patients' pockets*.

Hence their success, with an *intelligent* and *reasoning* body of the public, who appreciated such broad principles, and who were caught by the seemingly logical method of combining the practice of what is termed both systems.

We must only suppose, when Dr. Richardson published his very ill-judged correspondence, he must have been under the influence of a Midsummer's-night-dream, or that some malicious elf must have induced him to ramble into the realms of Utopia, and make him imagine he was addressing an Utopian audience.

Yours faithfully,

PUCK.

Literature.

ON THE NOMENCLATURE AND CLASSIFICATION OF DISEASES OF THE SKIN. (*a*)

AN effort has been made by Dr. Bulkley to simplify the nomenclature and classification of skin diseases, and, without entering into a lengthy consideration of the subject, we confess to thinking that he has been fairly successful in the attempt.

Basing his arrangement upon that of Hebra, he has at the same time largely availed himself of suggestions made by Neumann, Duhring, and other writers, both French and English. Without pretending to any features of real novelty, yet so thorough and so practical has been the re-arrangement and simplification of old elements, that we think Dr. Bulkley entitled to claim for his classification the right to be considered a new and valuable one. To all specially interested in the subject, we cordially commend Dr. Bulkley's pamphlet for careful perusal.

(*a*) "On the Nomenclature and Classification of Diseases of the Skin." By J. Duncan Bulkley, A.M., M.D., Physician to the Skin Department, Demilt Dispensary, New York, &c., &c.

THE ANATOMY OF THE HEAD. (*a*).

THE object of this carefully prepared and cursory little book (pp. 131) is to assist the student to gain an idea of the head as a whole, as it exists during life (preface).

After the manner of Pirogoff and Braune, the author has attached great importance to the amount of information to be derived from studying the anatomy of parts as shown in sections made in frozen bodies. The half dozen small uncoloured plates which are appended to the volume are hardly calculated, however, to enlighten the ignorant, or attract the intelligent reader. To be of real use they should have been at least double the size, and more clearly defined, perhaps, even, coloured.

We do not see much that is new in the book. The wood-cut (p. 40) showing the relative position of nerves and sinuses at the base of the skull might be more valuable to the student if the third, fourth and fifth nerves, and the glosso-pharyngeal and pneumogastric nerves were not represented as being of the same size.

The work may, perhaps, be of use to the teacher of anatomy, for there are many points of interest alluded to, and moreover, the author has been careful to give his authorities; but we can not look upon it as a valuable addition to the science of anatomy.

METROPOLITAN MEDICAL RELIEF. (*b*)

SIR CHARLES TREVELYAN has revised and published his lecture, given at the Society of Arts, on "Metropolitan Medical Relief," in the form of a pamphlet. A full verbatim report of the discussion which followed on the reading of the paper is appended, together with a statement of the work of Metropolitan Provident Dispensaries, and the Poor-law infirmaries. The whole forms an interesting and valuable collection of facts bearing upon medical relief as at present administered in the free hospitals and dispensaries of the metropolis. Sir Charles Trevelyan makes a vigorous onslaught on the many evils of a system which, as he very properly says, "deprives the medical profession of its just and necessary remuneration," while it demoralises the British workman, and leaves him to revel in improvident habits, and disregard the requirements of civilised life. This pamphlet demands the careful consideration of the public and of the profession.

Substitute for Cod-liver Oil.—The *Pharmaceutische Zeitung* says that Dr. Markenot has succeeded in purifying the oil extracted from lampreys (which, in its crude form, has been long employed in Russia for industrial purposes), and thereby prepared an oil which he thinks may often be substituted with advantage for *oleum jec ris aselli*. It is said to be of a not unpleasant taste, to be easily digestible, and to have an analeptic action even superior to its rival. It also contains a larger percentage of iodine. It has somewhat the appearance of salad oil, and is not so thick as cod-liver oil, which many patients will esteem an advantage.

(*a*) "The Anatomy of the Head." By Thomas Dwight M.D. Professor of Anatomy at the Medical School at Maine. Boston. H. O. Houghton and Co.

(*b*) "Metropolitan Medical Relief." By Sir Charles Trevelyan. London: Longmans, Green and Co.

MEDICAL EDUCATION FOR WOMEN.

A VERY large audience assembled on Monday last at St. George's Hall, Langham Place, at a meeting held in support of the London School of Medicine for Women. The Earl of Shaftesbury, K.G., presided.

Mr. Stansfeld, M.P., the hon. treasurer of the school (which is in Henrietta Street, Brunswick Square), placed before the meeting the facts connected with its establishment, position, and prospects, and dwelt especially upon the great advance now to be expected in the movement from two great facts—one being Russell Gurney's Act empowering the Medical Examining Bodies to admit women to their degrees of licenses; the other, the institution of hospital instruction at the Royal Free Hospital, Gray's Inn Road, for the students of this school. The school (he explained) was opened in 1874 in order to enable women to obtain a complete and qualifying course of medical study. The lecturers were well-known medical practitioners. Since its opening in the autumn of 1874, 34 women had been admitted—a number not small, when it was considered that no hospital for the qualifying course of clinical study was open to the students, and no medical examination awaited them wherein they might demonstrate their knowledge. These discouragements were now happily removed, owing to the unremitting exertions of friends in and out of Parliament. Mr. Russell Gurney's Act had been accepted, and already the King and Queen's College of Physicians of Ireland had availed itself of the power thus conferred, and had admitted women to its examinations. The Senates of the Queen's University in Ireland and of the London University respectively had also passed resolutions in favour of the admission of women. Equally important advance had been made with regard to hospital instruction, as the Royal Free Hospital, Gray's Inn Road, would from the 1st of next October be open for an experimental period of five years to the students of the London School of Medicine for Women. In return, the Executive Council on their part had undertaken to hand over to the medical staff of the Royal Free Hospital the sum of £400 a year for five years as fees for clinical instruction, and to raise £315 per annum as a contribution to the general funds of the hospital; and though the total of these amounts was not in itself small, it was so if compared with the sum which would have been necessary if the alternative plan of starting a large new general hospital had been adopted. It was estimated that for the joint outlay on school and hospital a sum of £5,000 would be required during the next five years, and that it would be wanted at the rate of £1,000 a year. Subsequently he announced, amid cheers, that subscriptions to the amount of £2,633 had been promised, including £250 from Mrs. Garrett Anderson, Mrs. Garnet, Mr. Ernest Hart, and Mr. Thompson.

Mr. Fawcett, M.P., moved—

"That this meeting regards with the greatest satisfaction the progress of the movement for promoting the education of women in medicine and their admission to the ranks of the medical profession, by means of the enabling Act of the Right Hon. Russell Gurney and the subsequent action of those examining bodies who have taken advantage of that measure."

The hon. gentleman said the question of the admission of women to medical degrees had sometimes been treated as one of women's rights, but it differed from many other questions affecting women because it concerned, not merely the interests of those who wished to follow an honourable and useful career, but the rights of the whole community. If there were thousands of women in this country who would prefer that they and their children should be attended by women, it was a monstrous injustice to deprive them of what they desired. (Cheers.) Having had opportunities of watching step by step the success of some of the women who had entered the medical profession in spite of great difficulties, he must say he admired the calm, quiet courage, and the earnest persistent determination which they displayed year after year, and the consummate tact and admirable prudence which had marked all their conduct up to the present time.

Mrs. Westlake, in seconding the resolution, said the Council of the school wished it to stand in the foremost rank of London schools of medicine, and the charges for instruction to be moderate, adding that for the first time women had now a complete training in one great branch of science open to them.

The resolution was then put and carried.

Mr. Cowper-Temple, M.P., moved the following:—

"That in order that women may be eligible for examination for the ordinary diplomas, it is necessary that they should have access to a complete medical school, including clinical instruction in a hospital; and that this meeting therefore rejoices in the progress already made by the London School of Medicine for Women, and in its future connection with the Royal Free Hospital, and strenuously supports the proposal to raise a special fund of not less than £5,000 to secure its complete success."

The right hon. gentleman expressed confidence that, now that complete scientific clinical instruction was offered to women, there would be no difficulty in finding the amount necessary to carry out the object, and remarked that 16,000 women had in a petition expressed their desire to be attended by persons of their own sex. He also spoke of the great advantage female practitioners would be to missions in India.

Lady Anna Gore-Langton, in seconding the resolution, mentioned cases within her own knowledge in which women residing in English villages, had refused to seek medical assistance, because it could only be obtained from men, and testified from observation to the great need of female practitioners in India. Having given illustrations of the terrible sanitary condition of native families, she added that she hoped the health and comforts of Hindoo women would be greatly improved through the assistance of their English sisters. (Cheers.)

Mrs. Garrett-Anderson, M.D., in supporting the resolution—after contending that there was nothing injurious to the health, the morals, or the manners of women in a medical education, and that the results were likely to prove beneficial to the female sex and to the nation—congratulated the meeting that one-half of the £5,000 stated to be required, was already subscribed, and said that only one-fifth of the amount for which any one was pledged would be wanted at once, the whole amount covering the five years over which the arrangement entered into would extend.

Dr. King Chambers moved a resolution, thanking, for their services to the cause, Mr. Stansfeld, M.P., and Mr. Russell Gurney, M.P., Mr. W. Cowper-Temple, M.P., and other friends in Parliament.

Dr. Sophia Jex-Blake, in seconding the resolution, acknowledged in grateful terms that, amid much opposition from the medical profession, the school had received from some of its members splendid help; and that the provisional committee of the School originally consisted of registered practitioners, without a single lay member.

On the motion of Dr. Cameron, M.P., seconded by Mr. P. W. Bennett, a vote of thanks was given to the authorities of the Royal Free Hospital, Gray's Inn Road, for their support of the School.

Mr. J. Hopgood, in thanking the meeting for the vote, said he looked forward to the establishment at the hospital of a school of clinical instruction, which would be second to none in the metropolis.

Thanks were afterwards voted, on the motion of Dr. Furnell, seconded by Mr. Norton, to the Earl of Shaftesbury for presiding, and the meeting then separated.

THE COMING MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE Forty-fifth Annual Meeting of the Association will be held in the Owens College, Manchester, August 7th, 8th, 9th, and 10th.

The President-elect is Dr. Wilkinson, Senior Physician to the Manchester Royal Infirmary. The Address in Medicine will be given by William Roberts, M.D., F.R.S.; that in Surgery by Mr. Spencer Wells; that in Obstetric Medicine by Dr. Robert Barnes.

The business of the Association will be transacted in Six Sections, viz.:—

The Presidents and Vice-Presidents of Sections are as follows—

MEDICINE—President: Sir William Jenner, Bart. Vice-Presidents: Samuel Crompton, M.D.; Wilson Fox, M.D., F.R.S.; Henry Simpson, M.D.

SURGERY—President: Edward Lund, F.R.C.S. Vice-Presidents: W. Adams, F.R.C.S.; F. A. Heath, M.R.C.S.

OBSTETRIC MEDICINE—President: W. O. Priestley, M.D., F.R.C.P. Vice-Presidents: A. H. McClintock, M.D., LL.D.; James Whitehead, M.D.

PUBLIC MEDICINE—President: Surgeon-Major F. S.

B. De Chaumont, M.D. Vice-Presidents: Alfred Aspland, F.R.C.S.; W. H. Corfield, M.D., F.R.C.P.

PHYSIOLOGY—President: Arthur Gamgee, M.D., F.R.S. Vice-Presidents: John Cleland, M.D., F.R.S.; Thos. Lauder Brunton, M.D., F.R.S.

PSYCHOLOGY—President: J. C. Bucknill, M.D., F.R.S. Vice-Presidents: H. Rooke Ley, M.R.C.S.; G. W. Mould, M.R.C.S.

The excursions, which have been already arranged, are numerous and interesting.

The profession in several of the towns of Lancashire have shown great interest in the August meeting, and have expressed their desire to co-operate in welcoming the Association.

The medical men of Lancaster will entertain fifty members of the Association on Saturday, the 11th of August, and show them the places of interest in Lancaster and the immediate vicinity.

The Castle, originally a Norman building, founded on the site of a Roman castrum, but added to and altered at various times between the reigns of King John and Queen Elizabeth, is in a state of excellent preservation.

The medical men of Southport invite one hundred members of the Association to visit them on the 11th of August.

The Aquarium, Winter Gardens, and magnificent Pier, are in keeping with the town itself, which is one of the best built watering places in England.

The Mayor and Corporation have offered to entertain as many members of the Association as may like to visit Blackpool, the Brighton of the North.

Those who are interested in the question of water-supply will doubtless join the excursion to Woodhead, where the water-works which supply Manchester are situated.

They are probably the largest artificial water-works in the world; the reservoirs cover about five hundred acres, and supply a population of about one million.

Arrangements are being made to visit one of the salt-mines at Northwich. One of these curious mines, about two hundred feet deep, will be lighted up for the occasion.

Professor Boyd Dawkins has very kindly undertaken to conduct an excursion to Castleton, in Derbyshire, which is famed for the magnificence of its scenery, its fine old castle, and its caves. One of the caves is remarkable for its grandeur. A special visit will be paid to some caves recently discovered and explored by Professor Boyd Dawkins, in which abundant remains of prehistoric times have been found, and may still be seen.

The owners of all the most important warehouses, cotton mills, and other works in and round Manchester, have most kindly signified their intention of allowing members of the Association to visit their various places.

The Mayor and Corporation have intimated their intention of inviting the Association to a *soirée*, which they will give at the Town Hall. This building, which has been in course of construction for the past eight years, and has cost a million, is just completed. It is probably the finest building of the kind in the world.

THE death of Dr. John Cronyn, Professor of Midwifery in the Irish College of Surgeons, which has been apprehended for more than six weeks, took place on Friday last at his house in Molesworth Street, Dublin. The occurrence, though expected, has caused great regret amongst the profession, for the deceased was a most genial and warm-hearted man, and had troops of friends. The illness which proved fatal began with pneumonia and ended with enormous swelling of the limbs from plugging of the veins, and with hæmoptysis arising from pulmonary apoplexy. The disease was, we believe, arthritic in its origin. We hope next week to publish an obituary.

THE VACANCIES IN THE IRISH COLLEGE OF SURGEONS.

THE roll of candidates for seats upon the Council of the Irish College of Surgeons has largely increased since we last referred to the approaching election. In addition to Dr. McDowel, Mr. Stokes, and Mr. Corley, whose candidature we announced, Mr. W. A. Elliott, of the Whitworth Surgical Hospital, and Dr. Collins, of Jervis Street Hospital, have sent cards to the electors, and it is likely that there will be others. Mr. Elliott was a councillor for many years, has many friends, and will probably achieve one of the vacant seats. There will be three such seats, for Dr. Jacob has announced his intention of offering himself for the Professorship of Ophthalmic Surgery in the College, and will be obliged to resign his office of Councillor before he can compete. The Council meets on Friday next, and the vacancies will then probably be declared. The election of Councillors may then take place at any time after the lapse of six days, that for the Professorships of Ophthalmology and Midwifery—vacated by the lamented deaths of Mr. Wilson and Dr. John Cronyn—cannot be held for twenty-eight days subsequent to the declaration of the vacancies.

Important Medico-Legal Decision.—A suit was brought last week by a medical man for his fees for attending a man who had delirium tremens. By the rules of the club to which the patient belonged, he was not entitled to medical treatment for a disease brought on by immorality. The judge said the question for him to consider was whether or not drunkenness was immoral, and he had come to the conclusion that it was, and that the defendant was suffering from delirium tremens when he sent for the doctor. That being so, he considered that the plaintiff was entitled to his fee for medical attendance.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1875—£1 2s. 6d., at either of the offices in London, Dublin, or Edinburgh.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader" "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE WORKING OF THE CRUELTY TO ANIMALS' ACT.—Commenting upon the article which appeared in our issue of the 13th inst., "Junius Medicus" writes:—The passing of the above Act devolved upon nothing else than a spasmodic agitation got up by a few professional agitators, aided by some well-meaning humanitarians blinded by a morbid sentimentality in order to cripple the hands of scientific inquiry and to stop the progress of science. The anti-vivisectionists seem to labour under an impression that vivisection is mainly carried on to gratify the cruellest tendencies of human nature, and that it is a pleasure to the lecturer and his listeners, altogether ignoring the immense advantages which the profession and mankind generally have derived from such scientific experiments. If scientific men cannot carry on their researches without receiving certificates and science is to be stopped in her path of usefulness by ignorance and stupidity, where is the progress which we are so fond of bragging about? For the sake of a few frogs, rabbits, &c., human misery is not to be relieved, and disease must be allowed to run rampant. Thus, we are taught in plain English that the lives of inferior animals are more valuable than human lives. Our correspondent is further of opinion that, after a time, when the present agitation has cooled down and vivisection is viewed in its proper light, its most bitter opponents, that is to say, those possessed of common sense, will be as anxious to give their support for a repeal of the Act as they are now to enforce it. Of course, a few obstinate individuals will persist in agitating, most likely for more stringent measures; but it is well known there are plenty of fools proud of their folly and always too ready to display it."

OBSTETRICAL SOCIETY OF LONDON.—On Wednesday, July 4th, at 8 p.m., Specimens. T. Spencer Wells, "Additional Cases of Ovariotomy performed during Pregnancy." And other communications.

BLUE GLASS.—The *Louisville Med. News* says, the value of blue glass as a histological forcer was nowhere better shown than in the case of the man who attempted to cure a wart on his nose by its use. In two weeks' time he was unable to tell which was the nose and which was the wart.

DR. COTTON, 88 Cavendish Square, London, W., has agreed to accept subscriptions on behalf of the widow and children of Capt. Williams, who died in the St. George's Workhouse under very melancholy circumstances as mentioned in our last.

THE LAY OF THE LAST DISPENSARY DOCTOR.

[A Fact.]

THE court was full, the bench was stern,
As readers presently may learn.
The "doctor" took his place there too
For "one pound one" his fee to sue.
To make this tale as clear as light,
We must go back to *late* one night:
Two sergeants of the police bold
A serious case of stabbing told;
And to the doctor brought the wight
Who fell a victim in the fight.
He dressed the wound with skilful ease,
And left the matter of his fees
To be arranged at Hil'ry term
By the Crown-Sol. and chairman firm.
The "justice" would accept no bail,
So straight th' accused was sent to jail,
Until the "doctor" thought the life
Was out of danger from the strife.
Forensic medicine clearly proves,
Beyond all doubt, that it behoves
A witness to be on his guard
Against a question oft deemed hard.
"Is this man's life in danger now?
Or will't be safe, and when and how?"
I've oft' heard lawyers laugh and vote
The answer sure to be "remote,"
As tetanus *may* supervene,
Yet sign nor symptom is there seen;
Remote or not as sure as fate,
Our answers are *immediate*.
We all know well how slight a cause
Can make the circulation pause,
And therefore let us careful be
In law-courts not to prophecy!—
But this is neither here nor there,
And to the pris'ner scarcely fair,
Tho' nearly caused his *dear friend's* death,
Languishes he in jail for breath!
And *justice* thinks the doctor's pocket
The cheapest turnkey to unlock it;
Considers too a doctor's note
Not worth the scrap on which 'tis wrote,
And says its really very hard
A scoundrel should be so long barred;
Yet minds it little what the cost
Of all the time the doctor lost.
I speak in riddles, yet 'tis true,
What will astonish not a few,
That in this case, not two months' old,
A J.P. to the doctor told
That he should certify for gratis
Complainant's health, and what his state is.
The "medico" refused, of course,
Until informed that from the source
Of magisterial dignity
He'd be entitled to a fee.
At petty sessions in due time
(Remember this is simply rhyme),
I think it only right to state
That for his skilled certificate
The doctor asked for "one pound one,"
A thing which has been often done,
Yet, tho' no ticket was received,
A lab'ring man should be relieved;
And therefore he was satisfied
If paid for what he certified.
But M.R.H. and J.L.F.,
Two justices to doctors deaf,
Thought "one pound one" too much to give
For certifying a man 'd live;
Yet compromised the matter thus,
And goodness gracious why the fuss!
Ye gods of justice draw it mild,
Solomon cut in two a child, (a)
Which J.P. is more the ninny,
Who tries to cut in two a guinea!
They would'nt think of recommending,
Unless he also claimed attending;
So he did, and 'twas done,
He was granted—"one pound one."

I started from my couch and woke,
It seemed to be a horrid joke.
Yet, still are ringing in my years
Those words arousing all my fears,
Which they who read dispensary lore,
Ne'er heard from guardians' lips before.
Because a doctor claims his due,
He will the day for ever rue.
"Beware! beware! or tickets red
Will fly in myriads round your head."

THE Council of the Social Science Association has unanimously elected the Earl of Aberdeen as President of the forthcoming Congress to be held at Aberdeen.

THE Chair of Materia Medica in the University of Edinburgh, recently vacated by Sir Robert Christison, Bart., has been filled by the appointment of Dr. Fraser.

DR. LEADER.—We have heard from private sources that the medical department of the Turkish army is complete according to the Government's own ideas of completeness. Your age would be rather in your favour if more surgeons were required. You would probably receive definite information by writing to His Excellency the Turkish Ambassador in London.

(a) This is a poetical liberty with scriptural facts, as Solomon was ever guilty of infanticide.

THE SANITARY INSTITUTE OF GREAT BRITAIN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The Council having elected, as Foreign Associates, M. le Dr. de Pietra Santa; Professor M. A. Chevallier de l'Académie de Médecine, and M. le Dr. Passant; the President and two members of the Council of the Société Frangaise D'Hygiene, I have the pleasure to inform you that Dr. de Santa has expressed his intention of being present at the Royal Institution on the 5th July next, most probably in company with one or both of the other distinguished gentlemen. The Diploma of the Sanitary Institute will be presented publicly to our Foreign Associates after the delivery of Dr. Richardson's Address.

Will you kindly allow me to inform your readers that I shall be happy to receive applications from persons desirous of being present at Dr. Richardson's lecture and to forward cards of admission (free) as far as the space at present unappropriated will admit.

I am, Sir, your obedient servant,
LORY MARSH, M.D., *Registrar*.

VACANCIES.

Royal Berks Hospital, Reading.—House Surgeon. Salary, £90, with board. Applications to the Secretary.

Tiverton Union.—Medical Officer for the Workhouse, and for four districts of the Union. Salary for Workhouse £35, and for the combined districts £182 per annum. Address the Clerk to the Guardians, Tiverton, Devon.

Wolverhampton General Hospital.—House Governor and Secretary. Remuneration, £200 a year, with board and residence. Applicants must be unmarried. Testimonials to be addressed to the Chairman of the Weekly Board.

Salisbury Infirmary.—House Surgeon and Apothecary. Salary, £100, with board and residence. Applications to the Secretary.

Bolton Infirmary.—House Surgeon. Salary commencing with £120, and board. Applications to the Secretary.

Lismore Parish.—Medical Officer. Salary from the Parochial Board, £120. Testimonials to Dr. Lawrie, Drimnel, Scotland.

Beckett Hospital.—House Surgeon and Dispenser. Salary, £140, with furnished rooms. Address the Secretary, Beckett Hospital, Barnsley.

APPOINTMENTS.

BOSTOCK, A. S., M.R.C.S., Medical Officer of Health for the West Hampnett Rural Sanitary District.

CROLY, Dr. T. H., Medical Officers, &c., for the Ballycroy Division of the Achill Dispensary District of the Newport Union, co. Mayo.

DONOVAN, William, L.R.C.P., L.R.C.S. Ed. & L.M., Medical Officer and Public Vaccinator for No. 4 District of the Ashby-de-la-Zouch Union.

DOWSE, T. S., M.D., F.R.C.P.Ed., a Physician to the North London Consumption Hospital.

DUNSTAN, R., M.R.C.S.E., Medical Officer for the No. 2 District of the Church Stretton Union, Salop.

ELLIS, W. H., M.R.C.S.E., Medical Officer of Health for the Windhill Urban Sanitary District, Yorkshire.

LATOUR, G. L., M.D., M.R.C.S.E., Assistant Medical Officer to the Bolton Workhouse.

LEACH, J. C., B.S., S.Sc.C., F.C.S., Medical Officer of Health for the Sturminster Rural Sanitary Authority.

MARTIN, T. H., M.R.C.S.E., Medical Officer for the No. 5 District of the Horsham Union.

MERCIER, C. A., M.R.C.S.E., Medical Officer to the Norwich Police Force, and Resident Superintendent of the Bethel Hospital, Norwich.

REES, H., M.R.C.S.E., Medical Officer of Health for the Conway Urban Sanitary District.

SMITH, R. T., M.D., M.R.C.P.L., a Physician to the North London Consumption Hospital.

SQUIRE, W., M.D., M.R.C.P.L., a Physician to the North London Consumption Hospital.

THOMASON, R., M.R.C.S.E., a Consulting Surgeon to the Hereford Provident Dispensary.

Marriages.

LLOYD—LEWIS.—June 21st, at Wokingham, R. H. Lloyd, M.D., of Lambeth, to Frances H. Nunn Lewis, of Wokingham.

LOWES—BEESLEY.—June 19, at St. George's, Hanover Square, W., F. J. Lowes, M.D., of Anglesey, to Marianne Beesley, of Leicester.

Deaths.

ACLAND.—On June 4, at Ceylon, Herbert D. Acland, fourth son of Dr. Acland, F.R.S., of Oxford, aged 22.

ALISON.—On June 11, at 85 Park Street, Grosvenor Square, W., Somerville Scott Alison, M.D., aged 64.

ALLISON.—On June 13, at Scarborough, William Allison, M.R.C.S.E., aged 80.

DAVENPORT.—On June 17, at Chertsey, Henry Davenport, M.R.C.S.E., aged 64.

GREGORY.—On June 11, at Cheltenham, Charles Gregory, M.R.C.S.E., aged 54.

KIERNAN.—On June 7, at Cardiff, John Kiernan, L.K.Q.C.P.I., aged 34.

LITTLETON.—On June 9, at Saltash, Cornwall, William Littleton, M.R.C.S.E., aged 43.

PARRY.—On June 19, William Parry, Deputy Inspector-General of Hospitals, aged 86.

WHIPPLE.—On June 18, at Plymouth, John Whipple, F.R.C.S.E., aged 76.